МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

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106-ї підсумкової науково-практичної конференції
з міжнародною участю
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Матеріали підсумкової 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) – Чернівці: Медуніверситет, 2025. – 450 с. іл.

У збірнику представлені матеріали 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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With a help of experimental and clinical data comprehensive evaluation the pathogenetic basis of changes in the course of acute surgical pathology is revealed in patients with comorbidity. The interrelated burden syndrome is proved to be the basis of change. The mechanisms of syndrome are revealed that is potentiation of the unidirectional damage, a combination of multidirectional damage, regulatory dysfunction. The stages of its development are discovered.

On the basis of revealed pathogenetic and clinical features a new classification is developed, which involves the selection of 4 comorbidity classes. The new ways of spectrophotometric and photoluminescence diagnostics are developed. A management tactic is developed within comorbidity, which provides a differentiated choice of the activities amount at all stages of treatment, considering the classes of comorbidity. The indications are extended before pre-op preparation. To adequately assess the prevalence of peritonitis, a method has been developed. For a reasonable choice of the amount of surgery and place of giving intestinal stitches a way of determining viability is developed. To increase the connection zone reliability of the hollow organs of the digestive system continuous-nod penetrating and single-row stitches are developed. For the protection and fixing the stitch lines on hollow organs of the digestive system local influence methods have been developed, which allow to regulate the course of the regeneration processes. The indications are extended for the use of programmed repeated debridement of peritoneal cavity. The technique of the temporary closure of the wound is proven in the case of programmed peritoneal cavity debridement. The advanced techniques of carrying out of the peritoneal cavity debridement are developed. A way of the prolonged peritoneal cavity debridement is developed by using tested drainage devices, which allows us to accelerate the regression of the inflammation, reduce the number of re-interventions and treatment duration. For prevention of wound complications when performing a re-programmed peritoneal cavity debridement, a method of closing the wound using vulnerosorption is developed. A perioperative complex of a medical treatment is modified. The methods of medical saturation in blood of the portal hepatic vein are to be proposed.

Conclusions. The use of improved management tactics made it possible to reduce the number of complications by 2-15%, mortality by 7-11%.

Hyrla Ya.V.

KEY ANATOMICAL LANDMARKS FOR IDENTIFYING THE RECURRENT LARYNGEAL NERVE LOCATION DURING EXTRAFASCIAL THYROIDECTOMY

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Introduction. Zuckerkandl's tubercle (ZT) refers to the posterior extension of the lateral lobes that consists solely of thyroid tissue. Near this tubercle, the superior parathyroid gland is positioned on the posterior surface of the thyroid gland. Below these two structures lies the recurrent laryngeal nerve (RLN), which approaches the larynx behind the cricothyroid joint and beneath the inferior constrictor muscle.

The aim of the study is to establish the main anatomical landmarks and structures for determining the probable location of the RLN for its safe and effective identifying and preserving.

Material and methods. A prospective study for identifying RLN in cases of thyroid surgery using relationship with superior parathyroid gland and ZT was conducted on 28 thyroidectomy patients Chernivtsi Regional Hospital between August 2022 and February 2024.

Patients were evaluated clinically, by FNAC (Fine Needle Aspiration Cytology) and by ultrasonography or neck computed tomography (CT) scans. Preoperative vocal cord movement status was evaluated in every patient by translaryngeal ultrasonography (TLUS). Total thyroidectomy are our procedures for the treatment of benign and neoplastic diseases of the thyroid. All operations were performed by a single surgeon in order to provide a standard dissection. Postoperative vocal cord movement status was evaluated in every patient by TLUS immediately after surgery and every monthly for 6 months thereafter.

Results. Out of total 28 patients who underwent thyroidectomy during the specified period, 16 (60%) underwent total thyroidectomy [FNAC proved malignancy], 12 underwent hemithyroidectomy [FNAC was suspicious of malignancy or proved to be benign].

Identification of ZT and an understanding of the relationship between the ZT and RLN are essential for safety of thyroid operations. Surgeons perform thyroid operations on voluminous goitre that when present larger tubercles are observed on surgical specimens. Therefore, an enlarged ZT parallel to goitre formation merits more interest than smaller one. It makes surgical dissection challenging at posterior site of the lateral lobes around RLN and inferior artery.

RLN injury may be prevented by its full isolation based on intimate knowledge of the anatomy including all its variations. Some anatomical landmarks help surgeons identifying RLN.

ZT appears as an indicative arrow for the nerve and neurovascular crossing point in some patients. We can comment that after medial mobilization of the lobes, when present, ZT may be used as a landmark facilitating identification of the nerve (90% of the patients).

The site of the greatest risk during thyroidectomy to the RLN is in the last 2-3 cm extralaryngeal course of the nerve before its laryngeal entry above the trunk of the inferior thyroid artery.

The neighbouring of ZT and RLN is another important point for their relation. The resection of ZT for total thyroidectomy requires refined and meticulous dissection adjacent to the nerve. When enlarged by disease, the tubercle passes over the nerve like a bridge. Excision of ZT is mandatory for completeness of thyroidectomy. Fine and delicate dissection with care around the ZT is also mandatory after identification and isolation of the RLN for preventing nerve injury.

Anterior course of RLN is at the highest risk of injury. In none of our patients, did we find the nerve to be on the anterior surface of the ZT.

Conclusions. Identifying the recurrent laryngeal nerve during surgery by considering its relationship with Zuckerkandl's tubercle and the superior parathyroid gland is a safe and straightforward approach in uncomplicated hemi- or total thyroidectomies. This technique can be established as a standard routine procedure to prevent postoperative vocal cord paresis or palsy and subsequent voice changes.

Kalutskyi I.V.

THE STATE OF THE MICROFLORA OF THE COLON CAVITY IN PATIENTS WITH CHRONIC PURULENT MAXILLARY SINUITIS

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Introduction. Despite the different studies approaching the subject of chronic purulent maxillary sinusitis (CPMS), we still do not have a clear understanding of the true pathogenic mechanisms and agents involved in this disease.

The aim of the study. To determine the effectiveness of probiotics in the treatment of patients with chronic purulent maxillary sinusitis

Material and methods. Under observation were 81 patients with CPMS in the acute stage of age - from 15 to 68 years without concomitant pathology. Clinically, exacerbation of CPMS was manifested by typical local and general symptoms in all patients. The diagnosis took into account the data of X-ray examination, and the main criterion for diagnosis was a diagnostic and therapeutic puncture of the maxillary sinus, which was performed in 81 patients. Upon admission to the hospital in patients with CPMS in the acute stage, purulent exudate was taken from the maxillary sinuses, which was subjected to microbiological examination, and isolation and identification of microorganisms persisting in the exudate were performed. The species composition and population level of viable (colony-forming) microorganisms in 1 ml of exudate were detected in each pathological material.

Results. In the study of the species composition of the microflora of the exudate from the maxillary sinuses, it was found that the leading microorganisms released from the exudate in patients with CPMS are S. pneumoniae, E. coli, M. catarrhalis, S. aureus, P. aeruginosa and S.