

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ**



МАТЕРІАЛИ

**106-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
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development, as increased adoption of biosimilars could lead to significant cost savings in global healthcare (Mulcahy 2022).

Conclusions. Ophthalmology has been a leader in developing biosimilar medicine. Biosimilars may be lower-cost alternatives to originator biologic products. Increased education and awareness for ophthalmologists can enhance support for the adoption of new biosimilars, with the potential to improve outcomes in ophthalmology, increase treatment adherence, and reduce economic burden.

Kuchuk O.P.

OPTIMIZATION OF RECONSTRUCTIVE BLEPHAROPLASTY IN THE SURGICAL TREATMENT OF ATONIC ECTROPION OF THE LOWER EYELID

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Introduction. Recently, there has been a demographic shift in the age structure of the population towards an increase in the number of elderly people. In such patients, the eyelid skin is dry, thinned and wrinkled, easily stretched. Decreased tone of the circular muscle of the eye and laxity of the eyelid skin leads to eyelid eversion along with the lacrimal point and tearing. Malposition of the lower eyelid leads to the development of chronic inflammatory processes of the mucosa, xerosis, opacity, erosion and ulceration of the cornea, sometimes with perforation of the eye.

The aim of the study. To improve the surgical treatment of atonic ectropion of the lower eyelid.

Material and methods. According to the author's method ("wraparound suture" on the medial third of the everted eyelid), 62 patients (87 eyes) with ectropion of the lower eyelid were operated on, in which ectropion was significantly expressed, there was a "dry eye" syndrome, lacrimation, chronic conjunctivitis, patients' age was from 57 to 84 years, men - 48 (69 eyes), women - 14 (18 eyes). Of these, 28 had previously undergone other surgical methods of eliminating lacrimation - activation (24) and lacrimal point immersion (4). The duration of the disease ranged from 6 months to 5 years. All patients had a nonscarring atonic ectropion. The indication for the author's method of surgical treatment was complete ectropion of the lower eyelid. Before and after the operation, instillations of antibacterial drops and keratoprotectors were prescribed, and the lacrimal tract was rinsed. Supramide (Vicryl, Ethylone) 6-7/00 with two atraumatic needles was used to make a wraparound suture on the medial third of the eyelid. A conical probe is inserted into the inferior lacrimal point and the initial part of the lacrimal canal for visualization and protection. The lower eyelid is turned out, the conjunctiva and cartilage are excised 2-3 mm below the lacrimal point and lacrimal canal in the medial third of the eyelid in the form of a horizontal oval flap measuring 7x5 mm. The suture is placed on the lower edge of the surgical wound, with two injections at a distance of 4-5 mm from each other. Then the threads are passed through the deeper tissues of the eyelid. Needles are punctured at the upper edge of the surgical wound. The lower lip of the surgical wound is pierced a second time, the needles are removed from the skin, the suture is tightened and tied with a cotton or silicone pin (to prevent the suture from erupting). Next, a classic blepharoplasty, lateral tarsal strip procedure (LTS) or Bick's procedure is performed. An aseptic compression bandage is applied, and cold is prescribed for up to 2 hours. The suture is removed after 2 weeks.

Results. Numerous methods of blepharoplasty in eyelid ectropion are mainly related to the middle and lateral third of the atonic eyelid. Their insufficient functional and cosmetic effect is often observed in the medial third of the lower eyelid, which requires additional surgical correction. The author's technique complements the classical blepharoplasty in the case of complete atonic eyelid ectropion. No complications were observed during the surgery. The main criterion for the effectiveness of treatment is the absence of lacrimation and complete elimination of eyelid ectropion. In the early postoperative period, subcutaneous hemorrhages, moderate tissue edema within the operated eyelid, signs of inflammation of the ocular mucosa with moderate mucopurulent

discharge from the conjunctival cavity are possible. Long-term observations (1-5 years) confirmed a satisfactory cosmetic and functional effect on the operated eyelids, no lacrimation and no xerosis of the eye.

Conclusions. The application of a wraparound suture to the medial third of the everted eyelid is an easy to perform, anatomically accessible way to achieve the proper cosmetic and functional effect. The author's technique is a rational addition to the classical reconstructive methods of blepharoplasty, which in combination gives a stable corrective effect along the entire length of the pathologically altered eyelid.

Maksymyuk V.V.

GENOTYPES OF THE SPINK1 GENE IN PATIENTS WITH VARIOUS FORMS OF ACUTE PANCREATITIS

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Introduction. One of the fundamental mechanisms is the neutralizing effect of the secretory pancreatic trypsin inhibitor (the serine protease inhibitor of Kazal's type I - SPINK1). This particular peptide is composed of 56 amino acids and plays the role of an irreversible links between the trypsin serine and the lysine of its active center. SPINK1 is able to neutralize up to 20% of the total amount of trypsin, which is formed in the acinar cell.

The aim of the study. Study of genetically determined defense mechanisms aimed at preventing intrapancreatic enzyme activation.

Material and methods. The research involved 37 people with different forms of acute pancreatitis. Among them were 25 (67.6%) men and 12 (34.2%) women. The average age of the patients made up $48 \pm 14,4$ years. The patients were divided into 2 groups. The first group was made up of 17 patients with acute edematous pancreatitis. The second group comprised 20 patients with acute necrotizing pancreatitis.

Results. The presence of the favourable "wild - type" N-allele ("wild - type", Wt) - 73,0% (27) of the people was detected in the majority of the subjects. The pathological "mutant" S-variant was identified in 27,0% (10) of the people. As a result, there were 45.9% (17) of the cases of homozygous carriers of the "wild" NN genotype (N34), NS heterozygotes (N34S) - 51,4% (19) of the cases. One (2,7%) patient was a homozygous carrier of the mutant S - allele (SS - genotype, 34S). A distribution of the genotypes according to the polymorphic N34S variant of the SPINK1 gene among the examinees corresponded to expected Hardy – Weinberg's equilibrium ($p > 0,05$).

On distributing all the patients according to the etiological agent it was found out that the frequency of the NN and NS genotypes in patients with biliary pancreatitis made up 52,6% (10) and 47,7% (9), respectively and did not differ statistically from that in patients with pancreatitis of nonbiliary genesis – 33,3% (6) and 61,1% (11) respectively ($\chi^2 = 0,003$, $p = 0,95$ and $\chi^2 = 0,68$, $p = 0,4$ respectively).

While analyzing the group of patients with acute edematous biliary pancreatitis, it was established that the homozygous carriers of the favourable "wild" N-allele and heterozygotes occurred with the same frequency - 50% (5) and 50% (5), respectively.

In patients with acute destructive pancreatitis of biliary and nonbiliary genesis the frequency of detecting genotypes NN (N34) and NS (N34S) did not differ significantly: 55,5% (5) and 44,5% (4) versus 45,5% (5) and 45,5% (5) respectively ($\chi^2 = 0,001$, $p = 0,97$ and $\chi^2 = 0,114$, $p = 0,74$ respectively).

The homozygous mutation SS-genotype was detected in one person of the specified group. It should be noted that the initiation of the disease was associated with the nonbiliary factor in a female patient with the SS-genotype. The course of the disease was characterized by particular "aggressiveness" with the development of acute suppurative subtotal pancreatonecrosis which became complicated by the formation of abscesses of the omental bursa and the right subdiaphragmatic space, retroperitoneal phlegmon, external pancreatic and duodenal fistulae, left-side exudative pleuresy and toxicobacterial shock. The length of the patient's hospital stay made up