МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

М А Т Е Р І А Л И

106-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
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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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myopia in 23%. Hypermetropic astigmatism was predominant in amblyopic eyes in 53% of cases. Even at an early age, children exhibit a functional relationship between the optical and oculomotor systems, so in addition to the refractive component, the condition of the oculomotor apparatus, accommodation, and convergence also play a role in the development of amblyopia. The distribution by type of amblyopia was as follows: refractive amblyopia in 59%, disbinocular in 38%, and anisometropic in 3%.

Thus, the accuracy of ametropia correction is essential for conducting effective rehabilitation measures and preventing disability in children with amblyopia. Among the children, mild amblyopia was observed in 56.6% of cases, moderate in 30.1%, and severe in 13.3%.

Conclusions. Hypermetropic astigmatism is more commonly observed in amblyopic eyes. Early, complete optical correction not only optimally corrects vision but also serves as a preventive measure against the development of amblyopia and helps achieve maximum possible visual function at different stages of visual analyzer development. When implementing various corrective programs, it is important to remember that a sustained therapeutic effect is achieved only through systematic and comprehensive treatment. Visual impairment or loss has a negative impact on internal organ function and adversely affects physical and mental performance. We can state that the majority of older children who received timely correction demonstrated higher visual function without limitations in career choice or disability.

Tarabanchuk V.V.

SPECIFIC CHANGES OF PHOTOLUMINESCENT PARAMETERS OF VENOUS BLOOD PLASMA IN ACUTE PANCREATITIS

Department of Surgery No. 1
Bukovinian State Medical University

Introduction. Informative diagnostics of different forms of acute pancreatitis and its complications is one of the most difficult problems in emergency abdominal surgery. Diagnostic probability of standard laboratory and instrumental methods does not exceed 80%, which in some cases leads to diagnostic pitfall. This makes actual problem search for new, informative diagnostic parameters.

The aim of the study. Study changes in blood in acute pancreatitis.

Material and methods. The study involved 25 healthy donors (the first group) and 61 patients, among which with acute destructive cholecystitis - 15 (the second group), perforating gastroduodenal ulcers - 13 (the third group), acute destructive pancreatitis - 33 (the fourth group). In order to assess the informativeness of photoluminescent diagnostics, determination a luminescence spectra of venous blood plasma were carried out. Irradiation a monochromatic laser beam of blood plasma was performed. Laser radiation source was an argon laser LGN-503, which emits at a wavelength of 458 nm with a power of 200 mW. Statistical deviation in intensity measurements on a given apparatus were 2-3%. For decode the luminescence spectrum of human blood plasma as the reference radiation source used a temperature lamp TRSH 2850-3000.

Results. It was established that luminescence of human blood plasma was in the wavelength λ = 460 - 800 nm. Thus, in the fluorescence spectra of healthy people observed the characteristic maximum of intensity at wavelength λ = 474-475 nm. In patients maximum indicators of fluorescence capacity in this area displaced to the short range, starting from the wavelength λ = 471 nm, and their absolute parameters were much lower.

As a result of comparative analysis in patients of the second, third and fourth groups characteristic differences of the spectral distribution of peak values fluorescence intensity were found. In particular, acute destructive cholecystitis maximum parameters were observed at a wavelength λ = 470 nm, with perforations of gastroduodenal ulcers - at a wavelength λ = 468 nm, and in acute destructive pancreatitis - at a wavelength λ = 466 nm. That is, in the fourth group of patients the largest fluorescence intensity shifted to shorter range, when comparing to that of other groups. Obtained results were the basis for working out a new method of fluorescent diagnostics of acute destructive pancreatitis (invention application № u 2011 01328). Diagnostic sensitivity in our

study was 90.1%, diagnostic specificity - 83.3%, diagnostic accuracy - 88.2%, diagnostic efficiency - 86.7%.

Conclusions. Thus, studies testify that at conditions of acute destructive pancreatitis the specific changes of photoluminescent parameters of venous blood plasma appear. This points to promising carrying out further in-depth research in this direction. Peak values of fluorescence intensity blood plasma of healthy donors are marked at wavelengths λ = 474-475 nm. The patients with acute surgical diseases of the abdominal cavity maximal values fluorescence intensity of the plasma shift to the short range. At acute destructive pancreatitis the characteristic peak of fluorescence intensity at wavelength λ = 466 nm is determined.

Yakovets K.I.

OTOMYCOSIS - ONE OF THE FUNGAL INFECTIONS OF THE ENT ORGANS

Department of Pediatric Surgery and Otolaryngology
Bukovinian State Medical University

Introduction. Today, more than 500,000 species of microscopic fungi are known, and only about 50 of them are pathogenic for humans. According to the WHO, 1/5 of the world's population has a fungal pathology. The increase in the incidence of mycoses is primarily associated with a decrease in the body's immunological resistance, caused by environmental pollution, the unjustified and long-term use of antibacterial drugs that disrupt the microbiocenosis of the body, as well as corticosteroids and immunosuppressants.

Otomycosis *(*fungal otitis, otitis of fungal etiology) - most often, these names mean an inflammatory disease of the skin of the external auditory canal, which is caused by various types of parasitic fungi. Fungal diseases of the tympanic membrane, the middle ear, and the postoperative ear cavity are also encountered in the practice of an ENT doctor, but the most common is a fungal infection of the outer ear itself.

The aim of the study. We examined 86 patients with otomycosis, to study the most frequent symptoms characteristic of this disease, and to develop a treatment strategy.

Material and methods. How can you suspect the presence of a fungal infection in the ear: - feeling of blockage or foreign object in the ear; - distension, feeling of fullness in the ear; - itching in the ears; - sometimes a burning sensation in the external auditory canal; - appearance of secretions from the ear with an unpleasant smell; - peeling of the skin in the ears.

Results. The clinical picture of mycotic otitis media is characterized by the presence of periodic significant secretions from the ear, intense noise in the ears. The sudden appearance of these phenomena against the background of a relatively calm otitis course is characteristic. There are several perforations of the tympanic membrane and attachment of otitis externa.

As with any other pathology of the organ of hearing, the diagnosis of fungal otitis first requires a physical examination of the patient. During the examination of the external auditory canal, the otolaryngologist will determine the degree of damage to the ear, find out the probable causative agent of otomycosis based on characteristic signs, and will be able to conduct a toilet of the external ear, which is an important stage in the treatment of otitis externa. Also, in the diagnosis of otomycosis, a bacteriological examination of discharge or smear from the ear is advisable. Most often, other methods of hearing analyzer research are not needed in this pathology.In the case of recurrent otomycosis, it may be necessary to examine the patient com for other diseases that may create favorable conditions for the occurrence and repetition of episodes of otomycosis.

The main stages of treatment of otomycosis: - toilet of the external auditory canal; - local application of antifungal drops; - if necessary - systemic antifungal drugs; - limitation/exclusion of factors affecting the development of otomycosis.

Conclusions. Therefore, in the diagnosis of mycotic lesions of the ENT organs, today there is a large arsenal of the latest, highly accurate, informative methods that allow identifying the pathogen and its quantitative assessment, determining the sensitivity of the pathogen to antimicrobial drugs and their MIC, establishing the species composition of microbial associations, deciphering the genomes of new types of microorganisms etc. The introduction of a complex of