

**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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procedure is included in the standards for treating cancer patients of reproductive age. Cryopreservation of spermatozoa of patients in this group is carried out. Patients of the III clinical group have healthy children born after cryoprotocols of the ICSI programs. In patients of fertile age with a favorable prognosis, sperm cryopreservation and assisted reproductive technologies help to realize plans for married life, improve medical and social adaptation and quality of life. It is necessary to optimize protocols for providing medical care to patients with oncological pathology, taking into account the prognostic survival of patients and possible family planning.

Knut R.P.

HISTOLOGICAL PRECONDITIONS FOR THE DEVELOPMENT OF COMPLICATIONS IN HERNIOPLASTY USING PROLENE ALLOGRAFTS

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Introduction. In recent years, the use of alternative methods of allograft fixation in anterior abdominal hernioplasty has become increasingly common, as the use of prolene ligatures leads to additional trauma of tissues and nerve fibers in the area of plastics, which can in turn lead to postoperative complications. The use of stitch-free methods of hernioplasty and of surgical sealants avoids the above complications, however, insufficiently effective fixation of the allograft can lead to its displacement in the postoperative period and cause recurrence of hernia.

The aim of the study. the terms of allograft fixation to tissues of bed with fibrin and collagen fibers for further elaboration of more effective methods of surgical treatment of anterior abdominal wall hernias.

Material and methods. The study is experimental. As the study material were used 26 white rats, which were implanted in the muscles of the anterior abdominal wall the prolene allografts measuring 0.5×0.5 cm. Collection of the material for histological examination was performed by biopsy of muscles with implanted allograft after 1, 3, 5, 7 and 10 days from the moment of modeling of the experiment. 3-5 μ m thick sections were stained according to standard methods. The study was performed at a magnification of $\times 100$ using a descriptive method of detecting changes.

Results. The study show that during the first four days after the modelling of the experiment, the fixation of the allograft occurs mainly due to fibrin fibers. When taking a biopsy during this period, the allograft was easily moved. After the 5th days of the modelling of the experiment in tissue biopsies there was a predominance of collagen fibers. During taking the biopsy, the allograft was fixed to the tissues of the bed and did not move.

Conclusions. During the first four days of the postoperative period, the allograft's fixation is not effective enough, which can cause its displacement or twisting and lead to recurrence of the hernia, so it is advisable to use surgical sealants to fix it and prevent the development of complications of the postoperative period.

Preskure V.V.

THE USE OF PRP THERAPY IN THE TREATMENT OF TROPHIC ULCERS IN PATIENTS WITH POST-THROMBOPHLEBITIC DISEASE

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Introduction. Postthrombophlebitic disease (PTFD) is a complex chronic condition that develops in patients after deep vein thrombosis. One of the complications of PTFD is trophic ulcers, which are difficult to treat and have a high risk of recurrence. One of the modern approaches in treatment is the use of PRP therapy (Platelet-Rich Plasma – plasma enriched with platelets), which promotes wound healing due to growth factors contained in platelets.

The aim of the study. To assess the effectiveness of PRP therapy in the treatment of trophic ulcers in patients with post-thrombophlebitic disease.

Material and methods. The study included 15 patients with trophic ulcers on the lower limbs associated with PTFD. Patients were divided into two groups: the main group (10 people) who received PRP therapy and the control group (5 people) who received standard treatment. PRP was prepared by centrifuging the patient's own blood in the amount of 20 ml, namely for 15 minutes at a speed of 3000. The resulting platelet-rich plasma was injected directly into the ulcer area using a 1 ml insulin syringe and a G30 needle. The effectiveness of the treatment was evaluated according to the criteria of reducing the size of the ulcer, the rate of epithelization, and reducing the pain syndrome.

Results. In the patients of the main group, on the 7th day of the study, a significant decrease in fibrinous layering was observed, compared to the control group.

On the 15-th day of the study, in the main group, the appearance of small granulations covering up to 30% of the ulcer area was observed, while in the control group of patients, the appearance of small single granulation islands was observed, covering up to 5% of the ulcer area.

On the 25-th day of the study, the area of coverage of the trophic ulcer with granulation tissue was observed in patients of the main group up to 80% compared to 40% in the control group. On the 30-th day of the study, the first areas of epithelization of the edges of the ulcer became visible in the main group, while the growth of granulation tissue, which covered up to 60% of the area of the ulcer, was still occurring in the control group.

On the 40-th day of the study, patients in the main group had a significant reduction in the size of ulcers by 45-50% compared to 15-20% in the control group. Accelerated ulcer healing and a 30% reduction in pain in the main group were also noted. Relapses were observed much less often among patients receiving PRP therapy.

Conclusions. PRP therapy is an effective method of treating trophic ulcers in patients with post-thrombophlebitic disease. Its use accelerates healing, reduces pain and prevents relapses. It is recommended to consider the use of PRP therapy as an additional method in the complex treatment of trophic ulcers in PTFD.

Reva V.B.

ANALYSIS OF MORPHOLOGICAL CHANGES OF THE STOMACH MUCOSA IN PATIENTS WITH DUODENOGASTRIC REFLUX IN PATIENTS AFTER CHOLECYSTECTOMY

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Introduction. Duodenogastric Reflux (DGR) is a problem that often occurs in patients after cholecystectomy. The main reason for the occurrence of DGR is a violation of anatomical relationships in the hepatoduodenal zone due to acute and chronic inflammatory processes in this zone.

The aim of the study. To investigate the main morphological changes of the gastric mucosa (SOS) in duodenogastric reflux.

Materials and methods. 126 patients with reflux disease were examined, who were divided into two clinical groups: the first – patients with DGR (n=101), the second – patients without signs of DGR (n=25). Morphological changes of SOS were analyzed on the basis of histological examination of biopsies. SOS samples were collected through the instrumental channel of the endoscope with standard forceps. The material was fixed in a 10% solution of neutral formalin, embedded in paraffin. Sections with a thickness of 5-7 mm were made and stained with hematoxylin and eosin, hematoxylin and picrofuchsin according to Van Gieson. Toluidine blue staining was used to detect *H. pylori*.

Results. A study was conducted of 126 biopsies of SOS. Histological preparations containing at least three papillae and the basal layer of the mucous membrane in the field of view at a magnification of x 100 were considered representative. Evaluation of morphological changes (expression and activity of the inflammatory process in the gastric mucosa, infection with *H. pylori*,