

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



МАТЕРІАЛИ

**106-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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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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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*,

the presence of hyperplasia of lymphoid follicles, atrophy, intestinal metaplasia) was carried out using a semiquantitative method according to the Sydney classification gastritis.

During histological examination of biopsies of SOS, only 4% of patients showed no changes; the rest showed signs of gastritis: superficial gastritis – in 31.2%, gastritis with glandular atrophy – in 27.1%, and atrophic (subatrophic) gastritis – in 37.7% of cases. In the first clinical group, it was found: normal histological structure – in 3 preparations; histological picture of gastritis – in 54 preparations; *H. pylori* was detected in 12 drugs; hyperplasia of lymphoid follicles – in 47 preparations. In the second clinical group, it was found: normal histological structure – in 2 preparations; histological picture of gastritis – in 23 preparations; *H. pylori* was detected – in 14 preparations; hyperplasia of lymphoid follicles – in 7 preparations. Pylorization of the glands were detected in most of the biopsies, in one observation – intestinal metaplasia. Intestinal metaplasia was found in 21 (16.6%) observations of the main group, pseudopyloric gland complexes – in 29 (23.0%).

Conclusions. Timely morphological study of biopsies of the gastrointestinal tract in case of DGR allows early detection of signs of concomitant pathologies of the stomach and prevention of their progression.

Rotar O.V.

PERSONALIZED SURGICAL TREATMENT OF ACUTE NECROTIZING PANCREATITIS WITH PRIORITY USE OF MINIMALLY INVASIVE INTERVENTIONS

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Introduction. Despite the huge progress in the understanding of pathogenesis of acute necrotizing pancreatitis (ANP) mortality and complication rates in it severe form remain high.

The aim of the study. To improve the efficacy of treatment of patients with ANP by implementing personalized tactic of surgical interventions.

Material and methods. The analysis of the treatment results of 1047 patients with ANP who underwent treatment with application of the elaborated approach has been carried out. Step-up minimal invasive approach was applied to patients with acute necrotic collection and liquefactive walled-off pancreatic necrosis, whereas in cases of solid walled-off pancreatic necrosis we preferred one-step necrosectomy technique. Control group consisted of 182 patients to whom standard surgical treatment was applied. The following parameters were collected for each episode: length of hospital stay, mortality, occurrence of organ failure and local complications.

Results. Percutaneous interventions under the control of ultrasonography were performed in 402 (40.28%) patients, in 143 cases puncture and sanitation of the pathological focus was performed under the control of endoultrasoud (EUS). Selective mini laparotomy and mini lumbotomy interventions were performed in 47 (4.49%) persons with limited localized focal lesions. In 21 patients with extended parapancreatic necrosis video-assisted retroperitoneal debridement (VARD) through the nephroscope was performed. Necessary for wide laparotomic interventions occurred in 20.92% and in in 7.55% we have to repeat them. Mortality in the main group of patients was 9.36% which was significantly lower than in control group.

Conclusions. Personalized approach by application of mini invasive interventions depending from clinical and morphological variants of disease improves the results of surgical treatment of ANP.

Rusak O.B.

CHOICE OF TREATMENT TACTICS FOR PATIENTS WITH TROPHIC ULCER WITH CHRONIC VENOUS INSUFFICIENCY

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Introduction. Trophic ulcers in chronic venous insufficiency occur in 27.12% of the population of Ukraine. In these patients, social activity decreases and disability increases. These