

**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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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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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.

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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