

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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Наукові рецензенти:  
професор Батіг В.М.  
професор Білоокий В.В.  
професор Булик Р.Є.  
професор Давиденко І.С.  
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професор Чорноус В.О.

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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**

*Department of General Surgery and Urology  
Bukovinian State Medical University*

**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 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**

*Department of Surgery №2  
Bukovinian State Medical University*

**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