

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 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

factors require the development and implementation of new principles of comprehensive treatment of this pathology, taking into account modern technologies.

The aim of the study. To optimize the treatment of patients with chronic venous insufficiency of the lower extremities by means of a differentiated approach, taking into account the data of ultrasound examination of the venous system and probable ways of the formation of pathological blood flow.

Material and methods. The study included 65 patients (men – 28, women – 37) who were being treated in the surgical department № 1 of the «Chernivtsi Emergency Hospital» with a diagnosis of postthrombophlebotic syndrome (PTFS) for 2019-2023. The average age of the patients was 55.7 ± 8.2 years ($M \pm \sigma$). The distribution of patients according to the clinical classification was as follows: class C2 – in 9 patients, class C3 – in 13, class C4b – in 18, class C5 – in 12, class C6 – in 13. Patients underwent standard methods of clinical examination, coagulogram and ultrasound veins of the lower extremities.

Results. It was established that in patients with a history of acute phlebothrombosis and with recanalization of blood flow of less than 55%, blood outflow was carried out through the great saphenous vein (GSV). In these patients, conservative treatment was used in the form of elastic compression (class III), the appointment of venotonics, disaggregants, as well as drugs to improve microcirculation and lymphatic outflow. Suprafascial dissection of perforating veins was performed in 17 (26.2%) patients with an open long-term non-healing trophic ulcer (more than 3 months).

In 50 (76.9%) patients with blood flow recanalization of more than 60%, differentiated surgical treatment was used: in the presence of horizontal reflux – laser suprafascial coagulation in 11 (16.9%) or dissection of perforating veins in 24 (36.9%) patients under ultrasound control, in 15 (23.1%) patients with vertical reflux – endovenous laser coagulation of GSV supplemented by miniphlebectomy and dissection of perforating veins.

Conclusions. In patients with PTFS with a high degree of recanalization, it is advisable to perform various methods of surgical interventions both in the subcutaneous system and in the perforating veins. In patients with long non-healing trophic ulcers, it is recommended to perform laser suprafascial coagulation or dissection of perforating veins, which leads to further healing of the ulcer defect in an average of 12.1 ± 2.2 days.

Shutka V.Ya.

TREATMENT OF MALIGNANT GLIOMAS OF THE BRAIN

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Introduction. Brain tumors make up from 6 to 8.6% of the total number of human neoplasms. The purpose of our work was to study the results of treatment of malignant gliomas of the brain using radiation therapy - Cyber-knife. Cyber-knife is a modern non-invasive radiation therapy technology that provides an alternative to surgical intervention in the localization of gliomas in the median regions of the brain. Despite the fact that the very name of the method may be associated with a scalpel and traditional surgery, this method refers to radiation therapy, that is, it consists in the use of radiation to destroy tumors. At the same time, there are no incisions, scars and complications associated with surgical intervention.

The aim of the study. To study the results of different methods of treatment of brain glioma.

Materials and methods. An expert evaluation of the treatment of 6 patients with brain tumors by non-invasive radiation therapy and 32 patients by traditional surgical methods for 2019-2023 was studied and carried out.

Results. We analyzed the results of treatment of glial brain tumors in 38 patients, 26 men and 12 women aged 36 to 65 years. It has been established that the survival time with conventional treatment (surgery, radiation therapy and chemotherapy) is on average from 9 months to two years, and with Cyberknife therapy from 6 months to 1.5 years.