

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ



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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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TRAUMA TO GENITOURINARY SYSTEM ORGANS IN MODERN WAR

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Introduction. Injuries of the genitourinary system (IGUS) occur in approximately 5% of those wounded in war. At the same time, Russia's military actions against Ukraine, which is the largest military conflict since World War II, are significantly different from previous wars. This is reflected in the features of IGUS injuries that we observe and affects their treatment strategy.

The aim the study. In order to determine the characteristics of IGUS in modern war, we analyzed military personnel in the number of 30 people who were admitted to different hospitals in our city since the beginning of the war.

Materials and methods. Among the examined patients all were males aged 36.7 ± 7.8 years. Our city is located far from the area of military operations, so all patients were previously operated on in other hospitals, where they were provided with the first qualified medical assistance. The majority of the patients (60%) have undergone several surgical interventions and most of them will need plastic surgery in the future.

Results. The absolute majority of injuries were combined, most often there were injuries to the bone system and intestines at the same time – the IGUS injuries were observed in only 13.3% of patients. In most cases, the cause of the injury was shrapnel damage due to the explosion (more often multiple), and bullet wounds – only 6.7%. Among IGUS the bladder and urethra were most often affected (Table).

Among the injuries, there were quite often those that were atypical for peacetime, such as the complete dissection of the ureter or formation of urethra-rectal fistulas. Many patients had several stomas formed at the same time – an enterostomy, a cystostomy, and sometimes a ureterostomy. Such patients were the most difficult to treat because secondary operations on IGUS depended on the state of injuries of other organs and their recovery. In this regard, we could not perform corrective operations in those patients at the desired time due to the presence of an enterostomy or an inflammatory process at another location.

Table

Localizations of the trauma	Sum*	IGUS Without another injury**	+ other organs**		
			bones	intestine	lungs
kidneys	6 (20%)	1 (16,7%)	5 (83,3%)	2 (33,3%)	1 (16,7%)
ureters	7 (23,3%)	0	5 (71,4%)	7 (100%)	0
bladder	13 (43,3%)	0	9 (30%)	10 (33,3%)	0
urethra	8 (26,7%)	0	7 (87,5%)	1 (12,5%)	1 (12,5%)
External genitalia	6 (20%)	3 (50%)	3 (50%)	0	0
Sum	40	4	29	20	2
Per patient	1,3	0,1	0,96	6,7	0,7

*- percentage per 30 patients, **- percentage per organ injury.

Conclusions. Thus, the main features of IGUS injuries are: Combination with injuries of other organs in 86.7% of cases. The main mechanism is multiple shrapnel wounds. In most cases, there are infectious inflammatory processes in the places of wounds, which are difficult to treat. The combination of intestinal and skeletal injuries significantly complicates and prolongs the treatment of such patients. Small splinters may remain in genitourinary organs, which require further targeted observation.