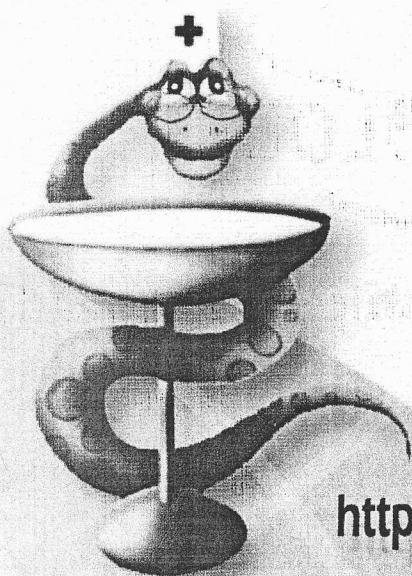


ABSTRACT BOOK

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Results. Main risk factors of development of pelvic injuries in women during labor (based on the Wilcoxon-Mann-Whitney statistics and analysis of its particulars) have been determined. Among them are disbalance of hormonal regulation of reproductive function, chronic urogenital infections, systemic endocrinopathy, degenerative-dystrophic diseases and pelvic injuries, anatomic features of the pelvis and a large fetus. It was established that pregnant women with relapsing urethrovaginal infection (urethritis, cystitis), accompanied by hyperrelaxation of pubic symphysis before gestation is over, as well as patients with pelvic injuries during labor polymicrobial polyresistant variants of the biotope caused by biologically active products of microbial origin prevail in microbiocenosis. It influences structural-functional condition of the pubic symphysis. Results of osteal densitometry reveal that women with a tendency for hyperrelaxation of pelvic attachments are prone to decrease of bone mineral density and women with degenerative-dystrophic spinal diseases and hypoestrogenic (hyperandrogenic) conditions, on the contrary, are prone to relatively high bone mineral density. Informativity of ultrasound symphysiometry for monitoring the condition of the pubic symphysis during pregnancy has been proved. Physiological, border and pathological parameters of the pubic interspace size, which allow to obtain objective diagnostic information and to discover pelvic injuries in due time in the maternity hospital have been determined. Biomechanically supported working classification of pelvic injuries during labor has been developed. This classification is based on clinical, sonographic, X-ray and MR-tomographic criteria for pelvic joints and attachments injuries.

Conclusions. On the basis of clinical-biomechanical research high efficiency of the application of the developed method and the device for treatment of fresh and old pelvic injuries in women during labor has been proved as compared to traditional methods.

Pilarz L.

AMAUROSIS FUGAX IN PATIENTS WITH CAROTID ARTERIES STENOSIS Warsawa, Poland

Introduction. The symptoms of eye ischemia are frequently a manifestation of internal carotid artery (ICA) occlusion. They may adopt an acute form of transient and ordinary loss of vision in one eye (amaurosis fugax) or the form of middle retinal artery embolism. Most frequently it is one-sided, in the advanced form affecting the front and rear part of the eye. The symptoms include a gradual or sudden reduction of visual acuity and pains in the area of orbital cavities, which pass after bending the head. Some cases are asymptomatic.

Aim. The aim of the study is characterisation of patients with carotid arteries stenosis and amaurosis fugax.

Material and methods. All the patients qualified for an operation underwent detailed physical examination and interview. Operations were performed for the

patients whose ICA stenosis degree reached 50-99% and was documented with images.

The results were always verified with angiographic examination during the surgery. Data on arteriosclerosis risk factors was also collected. All the patients, both before and after the operation, were neurologically examined. The patients' condition was evaluated on the basis of modified Rankin's scale. In the period from January to December 2002 at the Department of General and Vascular Surgery in Bytom Silesian Medical University in Katowice 167 patients were operated on due to ICA stenosis. Results: The episodes of amaurosis fugax were found in 46 patients (27,5%), including 34 (71,8%) men and 12 (28,2%) women. The average age of the patients was 65 years. Before qualification for operations 9 (19,6%) patients, apart from amaurosis fugax suffered from an ischemic stroke, and 36 (78,2%) underwent a TIA from the area of ICA vascularization. Six (13%) patients had both an ischemic stroke and TIA. Doppler's examination revealed over 90% stenosis on the operated side in 13 (28,2%), and occlusion in 7 (15,2%) patients. After the operation the episodes of amaurosis fugax ceased.

Conclusion. A significant hemodynamic ICA occlusion results in an impaired flow in the eye artery. As the initial ophthalmological symptoms are hidden, the condition of the eye observed by oculists is usually advanced and serious, with a poor prognosis for sight maintenance. Therefore, the co-operation of vascular surgeons with ophthalmologists is necessary in such cases. All patients with symptomatic occlusion of carotid arteries should be examined by oculists.

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VIDEOENDOSCOPY IN DIAGNOSIS AND TREATMENT OF INTRAABDOMINAL AND INTRATHORACIC DAMAGES IN POLYTRAUMA

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Introduction. In polytrauma patient the rate of abdominal wounds is 31,3%, and the rate of thoracic wounds is about 29,5% [2]. Mistakes in diagnostic of internal organ wounds reach till 40 %. Mortality rate for these patients is from 30,8 till 64.4 % [1]. One of the prospect destination, that could make polytrauma diagnosis and treatment better is using of endovideosurgical technologies. That is why, endovideosurgical invasions become more useful in emergency aiding in chest and abdominal cavity organ damages [1,2].

Purpose of investigation. To evaluate treatment and diagnosing effectiveness of videoendoscopy (VES) in intraabdominal and intrathoracic damages diagnosing and treatment for polytrauma patient

Materials and methods. In our clinic VES was used in diagnosing and treatment of chest and abdominal damages for 34 patients, aged from 18 till 72 (middle age $34,7 \pm 3,9$ years old), between them 18 men and 16 women. The hardness of polytrauma varied from 30 to 68 marks ISS (middle mark — $52,3 \pm 5,8$). For invasions endovideosurgical complex «Olympus» OTV — SC was used. The

indications for emergency laparoscopy in polytrauma patients was presence of abdominal cavity fluid, which volume was more than 200 ml. with decreasing of arterial pressure level, and level of hemoglobin. The main additional methods of diagnosing of fluid in abdominal cavity and its localization was abdominal ultrasound scanning. For chest damages plan chest X-ray and computer tomography was used. Investigation results. In 13 (44,8 %) patient was found intraabdominal bleeding during laparoscopy. Its source for 8 patients were liver capsule and parenchyma ruptures; in 5 cases the source of bleeding were spleen damages. In 9 (31 %) patients retroperitoneal space hematoma was found, in 5 (17,2 %) - patients contusions of intestinal mesentery and abdominal wall were found, in 2 (6,9%) cases – intestinal wall rupture was diagnosed. For 8 (61,5%) patients with liver rupture and for 2 (15,4%) patients with spleen damages, the bleeding was stopped laparoscopically, in electrocoagulation way. For 3 other cases laparotomy and splenectomy. Ruptures of iliac intestine was sutured after conversion threw the laparotomy access. In cases, when the retroperitoneal space hematoma or contusions of intestinal mesentery and abdominal wall were found operations was ended just only with abdominal drainage placing. During videothoracoscopy in 3 cases clotted hemothorax was found and removed. In 2 cases the cause of pneumothorax was visceral pleura damages caused by pleural adhesions. Adhesiolysis by electrocoagulation and pleurodesis induction by talk insufflation were provided. In early postoperative period complications, caused by operations, and pneu-mothorax or bleeding recurrence we have not seen. The middle duration of VES-operations was about $56,7 \pm 15,2$ min.

Conclusions. Using of endoscopy helped to determine bleeding source and appraise of chest and abdominal organs damages in 100% cases, for 76,9 % patients helps to stop bleeding from parenchyma organs ruptures, and it helps to decline laparotomy for 84,8 % injured person with abdominal cavity organs damages and to decline thoracotomy for 100 % patients with chest organ damages.

Rodinskaja G.

THE FORECAST OF CURRENT AND PREVENTIVE MAINTENANCE OF COMPLICATIONS OF THE SHARP PANCREATITIS

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Introduction. In due time and adequately rendered medical aid by sick acute pancreatitis (AP) essentially influences current of disease and causes of its forecast. Dynamism of process AP, various pathophysiologic mechanisms of development of focal and systemic complications puts a question on necessity of an adequate estimation of a condition of protective forces of an organism. The understanding of interactions between various components immune system allows to identify quickly infringements in a pancreas and to determine strategy of purposeful therapy. Ways of forecasting of current of disease and preventive maintenance of it have especial value in purulent – destructive complications.

The purpose and research problems. To study features of changes of markers acute inflammations in a pancreas. To determine an opportunity of their use for the forecast of current AP and prophylaxis of its complications.

Material and methods. The analysis of treatment of 235 patients AP in clinical association of first help of Dnepropetrovsk was carried out. From them was operated 216 patients. Postoperative lethality - 18,3 %. Among patients of the man was 84 (35,7 %), women - 151 (64,3 %). Middle age - 53,6 years. To all patients carried out an obligatory complex of laboratory and additional radiological and ultrasonic inspection. At 36 patients in terms 1-2, 4-6, 10-12, 15-18 day from the beginning of treatment determined markers of a acute inflammation in blood: interleukin-6 (IL - 6) and C-peptid. Average value of criterion Ranson has made 1,17 points.

Results of researches. By results of research of markers acute inflammations have been allocated 3 groups of patients which carried out respective algorithm of treatment. I group (74 patients) with a high level of markers (a level of C-peptid in plasma of blood - 140-310 mg/l and IL - 6 - 40-60 pg/ml) and the tendency to gradual decrease. To patients appointed adequate conservative therapy. Under indications carried out corresponding operative interventions. Lethality outcomes were not. II group (90 patients) with the moderate indication of C-peptid up to 70-120 mg/l, IL-6 12-18 pg/ml. In the subsequent at insignificant decrease of indications for 3-4 day have noted increase in parameters. III group (71 patient) the high level of markers within the first 12 day with increase in parameters at 4-6 day is marked. So, contents C-peptid has made 120-180 mg/l, 140-190 mg/l and 125-170 mg/l accordingly. The level has made IL-6 60-80 pg/ml, 65-90 pg/ml and 70-90 pg/ml accordingly. Treatment of patients II and III groups began in conditions reanimation branches. Used: 1) adequate infusional therapy, 2) antibacterial therapy with use florchinolons, 3) selective decontamination of intestines, 4) antifermental therapy, 5) oppression of secretion of stomach H2-blockators, 6) local hypothermia; 7) stimulators of a motility of intestines 8) hepatoprotectors, 9) extracorporeal desintoxication under indications. Indications to early operative intervention were: progressing biliary a pancreatitis, polyorganic insufficiency which does not give in to adequate intensive therapy during 48 - 72 hours, a acute traumatic pancreatitis. At enzymatic peritonitis carried out a laparoscopy or abdominal paracentesis with obligatory drainage of belly cavity. Use of corresponding algorithm has allowed to reduce quantity relaparotomy up to 9,2 %, postoperative lethality has made 18,3 %, that on 4,6 % of below last years. Structure of the reasons postoperative lethality: a syndrome polyorganic insufficiency - 55 %, a sepsis - 25 %, purulent complications - 15 %, a bleeding - 5%.

Conclusions. Distribution of patients with AP in view of type of inflammatory reaction allows to use adequate algorithm of actions and is rational at treatment of the given category of patients