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«Actual problems of clinical and
theoretical medicine»***

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***«Actual Problems Of Clinical And
Theoretical Medicine»***



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received the combination of tacrolimus, mycophenolate and steroids within the first years after related transplantation. One of these (4.8%) has an ureteral stenosis. This recipients got the conversion of immunosuppression to low dose of cyclosporine A. During 6 months was observed the increase of glomerular filtration rate at 30% ($p \leq 0,05$); creatinine level in blood decreased on 40 % ($p \leq 0,05$); proteinuria level decreased on 55 % ($p \leq 0,05$). In the present study we analyzed the incidence of renal transplant

dysfunction based on the study of polyoma virus infection and used optimal strategy to prevent their loss.

Conclusion. The lack of specific targeted therapies has prompted a pre-emptive active surveillance strategy with routine screening intervals post transplantation for polyoma viral replication. Reduction or conversion of immunosuppression remains the mainstay of therapy in patients with polyomavirus -associated renal transplant dysfunction.

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MODERN SURGICAL DECOMPRESSION OF BILIARY TRACT OBSTRUCTIVE JAUNDICE

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Actuality. Obstruction of bile ducts (BD) is one of the important problems of modern surgery. Gallstone disease (GSD) - the most common cause of it, according to various authors occurs in 8-12% of the population of Ukraine.

The aim. Analysis of the results of treatment in patients with jaundice.

Materials and methods. Retro - and prospectively analyzed the outcomes of 102 patients with OJ in the last 3 years, men - 38 (37.2%), women - 64 (62.8%) aged 45 to 69 years. In a survey it was found that 26 (25.4%)

patients had jaundice caused by cancer processes in hepatobiliary zone: BD benign tumors, pancreatic cancer, cancer of the large duodenal papilla (LDP); Other 76 (74.6%) had non-tumor genesis of OJ (lithio BD obstruction, constrictive papillitis). All patients were examined by generally accepted methods. All patients applied the principle of phased treatment.

Results. At I phase of 26 (25.4%) patients with cancer of the biliary stents were set (8 pieces. French) by endoscopic retrograde prosthetics, including pancreatic cancer - 12 (11.7%), cancer LDP - 6



(5.8%), benign tumors of BD - 8 (7.8%). In 2 patients with pancreatic cancer and cancer of LDP endoscopic biliary stenting was the final method of palliative treatment BD obstruction due to the presence of distant metastases. Another 24 (23.5%) patients with stages II were performed radical surgery: patients with pancreatic cancer and cancer of the LDP made 6 pancreatoduodenal resections, 18 - made biliodigestive anastomoses. Endoscopic papillosphincterotomy (EPST) and lithoextraction performed in 37 (36.2%) patients with choledocholithiasis, also held EPST 23 (22.5%) patients with stenosing papillitis. In 16 (15.6%) patients with wedging distal choledochal

calculus, the inability lithotripsy was used nasobiliary BD drainage. In stage II of adequate treatment after biliary decompression performed 55 laparoscopic cholecystectomy, 19 open cholecystectomy of choledochotomy and external drainage of choledoch. **Conclusions.** Using endoscopic decompression combined with conservative therapy in obstructive jaundice enable most patients to prepare for radical surgery with minimal risk of intra- and postoperative complications. In some patients with malignant jaundice, these interventions can carry final character due to the prolongation of the primary pathological process.

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APPLICATION OF INTRAVITREAL AFLIBERCEPT INJECTIONS FOR DIABETICS WITH MACULAR EDEMA

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Actuality. A new method of treatment of diabetic macular edema (DME) based on the local suppression of vascular endothelial growth factor (VEGF) is widely distributing in clinical practice. The mechanism anti-VEGF therapeutic realizes by several ways: direct binding to VEGF, block the expression of its genes or receptors.

The Aim: To investigate the effectiveness of intravitreal

injections of aflibercept ("Eylea") in the treatment of DME in patients with diabetes type II.

Materials and methods: 12 patients with DME were monitored (6 with Pre-proliferative retinopathy, 6 with non-proliferative retinopathy). All patients had type II of insulin dependent diabetes with subcompensation carbohydrate metabolism, age from 57 to 73 years; 7 women and 5 men. The