



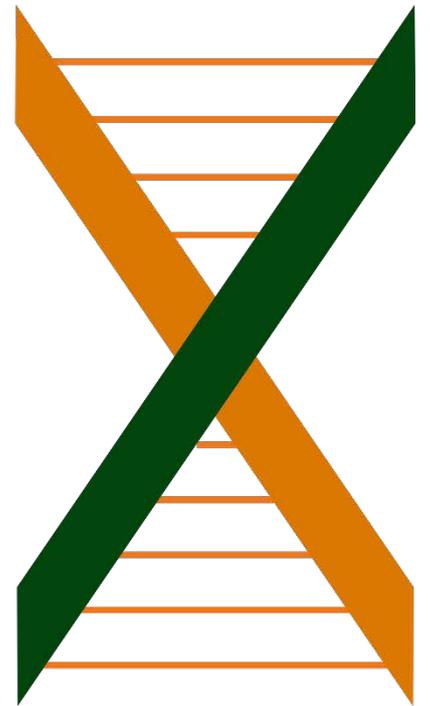
ABSTRACT BOOK



KHARKIV, UKRAINE
MAY 24th-26th, 2017



**INTERNATIONAL SCIENTIFIC
INTERDISCIPLINARY
CONGRESS**



Dolgov V., Kotlyar V.

EXPERIENCE OF SURGICAL TREATMENT OF ADHESIVE DISEASE OF PERITONEUM WITH INTRAOPERATIVE USE OF DEFENSEAL PREPARATION

Kharkiv National Medical University
(Department of Surgery Department № 2)
Research advisor: asst. Svirepo P.
Kharkiv, Ukraine

Introduction. According to the literature, after surgical operations on the abdominal organs in 70% of patients develop a commissural disease with the subsequent occurrence of acute adhesive obstruction of the intestine (OAAOI). The frequency of recurrence of OAAOI reaches 60-70%, and with repeated operation - 85%.

To study the immediate results of using the drug "Defensal" in combination with enterolysis, intubation of the small intestine in the surgical treatment of patients with adhesions.

Materials and methods. In the clinic for the period from 2012-2016. 28 patients were treated. Of these, women - 16 (56.3%), men - 12 (43.7%) patients. The mean age of the patients was 51.2 years \pm 7.1. All patients are divided into two groups: the first (control), consisting of 17 patients who underwent surgical treatment with conventional methods of treatment, and the second (main) group - 11 patients who underwent operative treatment with the drug "Defensal". Patients with grade II and grade III diabetes were taken to the main and control groups.

Results of research. The results of the treatment were evaluated in terms of 3-7-14-30 days - 3 months after the operation. The criterion for evaluation was directly the function of the gastrointestinal tract (GIT). Also in both groups, the duration of inpatient treatment, the duration of rehabilitation and the immunological status of patients were estimated. In patients of the main group, peristalsis recovered faster than in the control group by 1.2 ± 0.25 days. It was noted that the function of the gastrointestinal tract was restored earlier than in the control group with a difference of 2.1 ± 0.13 days. In the peripheral blood of patients of both groups in the first three days was characterized by the same tendency to decrease the relative number of T-lymphocytes. CD3 in the latter, reliably, from 7 days differed by a decrease in CD3. In the control group, $p < 0.05$, which indicates a decrease in the activity of the inflammatory process. When determining the level of B-lymphocytes, no statistically significant differences were found in patients of both groups. In the main group, the phagocytic activity of neutrophils is reliably reduced from 3 days ($p < 0.05$). In patients of the main group, the parameters of clinical blood analysis improved faster than the control group ($p < 0.05$).

Conclusions. 1. The use of an antiphagic multifunctional "Defensal" solution intraoperatively for the treatment of adhesive disease in combination with enterolysis and intubation of the gut is effective and promotes an earlier restoration of peristalsis, restoration of the function of the gastrointestinal tract and a decrease in the length of stay in the hospital from 9 ± 0.5 to 7.5 ± 0.5 days.

2. Treatment of OAAOI with intraoperative using a solution of "Defensal" forms an adequate immune response of the patient in the postoperative period and can reduce the risk of developing a commissural disease in the future.