



ABSTRACT BOOK



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At left-side wounds in 19% of cases performed thoracotomy with laparotomy translatable, 37% of laparotomy, 8% for thoracotomy and laparotomy, 5%-laparotomy with thoracotomy. When right side toracoabdominale parentsthe in 8% of cases is translatable thoracotomy with laparotomy, 16% of laparotomy, a 1.5%-thoracotomy with laparotomy and in 3% of laparotomy with thoracotomy.

Carrying tricolporate one incision is the method of choice only in certain cases, mainly in right side wounds with damage to hard to reach areas of the liver (especially when you need a resection), Vena cava inferior, as this method has a complicated postoperative period.

Conclusions. Surgical tactics has its differences with the right - and left damage. The sequence of surgical interventions is based on the prioritization of bleeding into the peritoneal or pleural cavities.

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ENDOSCOPIC STENTING FOR THE PURPOSE OF DECOMPRESSION OF THE BILE DUCTS IN TUMOR DISEASES OF THE HEPATOBILIARY SYSTEM

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Introduction. There is an increase in the number of patients with malignant neoplasms of the EEC organs, accounting for about 15% of all malignant tumors of the digestive tract. The use of endoscopic transpapillary decompression in this pathology allows to reduce the number of postoperative complications and lethality in comparison with a one-stage operation performed at the height of intoxication.

Materials and methods. The results of treatment of 34 patients with tumors of EADD, men - 19, women - 15 were analyzed. All patients were examined according to the generally accepted algorithm.

Results of research. Among the prostate tumors, the lesions of the head of this organ predominated in 8 patients; Malignant neoplasms of the body / tail of the prostate were found in 2 patients. The second most frequent tumor of the organs of BDPA was BDS cancer - 5 cases. In 14 patients we used plastic biliary stents of different lengths and diameters from 7 to 12 Fr. In 4 cases self-expanding metal stents 8 and 10 mm in diameter were used. M.I. Tech. Execution of adequate endoscopic stenting of the bile ducts was not possible in 4 patients: in 3 patients it was impossible to lead a conductor above the level of occlusion, in 1 patient it was not possible to hold a stent through the proximal biliary ducts because of the rigidity of the tumor stricture. Endoscopic biliary drainage was the final method of palliative treatment of bile duct obstruction in 2 patients (the presence of distant metastases).

Conclusions. Preliminary stenting allowed to prepare patients in the optimal way for surgical treatment, including radical, minimizing the risk of intra- and postoperative complications.