



ABSTRACT BOOK



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Arutiunian A.

APPLICATION OF ENDOSCOPIC RETROGRAD BILIARY STENTING IN THE TREATMENT OF MALIGNANT OBSTRUCTIVE JAUNDICE

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Introduction. Introduction. Presently the most difficult in abdominal oncology are questions about the timely diagnosis and rational treatment of obstructive jaundice (OJ). OJ leads to a rapid rise of liver failure (LF) and may cause other serious complications, such as infection. The main task in the treatment of these patients is elimination of OJ, especially when on her background develops intoxication and LF.

Materials and methods. Materials and methods. In the period from 2013 to 2015 ERBS was performed in the clinic as a definitive treatment in 64 patients with inoperable malignant diseases of hepatopancreatoduodenal zone, which were complicated by OJ. All patients were divided into 2 groups of 32 people. In the first group of patients was set plastic stents with diameter 8,5-10 Fr. In the second group were used coated SMS with diameter 10 Fr. The average age of the patients was $67,3 \pm 8,1$ years. Women – 47 (73,4%), men – 17 (26,6%). The causes of OJ were the following diseases: pancreatic head tumor in 29 (45,4%) patients, tumor of the papilla Vater in 9 (14%), bile duct tumor in 9 (14%), tumor of the gallbladder – 7 (11%), lymph node metastases hepatoduodenal ligament with compression of the bile duct – in 10 (15,6%). In definition of the stage of the tumor process was used TMN classification in the edition 2009. During the first two days of receipt was made diagnosis of nature, level and cause of biliary tract occlusion. Evaluation of LF was carried out according to the classification of Child-Pugh (1972). 57 (89%) patients had compensated and subcompensated degree of LF.

In the first group of patients was set plastic stents with a diameter 8,5-10 Fr firm Wilson-Cook, Boston Scientific; the second group used the SMS diameter of 10 Fr Hanarostent, Walstent.

Results of research. Results of research. In all cases, the installation of biliary stents performed after prior endoscopic papillosphincterotomy (EPST). Complications in group 1 were as follows: acute pancreatitis – 2 (3,1%), bleeding from the area EPST – 2 (3,1%), stent migration – 3 (4,7%). Total – 7 (10,9%). Complications in 2 group were as follows: acute pancreatitis – 3 (4,7%), acute cholecystitis – 1 (1,5%), stent migration – 1 (1,5%). Total – 5 (7,7%). Postoperative mortality was not in both groups. After biliary stenting in all patients OJ disappeared or substantially resolved, the average bilirubinemia before surgery was in group 1 – $212,2 \pm 76,2$ $\mu\text{mol/L}$, in group 2 – $206,1 \pm 75,2$ $\mu\text{mol/L}$. Duration of jaundice period before the primary drainage in 1 group – 11 ± 5 days, in group 2 – $13,5 \pm 7,3$ days. All patients were discharged from the hospital with their inoperable status. In connection with the implant occlusion and recurrence of OJ repeatedly hospitalized 16 patients in group 1 and 7 patients in the 2 groups. The average life of plastic biliary stents function was $109,9 \pm 101,2$ days (3,5 months); SMS function term was $256,5 \pm 90,5$ days (8,5 months).

Conclusions. 1. ERBS of bile duct with malignant tumors of pancreatobiliary area is an effective method of elimination of OJ. 2. The use of SMS was a full-fledged

alternative to palliative surgery with formation biliodigestive anastomosis in the treatment of malignant OJ.

Balchunas I.

INTRACRANIAL ARTERIOVENOUS FISTULA WITH OPHTHALMOLOGICAL MANIFESTATION

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Introduction. Nowadays it is well known the classic ophthalmological symptoms and signs of the intracranial arteriovenous fistula, but great variety of the anatomical variants of the fistula commonly complicate differential diagnostics of the orbital lesion.

Materials and methods. The aim of this paper is to present the case of 72 years old female with unusual case of intracranial dural arteriovenous fistula in the area of the right orbit with ophthalmological manifestation. Case study. Besides standard ophthalmological examination B-scanning («Vu MAX II» 10 MHz) of the right orbit and selective angiography (iodixanol 49%) have been carried out as well.

Results of research. Clinical examination revealed the following: proptosis 2 mm, restricted right ocular motility, periorbital edema, chemosis with dilatation of conjunctival vessels, decreased visual acuity (6/10), concentric narrowing of the visual field, elevated intraocular pressure, no afferent pupillary defect. Fundus exam revealed paleness and glaucomatous excavation of optic disc cap, dilatation of retinal vessels. Any pathological changes of ENT and maxillofacial areas, respiratory systems, any history of periocular trauma or surgery, any history of endocrine or oncological diseases were not detected. B-scanning visualized convolutive tubular anechogenic formation in the superior-medial area of the orbit (diameter 2,03-2,09 mm), enlargement of the levator and upper rectus muscle, local edema of the orbital cellular tissue. Some intracranial pathological process was suspected and selective angiography were carried out. Opacification of the right external carotid artery detected infilling of the right superior orbital vein from terminal branch of the right middle dural artery.

Conclusions. This case presents that sometime intracranial vascular disorders may have unusual ophthalmological manifestation.

Belitsky I.

RARE CASE OF THE SUBPERIOSTEAL ABSCESS OF THE LATERAL ORBITAL WALL

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Introduction. The aim of this paper is to present the case of 36 years old female with unusual course of subperiosteal abscess of the right orbit.