



# **ABSTRACT BOOK**



**KHARKIV, UKRAINE**  
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removal the haemorrhage, but the treatment choices (laser drainage, vitrectomy or drug therapy) should be determined in each case individually.

**Materials and methods.** Case study. Besides standard ophthalmological examination B-scanning and Optical coherence tomography have been carried out as well. The patient were underwent vitrectomy followed by peeling of the inner limiting membrane with aspiration of the blood.

**Results of research.** A 27 - year - old man was referred to the ophthalmological department with long-term (4 months) unilateral vitreous haemorrhage. Ophthalmological examination revealed the following: wrong light perception and no pupillary reflex, elevated intraocular pressure and exophoria of the left eye with the normal ocular motility. Anterior segment of the left eye was normal but there was no reflex from the eyeground due to total haemophthalmus. B-scanning revealed total partially organized haemophthalmus and thickening of the macular and paramacular areas with a prominence to the vitreous body. A sub - ILM haemorrhage was diagnosed during vitrectomy.

One month later after the operation ophthalmological examination revealed the normal position of the both eyes, visual acuity of the left eye was 20/20, no visual field defects, normal intraocular pressure were detected. Optical coherence tomography did not reveal any pathological changes of the macular zone in the left eye.

**Conclusions.** This case presents that despite the long-term sub-inner limiting membrane haemorrhage and haemophthalmus, combined surgical treatment with vitrectomy followed by peeling of inner limiting membrane and aspiration of blood provide a favorable prognosis for the rapid restoration of high visual functions.

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## **COMPLICATIONS OF BRONCHIAL BLOCKAGE IN TREATMENT OF PIOPNEUMOTHORAX**

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**Introduction.** Piopneumothorax has been found in 33.3% of patients with nonspecific infectious destructions of lungs. One of the pathogenic links of uprising and chronisation of piopneumothoraxis is a leakage of lung tissue, divergency of damaged lung tissue in relation to the pleural cavity, leading to the development of bronchial fistula, and further - to formation of bronchiopleural fistula. The successful closure of the bronchiopleural fistula makes the more reliable and less lengthy surgical treatment of these patients.

**Materials and methods.** Investigation involved 77 patients who got a thoracoscopic sanitation of pleural cavity and bronchial blockage. Valve bronchial blockage of the fistulous bronchus had been performed in 1-2 days after thoracoscopy. It is used reverse endobronchial valve made of medical rubber compound indifferent to the human body. The valve allows oxygen, sputum, bronchial content to move out from the lesion place during expiration and cough, preventing their movement back. Bronchus occlusion in patients performed after its visualization by painting method: during the bronchoscopy

in pleural cavity through the drainage was introduced 20 ml of 3% solution of hydrogen peroxide with a dye (brilliant green or methylene blue) in a ratio of 10: 1. Valve installed through oral cavity in tracheobronchial tree under the local anesthesia administration.

**Results of research.** In 23 (29.9%) patients after usage of bronchial occluder was established following complications. In 15 (19.5%) patients had been found a purulent bronchitis. This problem was due to the peculiarities of the valve action: the content of purulent pleural cavity freely penetrated through the fistula into the tracheobronchial tree, but did not go back, that is in large area of fistula, led to an accumulation of pus in the bronchi on the affected side. The next frequent complication found in 5 (6.5%) of patients was an overgrowth of granulation tissue in the area of the bronchial occluder which was detected immediately during removal of bronchial blockage but clinically didn't perform itself. During histological examination was a picture of chronic productive inflammation with the formation of granulation. In 3 (3.9%) of patients was found an occluder migration into the bronchial tree. Suspicion of this complication appeared in the recovery of air discharge through drainage, after chest X-ray in the direct projection had been detected an occluder. The reason of this phenomenon was the discrepancy of an occluder size to the bronchial diameter after the disappearance of the bronchitis symptoms and bronchial wall edema reduction.

**Conclusions.** Thus, the valve bronchial blockade is an effective and safe method in the treatment of patients with piopneumothorax. Possible complications of its use are easily diagnosed and diminished.

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**MODERN CONDITIONS FOR THE SELECTION OF NON-STRETCH  
METHODS OF PLASTICS OF THE ANTERIOR ABDOMINAL WALL  
AMONG PATIENTS WITH POSTOPERATIVE VENTRAL HERBS**

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**Introduction.** Most often, surgeons who perform interventions for POGH (postoperative ventral hernia) underestimate the severity of such a complication as the abdominal compartment syndrome (AKS) and prefer to sew in the abdominal wall with interference, but not expand the volume of the operation. The set of measures aimed at the treatment includes a high position of the body, thus the respiratory insufficiency inevitably develops. Objective is to detect the effect of changes in the position of the body on ICP in patients operated on for POGH with a high risk of developing respiratory insufficiency.

**Materials and methods.** It was developed a biochemical model of the body of a patient operated on for POGH with a restored domain of the abdominal cavity. The studies were conducted among 85 patients with POGH who underwent surgery in the surgical department of 17 Clinical Multiprofile Hospitals in the period from 2011 to 2014, which performed combined methods of non-stretch plastic hernia grafts using allografts. The age of the patients ranged from 20 to 75 years. There were 50 women