



ABSTRACT BOOK



KHARKIV, UKRAINE
MAY 24th-26th, 2017



**INTERNATIONAL SCIENTIFIC
INTERDISCIPLINARY
CONGRESS**



2. The successful is using SRIs with higher efficiency “on demand” (84,8%) and fewer side effects.
3. We recommend to the patients with severe PE earlier surgical treatment (selective neurotomy, partial dorsal neurotomy), efficiency at 96.2%. This method is safe (after 6 months, the sensitivity of the glans penis is returned to approximately 50% of baseline) and the most cost - effective method for the treatment PE.

Voronaya J.

TEMPERATURE REGIME IN THE DYNAMICS OF TREATMENT OF CRITICAL LIMB ISCHEMIA PATIENTS

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Introduction. Chronical limb ischemia (CLI) value of all vascular problems is above 20% and 2-3% of population. Frequency of amputations in patients with vascular pathology in Ukraine and abroad reaches 59% and the mortality rate reaches 48%. This disease mostly progress. According to TASC, among patients with CLI from 10 to 30% live less than 6 months, and 25-30% of patients may need a "big" amputation. If untreated for 1 year one-quarter of patients die, one third will undergo amputation of one or both legs, while others will live with both limbs. After 5 years, more than half of patients with CLI are dead. In addition, the quality of life of patients with CLI compared with cancer patients in terminal stages and were noticed to be the same.

Materials and methods. One of the methods of monitoring the state of the circulatory system in the lower limb is contactless thermometry. The aim of our research is to study the dynamics of the temperature regime of the lower extremities in patients with CLI who received different type of treatment: non-surgical and surgical combined with plasmotherapy.

55 patients with CLI with distal type of leasion were enrolled in the research. To calculate the results, it was decided to calculate the average value of temperatures leg and foot for each mode of both limbs. It was decided to drive a comparison between the two lower limbs of patients in each period. It should be noted that the comparison was made between control and diseased limbs.

Results of research. These comparisons showed a significant difference in the temperature measurement mode shins surface temperature - after ending the treatment of patients was on average 1,09°C (3.3%) warmer than control limb (p =0.012), and after 12 months. - 0.7 ° C (2.1%) (p =0.000), and body temperature measurement mode - at the beginning of treatment (baseline) shank patient was on average 1,1°C (2.9%) cooler controls (p =0.001) and 12 months. - 0.7 ° C (2%) (p =0.000). The temperature of a sick foot mode surface temperature at baseline was on average 1,2°C (4.2%) cooler then control (p =0.002) and body temperature mode - 1.3 (4%) cooler than control (p = 0.005).

Conclusions. Further comparison showed improbable difference between sick and control limbs, indicating that the equalization temperature of both limbs. Such

dynamics can be explained by a gradual reduction of the effect of treatment within a year of observation and gradual development of collateral circulation.

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ORTHOTOPIC PLASTICS FOR URINARY BLADDER CANCER

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Introduction. In the structure of oncological diseases of the genitourinary system, bladder cancer takes the second place. Orthotopic substitution is considered as the best for today, as it possesses a low morbidity and secures the best possible life quality. The aim- research into the most efficient orthotopic substitution method.

Materials and methods. Treatment outcomes were analyzed for 37 patients aged from 48 to 66 years including 34 men (92%) and 3 women (8%). Patients after a cystectomy got the orthotopic reservoir from various segments: ileocecal 18 (48%), ileal 12 (32%), gastric 7 (20%). For two years after the surgery the patients underwent clinical, histological, and x-ray examinations.

Results of research. Assessment was conducted beyond 8 years after the operation. Long-term postoperative complications were allied with the formation of an orthotopic reservoir. Ileocystoplasty and gastrocystoplasty led to ureteral-pelvis reflux for 5 (32%) and 3 (42%) patients correspondingly, 2 (11%) patients had stones in reservoir, 4 (24%) patients possessed exacerbation of chronic pyelonephritis. Patients with an orthotopic reservoir from the ileum segment had urine stagnation 8 (66%) because of a significant expansion of the neocyst, which subsequently led to infection and stone formation. For gastro-cystoplasty, there was an insignificant increase in the reservoir, but urinary tract infections were not observed.

Conclusion. Complications occurrence does not depend on gender. Cystoplasty involving gaster segment is a perspective method, as it is followed by the minimal number of complications; however, in terms of functioning the desirable method is ileocystoplasty.

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THE RESULTS OF PREVENTING THE DEVELOPMENT OF ADHESIONS IN PATIENTS OPERATED ON THE ABDOMINAL CAVITY ORGANS

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Introduction. Abdominal adhesive disease - a serious illness, often occurring in young and working age. According to the literature, 55-70% of patients after abdominal surgery develop adhesions in the abdominal cavity, which can lead to such terrible complications such as acute adhesive intestinal obstruction. Postoperative mortality unfavorable course of acute adhesive intestinal obstruction reaches 16-25%.