



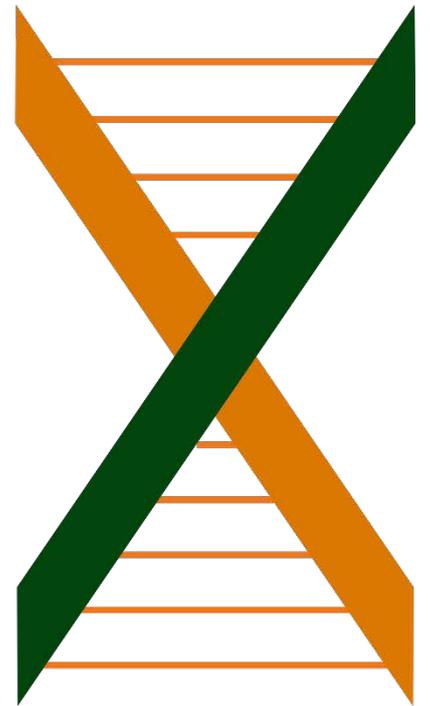
# **ABSTRACT BOOK**



**KHARKIV, UKRAINE**  
**MAY 24<sup>th</sup>-26<sup>th</sup>, 2017**



**INTERNATIONAL SCIENTIFIC  
INTERDISCIPLINARY  
CONGRESS**



**Materials and methods.** The results of treatment were evaluated in 104 patients with multiple and combined fractures of the long bones, the severity of injuries which is 25-40 points on the ISS scale and severity of the condition scale VPH-SP 21-32 points. The division of the main group (43 patients) and control group (61 patients) was carried out on the basis of one stage (main) or two-stage (comparison group) conducted operative treatment of the musculoskeletal system injuries. The main group and the comparison group were identical in localization and type of fracture, age and sex. The patients from the main group had a one-stage surgical treatment of long bones fractures. It was made the closed locking intramedullary nailing for 36 patients (83.7%) and it was also the external fixation with reposition of bone fragments for 7 patients (16.3%).

The patients from the control group were treated by two-stage surgical tactic of long bone fractures: 23 patients (37.7%) on the first stage was used skeletal traction followed by intramedullary blocking nailing; 8 patients (29.5%) - performed the initial fixation ex-fix devices without careful repositioning and on the next step after stabilization of patients condition the blocking intramedullary fixation was performed; 16 patients (26.2%) - after primary stabilization of bone fragments by external fixation devices without careful repositioning performed secondary osteosynthesis with carefully repositioning of bone fragments, and 4 patients (6.6%) in the first stage were treated by the skeletal traction with followed external fixation repositioning of bone fragments.

**Results of research.** It was established that the victims from the main group stayed in the hospital on time 52.6% less than the control group patients.

41.9% patients from the main clinical group had good results of treatment. In the control group good results have been found only in 26.2% of patients.

Satisfactory results were detected in 51.2% of patients from the main group and in 57.4% of patients from control group, unsatisfactory results totaled 6.9% and 16.4% respectively.

**Conclusions.** In the treatment of patients with multiple and associated fractures of the long bones, who has 25-40 points by the ISS scale, and 21-32 points by the VPH-SP, the optimal surgical tactics should be considered as a one-stage, performing of closed intramedullary blocking nailing, all types of external osteosynthesis with bone fragments reposition.

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**DYNAMICS OF TISSUE OXYGENATION IN PATIENTS WITH CRITICAL LIMB ISHEMIA WITH DISTAL TYPE OF LESION**

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**Introduction.** Critical limb ischemia (CLI) is a severe form of peripheral artery disease associated with high morbidity and mortality. The problem of obliterating vascular disease ceases to be relevant, annually diagnosed with a frequency of 500-1000 cases per 1 million population in Europe and North America. The prevalence of chronic

lower limb ischemia reaches 3% of the world population, in people aged over 50 years in 9-10% of cases and in persons over 60 years - 35-50%. The aim of our research is to show the result of treatment of patients with CLI treated by different way and combined with plasmotherapy.

**Materials and methods.** Determination of transcutaneous oxygen tension was made on the dorsum of the foot of sick limbs before treatment, before discharge from the hospital, after 6 and 12 months using the single-channel RADIOMETER TCM 4. 11 patients with CLI with distal type of lesion were enrolled in the research. Etiology of CLI was atherosclerosis or postthrombotic occlusion. Patients were divided into 4 groups. According to the main treatment method – patients treated by open surgical reconstruction, by endovascular surgery, non-surgical treatment and by sympathectomy.

**Results of research.** The studied parameters show raising in response to treatment, and regardless of the treatment level corresponded compensated circulation rate (above 40 mm Hg) - 41 mm (Patients treated conservatively) to 62.5 mm Hg (Patients with endovascular surgery). All-group rate after treatment was 50.36 mm, which is 97.8% above baseline ( $p=0,000$ ). Further results show decline in the index for 6 months, and an average of 45.55 mm Hg, which is 78.9% above baseline ( $p=0,000$ ) corresponding compensated circulation, but patients who underwent sympathectomy and open surgical reconstruction had an average of under 38 mm Hg and 38.5 mm Hg, corresponding subcompensated circulation. After 12 months. All-group transcutaneous oxygen tension rate was 45mm Hg, which is 76.8% above baseline ( $p=0,000$ ), but in patients treated conservatively and who underwent sympathectomy had an average oxygen tension in the foot takynah 37%, which is also an indicator subcompensation circulation.

**Conclusions.** However, in patients with endovascular surgery level of transcutaneous oxygen tension within the period of observation was 52.4 % higher than in patients with conservative therapy after treatment ( $p=0,007$ ), 40.7% higher in the period of 6 months ( $p=0,019$ ) and 54% after 12 months ( $p=0,023$ ).

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### **SURGICAL TREATMENT OF H.VALGUS USING CORRECTIVE PROXIMAL WEDGE OSTEOTOMY OF THE 1<sup>st</sup> METATARSAL BONE**

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**Introduction.** Actuality: Valgus deformity of the metatarsophalangeal joint of the great toe is a widespread pathology. According to different authors it occurs in 48.9% of the adult population and up to 75% of the elderly population of the world (75-82% of them are females and up to 4% are males). More than 400 methods of surgical treatment of h. valgus have been described, however, a large number of negative outcomes (15-20%) lead to the search for new and improvement of known methods of treatment in order to achieve the most stable and reliable result.