



# **ABSTRACT BOOK**



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fundamentally new and more sophisticated surgical tactics. Negative pressure treatment is an innovative technique in the treatment of wounds, leading to an acceleration of their healing.

**Materials and methods.** The first NPWT session is performed from 1 to 3 days, depending on the amount of wound exudation, intoxication state and body temperature. After the first NPWT session, if necrosis is present in the wound and purulent inflammation persists, surgical treatment with necrectomy and revision with wound sanitation should be performed. The duration of subsequent sessions can reach 3 to 4 days, with a pressure of -100 to -125 mm Hg, depending on the area and contamination of the wound.

The following mechanisms of impact of local negative pressure on the wound are noted:

1. Macrodeformation. The effect of negative pressure on the bottom and edge of the wound under conditions contributes to the coalescing of the edges of the wound, reducing the size of the wound regardless of the intensity of cell proliferation.
2. Microdeformation. The walls of the open pores of the sponge attach to the wound bed, while the inner part of the pores does not come into contact with the wound, which ultimately stimulates the migration and proliferation of cells.
3. Active removal of excess wound discharge, including biologically active substances, which slow down wound healing. Acceleration of bacterial decontamination.
4. Optimization of wound environment. Maintaining a moist wound environment which stimulates angiogenesis, enhances fibrinolysis and contributes to the normal functioning of growth factors. Reduction of local tissue edema, strengthening of local lymph circulation and transcapillary transportation. As a result, there is an improvement in tissue oxygenation.

**Results of research.** The use of this method allows to shorten the duration of hospitalization from 17-25 bed-days to 11-13, as well as the reduction in the total number of bandaging and manipulations, which reduces the patient's discomfort and workload for medical personnel. The intensity of the pain syndrome, which is stopped independently or with the help of non-narcotic analgesics, also decreases. Serious adverse events and deaths during NPWT are not observed, which reduces the degree of disability of the patient.

**Conclusions.** NPWT is a safe and effective method in the complex treatment of acute paraproctitis and extensive postoperative crotch injuries.

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## **FORECASTING OF THE LETHALNESS AT ACUTE DESTRUCTIVE PANCREATITIS**

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**Introduction.** Given pathology presents great interest for science. Dependence is observed between the level of the lethality and the term of hospitalization, the heaviness of the condition and the form of the disease.

Work purpose became forecast and the evaluation of the risk of lethal outcome at sick by acute destructive pancreatitis.

**Materials and methods.** Under supervision it was of 225 sick by acute destructive pancreatitis which were classified on four groups of death rate: 0 groups (died up to 7 days) - 29 sick, 1 groups (died after 7 days) - 30 sick, 2 groups (is alive after 7 days with complications) - 18 sick, 3 groups (is alive without complications) - 148 sick.

The patients underwent general clinical tests including revealing of complaints, the anamnesis of illness and laboratory analyses (clinical and biochemical analyses) were conducted.

According to the classification adopted in Atlanta in 1992, edematous form was diagnosed in 8 patients, destructive uninfected pancreonecrosis - in 24 patients, destructive infected pancreonecrosis - in 36 patients.

**Results of research.** Analysis of used data shows that lethality at ADP on the average is high (38, 5 %). Two groups of sick on lethality are allocated: low (up to 10 %), which is characteristic of отечной both fatty the forms of the ADP, and high (about 50%), connected with development of destructive complications and syndrome of system inflammatory reaction at sick with геморрагической and purulent forms of the ADP.

In heaviness of condition of sick the same tendency with presence of low and high degree of the lethality is traced.

Analysis of the lethality in postoperative period showed that lethality grows at increase of terms of hospitalization after development of primary symptomatology. Deferring of medical aid more than 4 days involves deterioration of results of treatment with lethality 50-70 %.

**Conclusions.** Detailed lethality research established communication between the level of the lethality and the term of hospitalization, heaviness of condition and the form of disease. Forecast important criteria lethality are revealed.

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## REMOTE RESULTS OF SURGICAL TREATMENT OF PATIENTS WITH ACUTE DESTRUCTIVE PANCREATITIS

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**Introduction.** The treatment of patients, who were operated on for acute destructive pancreatitis, is a difficult problem for physicians of different specialties. About 50-60% of patients are disabled in the postoperative period. Improvements in the results of treatment can be achieved by systematizing, analyzing and studying the long-term results of surgical treatment.

**Materials and methods.** Remote results in the period from 1 to 12 years after the operation on for acute destructive pancreatitis were studied in 68 patients. There were 32 men and 36 women. According to the classification adopted in Atlanta in 1992, edematous form was diagnosed in 8 patients, destructive uninfected pancreonecrosis - in 24 patients, destructive infected pancreonecrosis - in 36 patients.