



# **ABSTRACT BOOK**



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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.

**Results of research.** We identified three groups of patients. The first group (28 patients) includes patients with edematous and uninfected forms of acute destructive pancreatitis. In the long-term postoperative period patients felt relatively satisfactory. But on ultrasound examination we found signs of chronic pancreatitis: a diffuse contour of the pancreas, a heterogeneity of gland's structure, a deformation of the head and body of the gland. Ducts of the pancreas were not changed. The second group (19 patients). They were operated on for destructive infected pancreatitis. These patients felt unsatisfactory after the operation. They had epigastric pain, nausea, severe general weakness, upset of the stool. On ultrasound examination we found dilated Virsung's duct with concrements in 3 patients and dilated Virsung's duct with false cysts of the pancreas in 4 patients. Signs of duodenostasis were found in 6 patients. Also in patients of this group was noted the increase in total bilirubin from 20.5 to 30 mmol / l and the increase in AsAt and AlAt to 1.0-1.5 mmol / l in biochemical parameters. The third group (11 patients). They were operated on for destructive infected pancreatitis with total or subtotal lesion of the parenchyma of the pancreas. These patients had diabetes after the operation: 6 of them received insulin therapy, 5 - hypoglycemic drugs. The clinic of disease had developed almost immediately after the operation.

**Conclusions.** We obtained the following results of our research: 24 (35,3%) patients had serious complications after operation of destructive forms of acute pancreatitis. They needed subsequent surgical treatment or permanent medical correction. Diabetes had developed in 11 (16.2%) patients and 13 (19.1%) patients needed surgical treatment of false pancreatic cysts, concrements of Virsung's duct or duodenostasis.

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### **A STEP-UP APPROACH FOR PANCREATIC NECROSIS**

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**Introduction.** Every year more and more people in Ukraine suffer from acute pancreatitis. Secondary infection of necrotic tissue is always an indication for surgical treatment.

The goal: Compare the effectiveness of the step-up approach using minimally invasive techniques (percutaneous drainage under ultrasound control, endoscopic drainage and minimally invasive retroperitoneal necrectomy) with open necrectomy.

**Materials and methods.** Investigated 23 patients aged 37 to 62 years. Among them - 18 women (78%) and 5 men (22%). For the treatment were selected two ways: a step-up approach and open necrectomy. The step-up approach was used in 11 patients (group 1) and consisted of percutaneous drainage followed, if necessary, by minimally invasive retroperitoneal necrectomy. 12 patients (group 2) were performed according to standard open necrectomy schemes. The efficacy was assessed by a composite of major complications (new-onset multiple-organ failure or multiple systemic complications, perforation of visceral organ or enterocutaneous fistula, bleeding or death). Dutch Pancreatitis Study Group offered the method of step-up approach. Minimally invasive step-up approach included next phases. The first step was