



ABSTRACT BOOK



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Results of research. All patients in the main group achieved a good clinical effect and complete recovery with no relapse, a reduction in the period of incapacity for this pathology 10-12 days, and with traditional methods 14-28 days.

Conclusions. The most promising treatment for ingrown nails is cryodestruction. Since it has a high degree of effectiveness, it is not accompanied by relapses and promotes rapid recovery of work capacity.

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HERNIOALLOPLASTY IN THE TREATMENT OF VENTRAL HERNIAS

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Introduction. Actuality: a high frequency of relapses makes 14-50%. Postoperative mortality is 3-7%. Unsatisfactory results are associated with an inadequate choice of the method hernioplasty.

Objective: to analyze the advantages and disadvantages of hernioalloplasty postoperative ventral hernias.

Materials and methods. Two materials polypropylene PP and polytetrafluoroethylene PTFE. From PP is made mesh which is grown connective tissue, PTFE is perforated plates that are either not germinate connective tissue or grow it very slowly. PP monofilament mesh has biocompatibility, strength, resistance to infection. Suture material has the same characteristics. Prosthetics anterior abdominal wall is indicated in patients with an increased risk of development of recurrent hernias: morphological and functional failure of the tissues around the hernial orifice, elderly age of the patient, the presence of recurrent or multiple recurrent hernia, obesity, increased intraabdominal pressure, a plurality of hernias, a long hernia's carriage. The most optimal is placing of the prosthesis in the position of "sub lay" (retromuscular and preperitoneal). However the small size of the defect of the anterior abdominal wall is technically difficult, traumatic to implant prosthesis under the muscle aponeurotic layer of small hernial ring. "On lay" is not appropriate, given the frequency of postoperative complications associated with microcirculatory disturbances in the tissues and the formation of a relatively large residual cavity. The technique "in lay" is used in the case where the reduced region of hernial ring is impossible or dangerous because of the risk of cardiopulmonary complications associated with a reduction of the abdominal cavity volume, especially in patients with concomitant cardiopulmonary disease. Disadvantages of implants: severe inflammatory reaction with a predominance of exudative component; the formation of rough scar tissue; rigidity, stiffness in the abdominal wall.

Results of research. On the basis of The Center of emergency medical aid & disaster medicine the results of treatment of 64 patients with postoperative ventral hernias were studied: autoplasty - 7 pat., alloplastic method by "sub lay" - 48 pat., alloplastic method "in lay" - 9 pat. Postoperative complications has occurred in 12 pat.: has appeared seroma in the field of implant in 8 pat., ligature fistulas in 2 pat., transplant rejection - 1 pat. In the

application of gervioautoplasty relapsed hernias-1pat. It is noted that the highest percentage of complications account for a large postoperative hernias.

Conclusions. The use of gervioalloplasty is not without drawbacks. Choosing a surgeon of the optimal type of plastic can allow to reduce postoperative complications, reduce the length of stay of patients in hospital, as well as reduce the economic costs.

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PECULIARITIES OF OPTIC NERVE LESION AMONG PATIENTS WITH ACUTE ORBITAL INFLAMMATION

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Introduction. Acute orbital inflammation can cause blindness and intracranial complications. Nowadays pathogenesis of optic nerve lesion among patients with orbital cellulitis has not been studied enough.

Materials and methods . 84 patients (aged 14-79 years) with orbital cellulitis were supervised. Patients were divided into 4 groups depending on visual acuity during acute period of orbital inflammation. In the 1st group there were 5 patients with visual acuity 0,2-0,8. In the 2nd group there were 5 patients with visual acuity 0,01-0,04. In the 3d group there were 4 patients with blindness. In the control group there were 70 patients with visual acuity 0,9-1,0. Besides standard ophthalmological examination HCT and MRI with contrast (gadodiamid 0,5 mmol/l) were carried out.

Results of research. During acute period of orbital cellulitis among patients of the 1st group prominence in the vitreous and blurring of disc margins, widening of the retinal veins were recorded. The diameter of orbital part of optic nerve and of superior orbital vein did not differ at all comparing with the control group. Venous blood flow was symmetrical to the healthy side. After regression of the orbital inflammation complete recovery of visual function. During acute period of orbital cellulitis among patients of the 2nd group prominence in the vitreous, hyperemia and blurring of disc margins, considerable widening of the retinal veins were detected. The widening of orbital part of optic nerve 1,2 times and of superior orbital vein 1,9 times were marked. Venous blood flow was asymmetrical to the healthy side. After regression of the orbital inflammation there were partial recovery of visual acuity, concentric narrowing of the visual field, impaired color vision. During acute period of orbital cellulitis among patients of the 3rd group prominence in the vitreous, hyperemia and blurring of disc margins, considerable widening of the retinal veins were detected. The widening of orbital part of optic nerve 1,5 times and of superior orbital vein 2,8 times were marked. Venous blood flow was asymmetrical to the healthy side. There were no restoration of visual function among patients of the 3rd group towards the reduction of the inflammatory changes in the orbital cellular tissue.

Conclusion. Optic nerve lesion among patients with orbital cellulitis develops in the 16,7 % of cases. Intrabulbar and orbital parts of optic nerve are affected among these patients. Degree of visual function disturbance depending on level increase intraorbital pressure and rate widening of orbital part of optic nerve and superior orbital vein.