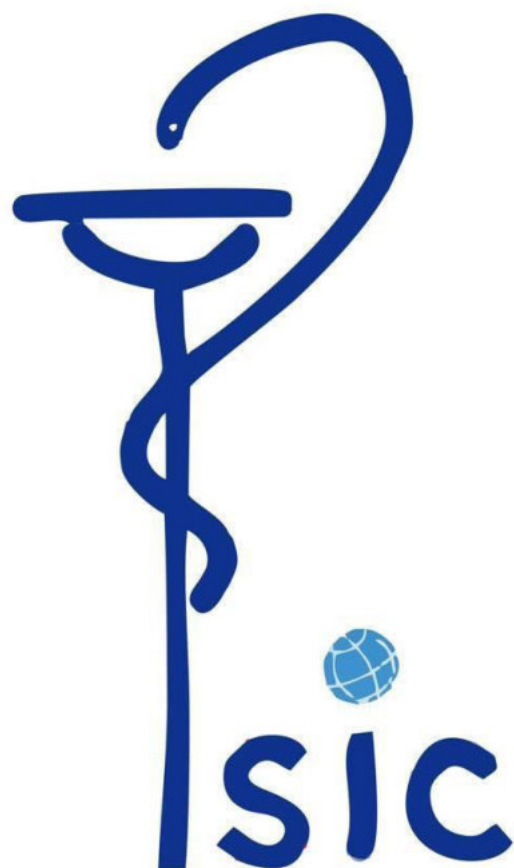




***IXth International Interdisciplinary
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«Actual problems of clinical and
theoretical medicine»***

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ISIC-2016 Abstract book

the 1st group (7 ± 2.6 min), while in the 2nd gr. – 31, 3 ± 6 , 3 min and in the 3rd – 45, 4 ± 12.6 min. The average duration of sexual intercourse was the longest in patients of the 1st gr. - 70 ± 15 , 1 min., and the shortest– in the 2 gr. – 5 , 6 ± 2 , 3 min. In addition, the synthesis of own prostaglandins in patients of the 3rd gr. was increased (in average of 2.32 ± 0.54 times) what was diagnosed by laboratory biochemical analysis of blood. All patients were examined with the purpose of identifying side effects: in the 1st gr. 5, 2% of patients had priapism, 15.6% - pain, 10.3% - hematoma, 5, 2% - development of cavernitis, 21.7% - fibrotic changes in the penis, bound during the ultrasound examination with Doppler. In the 2nd and 3rd gr. 25% and 16.4% of patients had a headache respectively,

30% and 12.1% - redness of the face, 15% and 11, 2% - nasal congestion. After 20 days of the treatment, the 42% of the patients of the 3rd group have stopped using Tadalafil daily because of significant improvements of sexual function, changing the reception on demand.

Conclusions. 1. As a result of our research it has been proven the high efficiency (92, 3%) and good tolerability of the combination of Tadalafil with prostatotropic drugs to improve patients own production of prostaglandins in the treatment of ED. 2. The effectiveness of this combination is comparable to injections of Alprostadil (94%), while it's significantly safer and has fewer side effects compared to the 1st and 2nd groups (16,4% versus to 21.7% and 30%, respectively).

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FEATURES OF RHE LAPAROSCOPIC CHOLECYSTECTOMY IN PATIENTS WITH PNEUMOCONIOSIS

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Actuality. Tense carboperitoneum during laparoscopic cholecystectomy (LCE) in patients suffering from pneumoconiosis, negatively affects on the function of the respiratory system, which complicates the postoperative period.

The aim. To improve the results of LCE in patients with acute cholecystitis suffering from pneumoconiosis.

Materials and methods. To 49 patients with pneumoconiosis about acute cholecystitis two types of operations were performed: group 1 - laparotomic cholecystectomy

(LtCE) - 26 patients, 2 group - LCE - 23. External respiratory function (ERF); level of saturation (Sa); indices of blood gases (PaCO₂ and PaO₂) and state of the acid-alkaline balance (pH); endothelial dysfunction markers: endotelein-1 (ET-1) and fibronectin (FN) in the blood plasma; level of intra-abdominal pressure (IAP); degree of endothelium-dependent vasodilation (EDVD) were investigated at 1 and 2 days after surgery.

Results. Level of IAP in group 2 was maximized at 1 day after surgery, and did not change significantly in group 1. On admission in all patients it was noted a moderate decrease of lung vital capacity (LVC) and normal speed parameters of ERF. Volume and speed parameters were within normal limits in patients of group 1. In group 1 parameters of blood gases did not change. In group 2 - Sa rate decreased in 1.16 times; pH shifted towards acidosis; PaCO₂ increased in 1.2 times against decrease of PaO₂ in 1.3 times. Also in group 2 heart rate increased in 1.4 times, average level

of blood pressure - in 1.14 times, and respiratory rate in 1.7 times. In both groups before surgery the average rate of EDVD was $13,5 \pm 1,1\%$, indicated of hypoxia and arterial hypoxemia. In group 1 degree of EDVD was slightly reduced ($11,4 \pm 1,5\%$), in group 2 degree of EDVD decreased to $9,7 \pm 0,8\%$. These EDVD indices were confirmed by increased levels of ET-1 to $8,2 \pm 0,28$ ng/l and FN to $698,7 \pm 16,2$ mg/l in group 2, which indicates a significant deterioration of the broncho-pulmonary system. In group 1 level of FN remained practically unchanged ($666,7 \pm 19,1$ mg/l).

Conclusions. 1. In patients with pneumoconiosis with respiratory failure (RF) of III degree to perform LCE about acute cholecystitis is inadvisable because of the high risk of respiratory dysfunction.

2. To improve the results of LCE in this category of patients with RF of I-II degree we must consider the level of ET-1 in blood serum as the level of ET-1 < 1 ng/l is predictive safe for managing of LCE.