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ABSTRACT
BOOK





CONTENTS

BIOMEDICAL SCIENCES	10
Artsylenko K., Knyhin M.	11
Artsylenko K., Knyhin M.	12
Avilova O., Chris Mathew John.....	13
Bezega E., Kobylinska L., Zub K., Tretyakova K.....	14
Bezrodnaya A., Tamminidi H., Olipilli S.	15
Bezrodnaya A., Guzha P.....	16
Bezrodnaya A., Nicholas B., Gabriel A.	17
Bezrodnaya A., Mbonu F., Aladetoyinbo A.	18
Boiagina O.	19
Elakkumanan K., Polikarpova H.	20
Guzha P.....	21
Hloba N., Litvichenko A.	23
Khilchevsky B., Stabrovsky S.....	24
Konoval N.	25
Litvinova M.....	26
Nagornyi I., Bezkrivnyi B.....	27
Ngo Thi Tuyet Nga , Vlasenko O., Shylenko B.....	28
Perepelytsia D., Leshuk I.....	29
Rassokha I., Korotkikh A., Kolesnik M.	30
Semeniuk N., Bratcykova E.....	31
Shaposhnyk V., Adetunji O., Zavada O.	32
Singh R.	34
Sklyaruk D., Kharchenko E.....	36
Sklyaruk D., Kharchenko E.....	37
Tymbota M., Stytsenko M.	38
Tymokhina D.....	39
Yakovenko A., Rubka A.	40
Zhurba Y.....	41
Zinchenko M.A.....	42
DENTISTRY	44
Akinjise P., Riyaz Z., Nakale E.	45
Alayande M., Adjimani J., Ndipwashimwe R.	46
Demydova P., Kalinichenko M., Zaverukha Y	47
German S., Yarina I., Ben Hassan S.....	48



Artemenko M., Sidora A.	241
Asante G.O., Polyvianna Y.	242
Bilera N., Dehtiar K.	243
Chornous N., Sheyko A.	244
Gorbunova I., Araslanova T.	245
Koshyl' M., Rapota A.	247
Kurchanova S., Ivanteeva Y., Matveeva S.	248
Litovchenko O., Zub K., Bezega E.	249
Owoeye S.	250
Owolabi A., Damoah L.O.	251
Rusanov O., Sushetskaia D.	252
Shcherbakov O., Zaikina A.	253
Skoryi D.	254
Sokhanevych K.M.	255
Trush O.	255
Tymbota M., Stytsenko M.	257
Veera Venkata Akhil M.	258
SURGERY	260
Agamiryan L., Gadirova T., Kuznetsova D.	261
Anpilov A., Velikiy A.	262
Artemenko M., Sidora A.	263
Askerova K.	264
Bezverbniy V.	265
Cheremskaya D.	266
Fraira Shibli N., Rana J.	267
Hammad E., Sultan F.	269
Holnik Y., Rassolova A.	270
Hroma Y.	271
Kalinichenko D., Brek O.	272
Kholosheva D., Ievtushenko D., Ievtushenko O., Belousova M.	273
Klymenko V.	274
Kruglyak V.	275
Lesnay A.	276
Lesnay A.	277
Lisova Y.	278
Lunina A., Yermola A.	279
Nahiiyeva A.	280



Nazarov D.	281
Oluronbi O.	282
Ostapenko D., Khalimov E.	283
Polikov H.	284
Radionova D., Veremey D., Moroz A.	285
Rusanov O., Kryuchkova I.	286
Saburova A., Ovsyannikova O., Zamoreva D.	287
Stoyan A.	288
Suchkova N.	289
Sukhodolskaya E., Aralova V., Dyakova M.	290
Sydorova A.	291
Trunova I., Makarenko N.	292
Yuntsova K., Yurkina I.	293
Zharikov M.	294

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SURGERY





Rusanov O., Kryuchkova I.

ORGAN-SAVING OPERATIONS ON ADRENAL GLANDS

Kharkiv national medical university

Department of Operating Surgery and Topographic Anatomy

Kharkiv, Ukraine

Research advisor: ass. Pyskun V.V.

Introduction. Nowadays, adrenal tumors are easily diagnosed (approximately in 100% of cases). Their detection is provided by modern research methods. Endovideosurgical adrenalectomy is one of the most common operations used to treat neoplasms of adrenal glands, but it is not always appropriate. There is a number of features of the development of the tumor process, in which there is a need of organ-saving surgical interventions (e.g. hypoplasia of the adrenal glands, peripheral tumor localization or hormone-active neoplasms). Adrenalectomy belongs to organ-saving operations.

Materials and methods. We learned and analyzed literary data on different types of surgical operations due to benign neoplasms.

Results. As anesthesia, in most cases, endotracheal narcosis is used. Surgical access is carried out transabdominally from the side using a laparoscope. The ligation is applied to the vessels of the tumor, and bleeding is finally stopped, using coagulator. If tumor malignancy is suspected or there is detection of additional neoplasms, the laparoscope is removed and the operation is performed openly. Due to the morphological features of the right central adrenal vein, which is usually short and wide, hemostatic clips or clamps are used to prevent excessive bleeding. Ligation of vessels, suppling healthy tissues do not impose in order to maintain normal blood flow. The removal of the tumor with a part of the adrenal gland is performed on the side of its localization. The neoplasm is pressed and removed using an electrosurgical scalpel to ensure reliable hemostasis. After performing the operation, the ligatures are removed and the stitches are put. The removed neoplasm is immersed in a container with formalin and is given to a pathomorphological study to confirm or deny goodness. Postoperative therapy usually includes medical treatment, occasionally hormonal therapy, monitoring of biochemical analyzes of blood and urine. Computer tomography and angiography of the kidneys and adrenal gland are recommended.

Conclusion. Laparoscopic subtotal adrenalectomy is an effective surgical intervention for single benign neoplasms of the adrenal glands. With prolonged follow-up after this operation, there is no relapse. Besides, one of the main advantages of laparoscopic subtotal adrenalectomy over the total one is the partial preservation of the functional activity of the adrenal glands due to the preservation of their part, relative safety, efficiency and low traumatism, as well as a comparably short-term postoperative period.