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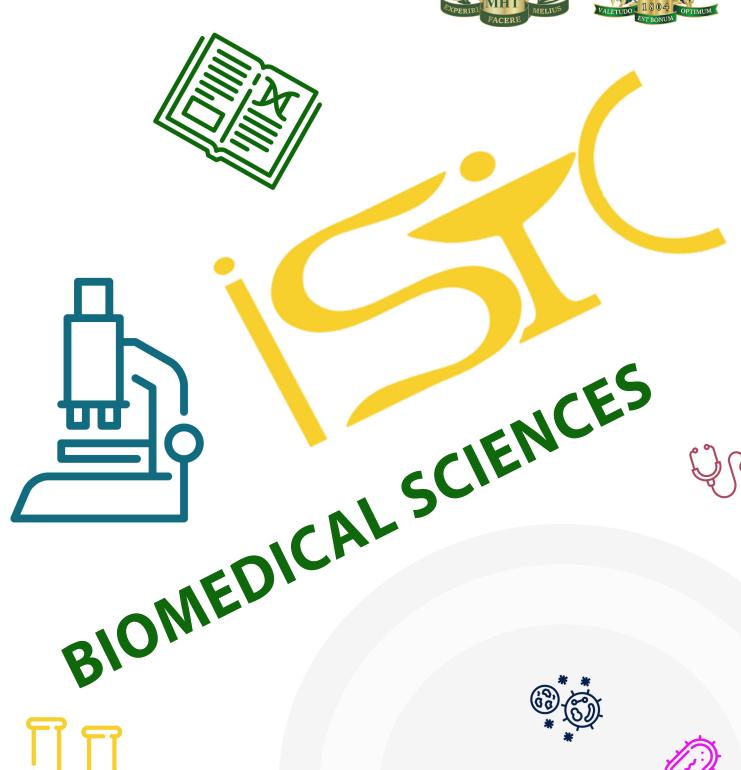




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undergone CSOs must be registered in the dispensary to address the issue of further rehabilitation.

Kurchanova Yuliia, Ivanteieva Yuliia, Syrchina Valeriya
Kharkiv National Medical University
Department of Surgery No.3
Kharkiv, Ukraine
Scientific advisor: Prof. Lupaltsov V.I.

### POSTSURGICAL ULTRASONIC MONITORING OF ILEOCOLIC ANASTOMOSIS

Introduction. Inability of ileocolic and colorectal anastomoses occurs in 12-19% of operated patients with intestinal diseases. Using the latest generations of antibacterial drugs, modern suture materials and improvement of the applying technique of manual and hardware sutures did not affect the frequency occurrence of insolvency of anastomosis after surgery. An important task of colon surgery is solving the problem of effective control and treatment of anastomosis complications.

Aim. To investigate the effectiveness of ultrasound monitoring in the diagnosis of ileocolic anastomosis complications in patients after right-sided hemicolectomy.

Materials and methods. Under medical supervision there were 32 patients at the age of 56 to 78 years old, who had right-sided hemicolectomy for obstructive acute intestinal obstruction of tumoral origin. The operations were performed with laparotomic access. The formation of ileocoloanastomosis was performed with a manual double-row suture. On the 1st, 3rd, 5th, 7th day, an ultrasound examination of the anastomosis zone was carried out with an assessment of the condition of the tissues around the anastomosis, wall thickness and diameter of the small and large intestine in the anastomosis region, the presence of local accumulations of fluid in the abdominal cavity.

Results. As a result of ultrasound monitoring, 4 patients for 3-5th day showed signs of anastomositis and perianostomosal infiltrate - thickening of the walls of the intestine with peripheral compaction of surrounding tissues. There was an extension of the diameter of the small intestine at a distance of 10-15 cm from the anastomosis. These phenomena regressed against the background of intensive antibacterial therapy. Anastomotic leak, which was diagnosed in 3 patients, was characterized by the presence

of heterogeneous hypoechoic fluid foci near the anastomosis and the presence of free fluid in the abdominal cavity, lateral canals and true pelvis was accompanied the development of peritonitis. All patients were operated for the second time with drainage and exteritorization of the anastomosical defect in 2 cases and its resection in one patient.

Conclusions. Ultrasound is an effective method of monitoring the status of anastomoses in the early period after surgery on the colon. The early ultrasound detection of signs of anastomositis or the failure of the sutures provides opportunities for timely correction of these complications.

Kvitanova Nataliia, Zablodskyy Valerii Kharkiv National Medical University Department of Surgery No.2 Kharkiv, Ukraine Scientific advisor: assistant Lesnoy V.V.

#### MODERN METHODS TREATMENT OF ACUTE APPENDICITIS IN PREGNANT

Introduction. Acute appendicitis (AA) is the most common surgical disease for pregnant, that accompanied by high rates of obstetric complications and rate within 0.2–2.7 percent of maternal mortality.

Aim: to analyze the features of surgical treatment of AA among pregnant.

Materials and methods. A retrospective research of medical histories of 26 patients hospitalized in the surgical department of the Kharkiv Regional Clinical Hospital with an AA clinic at different gestational periods was made. Based on complaints of 26 (100%) patients about pain in the right iliac region; increased body temperature - 21 (80.7%); dyspepsia (nausea and vomiting) - 22 (84.6%); with a positive symptom of Shchetkin-Blumberg - 12 (46.1%); with a positive Brendo's symptom – 20 (76.9%); with a positive Michelson's symptom – 19 (73.0%); leukocytosis with a shift of the leukocyte formula to the left - 26 (100%); ultrasound research (thickening of the appendix wall on more than 2 mm and its diameter on more than 6 mm) - 15 (57.7%); diagnoses of AA was confirmed and surgery was suggested.

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KHARKIV NATIONAL MEDICAL UNIVERSITY	
DEPARTMENT OF MEDICAL AND BIOLOGICAL PHYSICS AND MEDICAL INFORMATION SCIENCE	
KHARKIV, UKRAINE	
SCIENTIFIC ADVISOR: ASSOC. PROF. CHOVPAN G.O.	
THE RESEARCH OF POSSIBILITY OF USING ANS IN MEDICINE	
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