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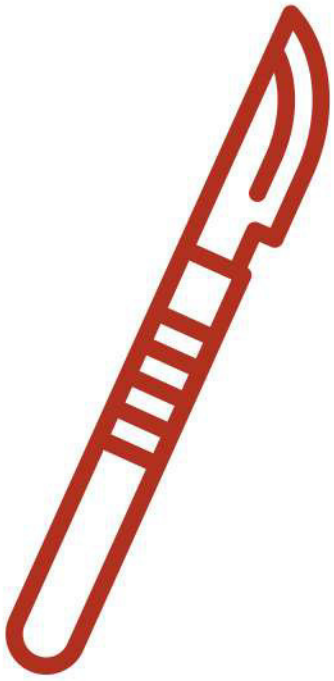

SURGERY

Silkofix POVI and Fibrosorb. During the granulation period, the use of dressings that provide a moist environment in the ulcer and promote the growth of FibrosorbAg granulation is shown. When there is epithelialization of the ulcer defect, in the third stage it is justified to use breathable protective dressings Fibrotul Ag and Fibrotul.

Results. In assessing the effectiveness of treatment took into account the reduction and disappearance of pain and swelling of the lower extremities, the nature and number of secretions from trophic ulcers, the timing of cleaning the wound surface, the appearance of granulation and epithelialization, and the healing rate of trophic ulcers. In 15 patients, complete clearance of necrotic masses using Silkofix POVI and Fibrosorb dressings, as well as a decrease in edema of the affected lower extremities, relief of pain occurred in the period from 10 days to the 16th day. In 13 patients, wound cleansing using bandages provides a moist environment in the ulcer and promotes the growth of granulation Fibrosorb Ag occurred in the period from 7 days to 14 days in combination with local change of the lesion and reduction of the inflammatory process in the wound.

Conclusion. Thus, the use of complex treatment according to this scheme, which includes basic therapy with drugs that improve macro - and microcirculation in the area of trophic ulcers, as well as in combination with local treatment, taking into account the phase of the wound process can improve the course of chronic venous insufficiency of the lower extremities complicated by trophic disorders.

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CHOICE OF THERAPEUTIC TACTICS IN PANCREATONEKROSIS

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Relevance: According to literature there was an increase in the incidence of acute destructive pancreatitis. Patients are more often of working age. The economic costs

of treatment are high. Lethality is up to 22-40%. It is confirmed that the treatment of pancreatic necrosis is an important medical and social problem.

Objective: To develop an approach to the treatment of patients with pancreatic necrosis based on a systematic analysis.

Materials and method: The analysis of the results of treatment of 50 patients in the period from 2017 to 2020 was carried out. Of the parameters for assessing the condition, the main (n = 31) and control (n = 19) groups differed only in the concentration of stab neutrophils, total protein and creatinine. Treatment of patients in the main group was as follows: ancreotropic antibacterial drugs (carbopenems, fluoroquinolones); antisecretory therapy: octreotide and quamatel; nutritional support; minimally invasive methods of draining liquid parapancreatic formations.

According to the severity of organ dysfunction according to ARACNE-2, all patients were divided into two categories - with severe and mild course of the disease. Patients with less than 9 points were assigned to mild forms of destructive pancreatitis, from 9 points - to severe. From patients with severe pancreatic necrosis, two study groups were formed. Main - 12 people, control - 8. With a mild course of the disease, two groups were also formed. Main - 17 people, control - 13. The impact on the outcome of the disease of surgical interventions in patients with severe pancreatic necrosis was assessed separately at the stage of sterile and purulent process.The analysis was carried out in operated patients to compare the effect on the outcome of the disease of two types of operations: laparoscopic and laparotomic sanitation, performed at the onset of the disease in case of enzymatic peritonitis. Out of 12, 5 interventions were performed.

Result: Modern complex treatment improves indicators of organ dysfunction. The results of treatment with a severe course are influenced by the appointment of conservative therapy: antibiotic prophylaxis with carbopenems or fluoroquinolones, antisecretory therapy, early nutritional support, HBO therapy and extracorporeal detoxification. With a mild course of the disease, antibacterial prophylaxis and antisecretory therapy are important. In the sterile stage of the disease, in the clinic of diffuse enzymatic peritonitis, laparoscopic sanitation is indicated, and if it is impossible

or ineffective, abdominal sanitation without radical intervention on the pancreas and para-pancreatic tissue. With purulent complications, minimally invasive ultrasound-controlled percutaneous drainage is indicated for local fluid accumulations.

Output:The use of statistical analysis makes it possible to identify the methods of treatment that affect the outcome of pancreatic necrosis, to determine the therapeutic and diagnostic algorithm depending on the initial severity of the condition.

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MEIBONIAN GLAND DYSFUNCTION IN PATIENTS AFTER PHACOEMULSIFICATION CATARACT EXTRACTION

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Purpose: To study the peculiarities of meibomian gland dysfunction (MGD) in patients after phacoemulsification cataract extraction.

Methods. We recruited 37 patients aged 52-77 years, who were undergoing phacoemulsification cataract extraction in one eye with implantation of the intraocular lens. Phacoemulsification cataract extraction was performed by the standard technique on the apparatus Stellaris Baush&Lom. We used the intraocular lens Acreos by Baush&Lomb. In the postoperative period all patients received fluoruquinolone and Nonsteroidal anti-inflammatory drops. Each patients underwent additional examination: the Schirmer's test, the Norn's test, determination of the ocular protection index (OPI), contact meibography (Pult et al., 2012), compression test for evaluation of excretory capacity (Korb, 2005) and quality of the secretion (The International Workshop on Meibomian Gland Dysfunction, 2011) of meibomian gland. The International Workshop's Classification of Meibomian Gland Dysfunction, 2011 was used to evaluate the severity of MGD. Additional tests were performed prior to surgery, after 7 days, 14 and 30 days after operation.

CONTESTS