

KHARKIV NATIONAL MEDICAL UNIVERSITY

ISIC-2020





content of 79.4 ± 1.01 mg / l - 29%; The average CG content is 298.6 ± 2.5 mg / l - 56% - III type of CGE; high CG content 477.3 ± 48 mg / l - 15% - type II CGE.

Conclusion. It is established that control of the level of cryoglobulinemia is a prerequisite for the prevention of postoperative complications, rapid recovery of bowel function and subsequent effective rehabilitation of the operated patients.

Keywords. Intestinal obstruction, cryoglobulinemia, cryoglobulins.

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PARTICULAR QUALITIES OF TREATMENT OF ACUTE THROMBOSIS OF THE LOWER LIMBS

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Introduction. The incidence of acute deep vein thrombosis (DVT) of the lower extremities is constantly increasing the need for modern treatments.

The aim of research was to study modern algorithms for the treatment of patients with acute DVT of the lower extremities.

Materials and methods. A retrospective analysis of 18 case histories of patients hospitalized with suspected DVT was performed. Complaints of patients during hospitalization were analyzed: edema of the lower extremity was detected in 18 (100%) patients; expansive pain in the lower leg - 9 (50%), on the thigh - 2 (11,1%), exacerbated by movement; local increase in skin temperature - 5 (27,8%); general weakness - 17 (94,4%); difficulty walking due to pain - 17 (94,4%).

The following positive symptoms were verified by objective examination: Homans in 18 (100%) patients; Meyer's symptom - 10 (55,6%); Pair's symptom - 11 (61,1%); Opitz-Ramines symptom - 13 (72,2%); positive Lowenberg test - 5 (27,8%); Moses' symptom - 9 (50%). To verify the diagnosis and determine further treatment, all patients underwent Doppler examination of the deep veins of the lower extremities.



Results. Modern methods of treatment have been used to treat patients diagnosed with lower extremity DVT. In 6 (33,3%) patients with the diagnosis of floating thrombus or ascending thrombosis or simultaneous lesion of superficial and deep veins, surgical interventions were performed: ideal thrombectomy - 3; indirect thromboectomy in 3 cases. Conservative therapy (phlebotonics, anticoagulants, disintegrants, elastic bandaging of the lower extremities) led to recanalization of blood clots in 12 (66,7%) patients.

Conclusions. Early performance of Doppler examination of blood vessels in DVT helps to determine further treatment tactics. Surgery shortens the duration of treatment, reduces the rate of disability of patients, but must be performed on strictly individual indications.

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CURRENT PROBLEMS OF COMPREHENSIVE DIAGNOSTICS AND TREATMENT OF COMPLICATIONS OF NECROTIC PANCREATITIS

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Introduction. The most frequent and severe complications of necrotizing pancreatitis (NP) are infectious, which deeply worsen the clinical course of the disease. In such a case, there are no clear indications and criteria for determining the optimal duration of the surgical intervention, its planning, type and strategy.

The aim is to optimize the program of comprehensive diagnosis and treatment of complication of NP.

Material and methods. The study was conducted on 102 case histories of patients with acute pancreatitis (AP). Necrotic forms of purulent pancreatitis were diagnosed in 38 (37.2%) patients, whose age ranges from 27 to 69 years old (females – 22 (57.9%), males – 18 (47.4%) patients was detected an infected pancreonecrosis.