



Background. Acute cystitis is one of the most common health-related problems in the female population. Most of these infections are caused by *Escherichia coli* which are susceptible to many oral antimicrobials, although resistance is increasing to some of the commonly used agents, and the factors influencing the treatment result are the history of antimicrobials administration and the individual sensitivity of patients to the used agents. The latest research results show that the organization of biofilms in the bladder gives *Escherichia coli* as well as some other microorganisms some added resistance to antimicrobial agents, even to fluoroquinolones and cephalosporins. The aim of the present research was to compare the efficiency of photodynamic therapy and fluoroquinolones administration in treatment of acute cystitis provoked by *Escherichia coli* biofilms in women with history of antimicrobials administration.

Materials and methods. From August, 2012 to January, 2013 80 patients with recurrent bladder cystitis provoked by *Escherichia coli* biofilms have been examined and divided into three groups : 1-st group (26; 32,5%) consisted of women who had history of antimicrobials administration, but haven't used the fluoroquinolones yet. These patients underwent the regimen of fluoroquinolone (levofloxacin) in dose of 0,5 g/day. 2-nd group (basic) (30; 37,5%) consisted of women who had a history of antimicrobials administration including fluoroquinolones. They followed the course of photodynamic therapy using the 660-nm diode laser and the methyleneblue photosensitizer in concentrations ranging from 37.5 to 3000uM. the 3-rd group (24; 30%) consisted of women who had history of fluoroquinolone administration, but not the levofloxacin. These patients also underwent the regimen of levofloxacin in dose of 0,5 g/day. The age and sex of patients was not considered important in present work. The grade of microorganisms in urine of all patients was 10 BOU/ml and more. The standard term of any kind of treatment was 10 days (as needed for the full course of photodynamic therapy). All the patients underwent urine bacterial analyses daily.

Results. Up to the 10-th day of treatment the average grade of microorganisms in group 3 was 10^4 - 10^3 BOU/ml. In group 1 this result was achieved to the 5-th day of treatment and up to the end of the course the grade of microorganisms was 10 BOU/ml at 22 patients (86,6%) and 10^3 BOU/ml at 4 patients (15,4%). In group 2, after three procedures the grade of microorganisms was 10 BOU/ml and less at all patients; up to the 5-th procedure 13 persons (43,3%) had almost full elimination of flora in bladder and up to the end of the course 100% of patients had the same results.

Conclusions. Greater microbial reduction was achieved by using photodynamic therapy with the methyleneblue photosensitizer, than with using the fluoroquinolone therapy of recurrent bladder cystitis in women with the history of antimicrobials administration.

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**SURGICAL TREATMENT OF PATIENTS WITH TUMORS OF THE
HEPATOBIILIARY ZONE COMPLICATED BY OBSTRUCTIVE JAUNDICE
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Introduction. One of the major problems of urgency surgery is the treatment of patients with obstructive jaundice, which is more than 90% of cases is the result of tumors of the hepatobiliary zone due to obstruction of the bile ducts. Surgical intervention in these patients are accompanied by a lot of complications and mortality as high as 15-30%.

Objective: To optimize the surgical treatment of patients with tumors of the hepatobiliary zone.

Materials and Methods: The results of treatment have been analyzed 215 patients with tumors of the hepatobiliary zone at the age of 43-91 year (119 men, 96 women) in the past 7 years. The cause was cancer of the head of pancreas in 132 cases, patients with cancer of big duodenal nipple - at 18 cases, a cancer of the gallbladder - at 20 cases, the common bile duct cancer - in 5 cases, the gate of the liver cancer - at 23 cases and cancer metastases in the liver - in 17 cases. All patients were examined using clinical methods of blood and urine tests, tumor markers REA, α -fetoprotein, CA 19-9, ultrasound, spiral CT, endoscopic fibrogastroduodenoscopy, endoscopic retrograde cholangiopancreatography, MRI, percutaneous transhepatic cholangiography.

The results of the study. 93 patients with obstructive jaundice didn't have decompression of bile ducts before operation. At the distal block of bile ducts and chronic obstructive jaundice 38 patients had small invasive researches or was with cholecystostoma by small-cutting operations. 5 patients with cancer of gall bladder (T1-T2) was performed cholecystectomy, 15 patients with cancer of gall bladder (T3) - a common cholecystectomy with resection V segment of the liver, and 30 patients assessed hepatikoeyunoanastomosis. Patients with cancer of the common bile duct, cancer of big duodenal nipple and with cancer of the head of pancreas performed gastropancreatoduodenectomy (23) or pylori-saved pancreatoduodenalis resection with lymph node dissection N2 (8). Radical surgery for Klatskin tumor with 23 patients (type I-II classification Bismuth - Corlette), and in some cases, III a and III b types. Postoperative complications occurred in 20.5% of patients, mortality was 3.3%.

Conclusions. Minimally invasive intervention - the first effective way to restore bile outflow, and in some patients exist as alternative to surgical treatment. In acute obstructive jaundice and compensation on the patient's condition may be done radical surgical interventions without prior decompression of the bile ducts.

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ANATOMICAL CONDITIONS OF ADULT ACQUIRED FLATFOOT DEFORMITY

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Introduction. Adult acquired flatfoot deformity (AAFD) encompasses a wide range of deformities. In the structure of orthopaedic pathology a flatfoot is from 30 % to 81,5% among all feet deformations.