

iSIC
2018

Kharkiv
Ukraine

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., Adjimini 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

iSIC
2018

SURGERY





Conclusion. Methods of surgical intervention used in clinical groups, allow to extract foreign bodies of MS. Endoscopic maxillary sinusotomy is more physiological, as it is less traumatic and promotes the preservation of mucociliary clearance in the nasal cavity.

Lisova Y.

ENDOVENOUS LASER ABLATION AS A MODERN METHOD OF VARICOSE EXTENSION TREATMENT

Kharkiv national medical university
Department of Operating Surgery and Topographic Anatomy
Ukraine, Kharkiv

Research advisor: ass. prof. Vdovichenko V.Y.

Introduction. The question of choosing a method for treating varicose veins of the lower extremities is extremely urgent, since this disease occurs among the population of different countries with a frequency of 20-50%. Existing to date, endovasal technologies have been widely used because there is no need for hospitalization, fast execution, a short recovery period after surgery and a high cosmetic effect.

Aim. To study the technique and potential of Endovenous Laser Ablation (EVLA) procedure.

Materials and methods. EVLA is actively used in phlebosurgery as one of the most common minimally invasive techniques as an alternative to surgical intervention. EVLA is based on intravascular coagulation under the influence of the thermal action of a high-energy laser, and there is no need for a cut.

Results. The effect of EVLA based on the absorption of the vascular wall by the radiation of the light guide, on the coagulation of the vessel, its exclusion from the common blood flow and change to connective tissue. The laser should have a wavelength corresponding to the absorption spectrum of hemoglobin, able to penetrate to a certain depth and to affect slowly without damaging the skin. The surrounding tissues are also heated by the laser, so it is considered advisable to introduce a cooling saline solution around the vein. It is important to perform this procedure under ultrasound control, since the surgeon can see all the movements of the light guide along the vessel, excluding possible errors. Also, it is extremely important to monitor the mode and power of laser coagulation. The great importance of EVLA is the excellent cosmetic effect, the absence of scars after surgery, because it is performed with punctures. A significant reduction in the traumatic nature of the intervention contributes to the most rapid progression of the postoperative phase due to the reduction of pain syndrome, the frequency of complications and the absence of hematomas. One of the advantages should be considered a quick return to normal work activity. Laser coagulation effectively cauterizes all tissues and virtually eliminates bleeding. The operation is performed under local



anesthesia; its duration is an hour, which allows you to operate patients on an outpatient basis or within a "one-day hospital".

Conclusion. EVLA can be combined with other methods of treating varicose veins of the lower limbs, which leads to even higher functional and aesthetic results. Despite the high effectiveness and safety of the method, EVLA requires precise collection of analyzes, examination and additional duplex scanning of the vessels of the lower limb. Only based on the results of the studies determine the method of treatment for each individual patient.

Lunina A., Yermola A.

***FEATURTS OF MICROBIAL VIEW DEPENDING ON ETIOLOGICAL
FACTOR OF PERITONITIS***

Kharkiv national medical university

Department of Surgery No. 2

Kharkiv, Ukraine

Research advisor: ass. Lesnoy V.V.

Introduction. The problem of peritonitis is caused by the continuing high rate mortality, severity, unpredictability of the process and formidable complications.

The Aim is to analyze the features of microbial view in patients with diffuse purulent peritonitis, depending on the nosological reason.

Materials and methods. The work is based on the analysis of the results of treatment of 48 patients, hospitalized urgently, in terms of more than 12-24 hours from the beginning of disease with the clinic of diffuse peritonitis. Men 38 (79%), 10 women (21%). According to the nosological reason for peritonitis, patients were divided into three clinical groups, depending on the level of damage of gastrointestinal tract (GIT). The first group consisted of patients with acute cholecystitis – 15 patients and perforated gastroduodenal ulcer – 19 patients (I grade of GIT). The cause of peritonitis in the second group was the acute intestinal obstruction with necrosis of the small intestine site – 19 patients, interstitial abscess revealed in the abdominal cavity – 10 patients, gangrenous-perforated ileum diverticulitis (diverticulum of Meckel) – 5 patients (II grade of GIT). The third group included patients with acute appendicitis – 20 patients, sigmoid intestinal diverticulitis complicated perforation – 12 patients (III grade of GIT). In aseptic conditions, a peritoneal exudate was taken intraoperatively. Bacteriological research of the material was carried out according to the generally accepted method. The identification of the strains was carried out with the help of the automated system VITEK 2.

Results. Results and its discussion. In patients with pathology of the I grade of GTI, all inoculations gave rise to the pathogenic mixed microflora. The results of the analysis showed that strains of gram-negative microorganisms dominate: *E. coli* – 57%, *K. pneumoniae* – 17.3%, *Acinetobacter* spp. – 7.5%, in single inoculations there were observed *P. fluorescens*, *B. cerebia*. In patients with pathology