

SUMY STATE UNIVERSITY
MEDICAL INSTITUTE



«**BIOMEDICAL
PERSPECTIVES**»

ABSTRACT BOOK

International Scientific and Practical Conference
of Students, Postgraduates and Young Scientists

(Sumy, October 16-18, 2019)

Sumy
Sumy State University
2019

MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE
SUMY STATE UNIVERSITY
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Contact mail: conference.med.ssu@gmail.com

Contact phone: +380507276193

Organizing Committee: Prof. Maksym Pogorielov;
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DIAGNOSIS OF INTESTINAL ANASTOMOTIC LEAKAGE BASED ON ULTRASOUND DATA INVESTIGATION

Ohii A., Yuntsova K., Ivanteieva Yu.

Research advisor: MD, Professor Lupaltsov V.I.

Department of Surgery No. 3, Kharkiv National Medical University

Introduction. One of the problems in abdominal surgery is the problem of surgical treatment and prevention of patients with intestinal anastomotic leakage. Early diagnostics of intestinal anastomotic leakage is complicated, and the development of this complication not only complicates the grow heavy course of the early postoperative period, but also serves as the main cause of fatal cases. Finding of additional methods for early diagnostics of this complication, as well as developing effective treatments and prediction, remains a pressing issue.

Aim. To study the results of the application of ultrasound investigation of areas of intestinal anastomosis as a method of diagnostics of their leakage in the early postoperative period.

Materials and methods. A retrospective analysis of surgical treatment of 86 patients with strangulated hernias of abdomen in age from 53 to 80 years were conduct. All patients hospitalized late then 24 hours from the onset of the disease, that led to the presence of a necrotic area of the small intestine and the need for bowel resection with the imposition of enteroenteroanastomosis "side to side" or "end-to-end". Patients were divided into two groups: the main – 39 patients and the comparison – 47 patients. In the main group ultrasound investigation of the anastomosis zone and the abdominal cavity on the 3, 6 and 12 day of the postoperative period were performed. In ultrasound assessment considered the extent of infiltration (thickness) of the intestinal wall, activity of peristaltic contractions, presence of fluid and free gas. For patients of the comparison group used a standard postoperative management.

Results. The signs of anastomotic leakage were the presence of gas and free fluid near the anastomosis, along with ultrasound signs of advanced peritonitis (free fluid in the peritoneal recesses, lack of peristalsis, significant thickening of the intestinal wall). Such ultrasound signs were served as an indication for relaparotomy. In the main group in 3 (7.7%) patients on the 3-6 days succeeded in detecting leakage of enteroenteroanastomosis, whereas in the comparison group, leakage of an intestinal anastomosis was found by the clinical symptoms in 5 (10.6%) patients on the 6-9 days. Relaparotomy with resection of the anastomosis or its exteriorization together with the defect was performed to all patients, in one case an ileostoma was imposed.

Conclusion. After examining the results of the application of ultrasound investigation of the areas of intestinal anastomosis, we concluded that the use of ultrasound in the postoperative period for early detection of signs of enteroenteroanastomoses leakage is appropriate.

E-mail for correspondence: alinka.ogiy.97@gmail.com

НАУКОВЕ ВИДАННЯ

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Сумський державний університет,
вул. Римського-Корсакова, 2, м. Суми, 40007