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ABSTRACT  
BOOK





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# SURGERY





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## ***ONE-STAGE AMPUTATION OF TWO LOWER EXTREMITIES IN PATIENTS WITH LERICHE'S SYNDROME***

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**Introduction.** Leriche's syndrome an occlusive affection of aorto-iliac segment is one of the most wide-spread diseases of lower extremities and it made 30% and more of all vascular pathologies. The number of high amputations is about 10-20%, mortality-15%.

**Materials and methods.** The results of one-stage amputation of two lower extremities on the level of the hip of 7 patients with bilateral gangrene were analyzed. Men - 5 (71,4%), women - 2 (28,6%). From the concomitant pathology 4 (57,1%) patients had observed hypertension and obesity, in 2 (28,6%) patients had heart rhythm disturbance and heart insufficiency II B - III degree and in 1 (14,3%) patient had observed His bundle branch block. In the anamnesis: the aorto-femoral replacement was performed in 2 (28,6%) patients; in 3 (42,9%) patients - Garangzo operation.

**Results.** For all patients after comprehensive examination were established to absolute indications for bilateral amputation of the lower extremities on the level of the hips. An appropriate preoperative preparation with correction of concomitant somatic pathology was conducted. The patients were operated by two brigades of surgeons within 1-2 days. The purpose of synchronous amputation was to eliminate the source of intoxication with the maximum reduction in the duration of surgery. Also, to minimize intraoperative blood loss after the formation of two skin and subcutaneous fascial blades, was perform processing of the vascular-nerve tract followed by careful hemostasis, the intervention was completed by drainage of the surgical wound. The intraoperative blood loss was not more than 100-150ml. During the postoperative period, all patients continued multi-component intensive treatment in the conditions of the Chamber of intensive care with correction of thromboembolic, cardio-pulmonary, cerebral and other complications, and early activation of patients was being done. In the end of the treatment in a satisfactory condition 5 (71,4%) patients were discharged from the hospital. 2 (28,6%) patients died: 1 - about acute myocardial infarction on the 5th day, 1 - about the massive pulmonary artery thromboembolism on the 9th day.

**Conclusion.** This pathology is found in elderly and senile age patients with a variety of concomitant pathology in the stage of sub- and decompensation. One-stage amputations should be performed by absolute indications and after appropriate preoperative preparation in conditions of maximum hemostasis.