



# **ABSTRACT BOOK**



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**INTERNATIONAL SCIENTIFIC  
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## **FEATURES OF DIFFERENTIAL DIAGNOSIS IN CHRONIC PANCREATITIS AND PANCREATIC HEAD CANCER**

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**Introduction.** Differential diagnosis of pancreatic head cancer and chronic pancreatitis is one of the most difficult and important problems in surgery.

**Materials and methods.** The results of surgical treatment of 118 patients for the period from 2010 to 2017 are analyzed, 51 of them (43.2%) with chronic pancreatitis and 67 (56.8%) with pancreatic cancer. All patients were examined according to generally accepted diagnostic algorithms.

**Results of research.** The main criterion for pancreatic cancer was foci of formation, a decrease in echogenicity with uneven borders, and heterogeneity of the structure. Morphological signs of pancreatic cancer (blockade, stenosis, narrowing, widening of the lateral branches of the main pancreatic duct) were present in pancreatograms of patients with pancreatic cancer (differed from chronic pancreatitis by the presence of extensive strictures and a longer stenosis of the distal part of choledoch). In patients with pancreatic cancer, an increase in the CA-19-9 cancer marker was observed with a tumor size of up to 6 cm, then a decrease was noted, but at that time other CA-125 cancer markers, a cancer embryonic antigen, significantly increased, indicating cancer invasion into neighboring organs. The increase in the level of CA - 19-9 was detected in 40% of patients with chronic pancreatitis, but against the background of the treatment the value of the marker decreased.

**Conclusions.** For the differential diagnosis of chronic pancreatitis and pancreatic cancer, a combination of instrumental techniques and cancer marker research is required, which allows for high specificity up to 92% and an accuracy of up to 95% in the formulation of the correct diagnosis.

*Lapshyn D.*

## **STAGING OF OSTEOSYNTHESIS DEPENDING ON THE SEVERITY OF POLYTRAUMA**

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**Introduction.** Our previous studies using mathematical and statistical analysis proved the feasibility of using the ISS scale to determine the type of osteosynthesis in patients with multiple and associated fractures of long bones. The severity of the victims condition is reasonable to assess the VPH-SP scale because it's very informative and easy to use. But the question remains unresolved, what is the correct way to stabilize bone fragments in patients with polytrauma using one, two (or more) stages of treatment.