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OPERATIVE SURGERY OF THE ECTOPIC PREGNANCY

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Introduction. Most ectopic pregnancies (93-97%) occur in the distal Fallopian tube. They are called tubal pregnancies. If a woman plans to have children in the future, but for some reason has only one fallopian tube, there is a problem of its preservation.

Results. Some methods are used for preservation of fallopian tubes during operative surgery of the tubal pregnancies. There is vacuum aspiration technique. The vacuum aspirator is introduced into the uterus of a pregnant woman, which leads to delamination of the ovum from the uterine wall. Another method is laparoscopic surgery. Ectopic pregnancy refers to a condition, which the surgery is performed on an emergency basis. Indication for surgery is the occurrence of ectopic pregnancy complications that threaten the life of the woman. It is used to determine the location of the ovum and its disposal. It is made from three trocar puncture. Trocar (10 mm) is introduced through the navel for the laparoscope. Two trocars (5 mm) are introduced in the lower abdomen for scissors, clamps, biopsy forceps, needle holder, etc. Instruments are necessary for some manipulations - stop bleeding, resection of part of the body, removal of pathological formations, suturing. Trocar wound (5 mm) is sealed by plaster. On the wound of 1 cm is applied intradermal absorbable suture thread. Any laparoscopic procedures are followed by carefully laundering of abdomen from getting inside the blood. It eliminates the possibility of adhesion formation, and decreased similar situations in the future. Furthermore, there is a method of transabdominal approach with the introduction of methotrexate. Methotrexate may be given, which allows the body to absorb the pregnancy tissue and may save the fallopian tube, depending on how far the pregnancy has developed. According SA Mesogitis et al., methotrexate is injected into the fertilized egg transdermally using method of "free hand". It is performed through the 22G needle diameter by the control of transabdominal ultrasound. All patients were noted complete resolution of ectopic pregnancy with trophoblastic tissue regression without any adverse reactions. Introduction of methotrexate in the fallopian tube is performed under control of transvaginal sonography. Successful results have been observed in 83% of cases. Methotrexate therapy is safe and effective.

Conclusion. The most effective and safe method is transabdominal approach with the introduction of methotrexate. It is easier to save fallopian tube in early period of pregnancy, when there are no complications. It is therefore necessary to conduct health education among women. This education must consist of information about preventing of complications and early diagnosis of ectopic pregnancy in the case of its occurrence. Preventive examinations of childbearing population must be performed.

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SURGICAL TREATMENT OF VERTICAL STRABISMUS IN ADULTS

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Introduction: The most common cause of vertical strabismus is paresis or paralysis of the superior oblique.There is often a selective head position - eye tortikollis and syndrome «V» in these patients.Presently known that surgical treatment of strabismus in

paresis of the superior oblique is to strengthen the affected muscles or weakening its antagonist - the inferior oblique, but often debilitating perform operations on the antagonist muscles - the inferior oblique of the same eye (recession or myotomy).However, dosing with the intervention of varying severity hyperfunction of the inferior oblique muscle is a difficult task for ophthalmic surgery.The disadvantages of the inferior oblique recession are low efficiency of interventions in addressing its expressed hyperfunction and correct large angles of vertical strabismus, and, consequently, inadequate cosmetic and functional results of treatment of this type of strabismus.Myotomy inferior oblique muscle is not physiologicalbecause muscle loses contact with the eyeball. The basis of surgical treatment of vertical strabismus due to hyperactivity of the inferior oblique muscle surgery is anterior transposition (anteriorisation) of the inferior oblique muscle.Meaning of the operation is to transfer the natural place of attachment of the inferior oblique posterior pole of the eye into the anterior segment of the eyeball, with fixation at the lateral edge of attachment points of the inferior rectus muscle.As a result, the dosage front transposition of the inferior oblique muscle vertical strabismus in the primary position of gaze completely eliminated in 93% of cases. Residual angle resolves the following stages of surgical treatment. «V» -sindrom eliminated in 82% of operated patients.Selective head position due to hyperfunctions lower oblique muscles is eliminated in 95.7% of cases. In 98% of cases it was possible to achieve binocular vision. A positive cosmetic result is achieved both in the primary position of the eye (look straight ahead) and in other areas of sight.

Conclusions. Based on the above data it can be concluded that the operation of the dosage front transposition of the inferior oblique muscle with its hyperfunction varying degrees is an effective method of surgical correction of vertical strabismus.Method of the dosage front transposition of the inferior oblique muscle can achieve not only the symmetrical position of the eyes in the primary position of gaze but also to achieve consistent eye movements as a whole, providing a high cosmetic effect of treatment of strabismus.

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DYNAMICS OF BIOCHEMICAL BLOOD TESTS IN PATIENTS WITH SEVERE PERITONITIS IN THE FIRST DAY AFTER SURGERY AND ON THE MODEREN ANTIBIOTIC THERAPY

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Introduction. Despite advances in diagnosis, surgery, and antimicrobial therapy, mortality rates associated with complicated intra-abdominal infections remain exceedingly high. The 2013 update of the World Society of Emergency Surgery (WSES) guidelines for the management of intra-abdominal infections contains evidence-based recommendations for management of patients with intra-abdominal infections. Mortality is higher in older patients. It is known that the natural aging process begins with an average of 35 years of age.

Aim. Explore the daily dynamics of the biochemical analysis of blood (serum creatinine, urea, amylase, general bilirubin) in patients with severe peritonitis on the background of the modern surgical correction (classic laparotomy) and modern antibiotic therapy (cephalosporin III generation, and fluoroquinolones, and metronidazole), depending