Conclusions. Videolaparoscopy allows to determine the diagnosis of acute appendicitis, diagnosis of another diseases of abdomen cavity and to avoid ineffectiv appendectomy in 6,5%.

Basylaishvili S.

MORPHOLOGICAL EVALUATION OF NEOADJUVANT CHEMOTHERAPY IN PATIENTS WITH LUNG CANCER

Research advisor: Starikov V.I., Doctor of medicine
Kharkiv National Medical University
Department of Oncology, Kharkiv, Ukraine

Actuality. At stage 3A lung cancer (LC), two cycles of neoadjuvant chemotherapy (NCT) are recommended by the standard of care. However, often there is no objective effect. At the same time introduction of NCT postpones terms of radical surgery performance and deteriorates the patients' condition.

The aim. To study therapeutic pathomorphosis in tumors of patients with lung cancer who received NCT followed by surgery.

Materials and methods. For morphological studies we used histological specimens from 27 patients aged from 46 to 68 years old males, in whom the first stage of treatment was chemotherapy. Before surgery they received 2 cycles of NCT (cisplatin 70 mg/m2 body surface area on the first day, etoposide 120 mg/m2 on 1-3 days i.v.) with 3 week intervals.

Results. After chemotherapy in tumors develop irregular atrophic and degenerative processes, represented by foci of regression, necrosis and their organization with a significant suppression of the mitotic activity of up to 4,5‰ and 100% of pathological mitosis. However, along with the destructive changes there are extensive solid fields with practically unaltered or little modified tumor structure and high mitotic activity 17‰ and up to 41.14% of abnormal mitosis. In general, after NCT only 34% of patients had moderate therapeutic damage of tumor. In the tumor appear uneven decrease in parenchyma volume and clearly visualized laminating tumor monolith, islets of connective tissue, of already tumor stroma.

Conclusions. Therapeutic pathomorphosis of lung cancer after chemotherapy is characterized by a low degree of damage at the cellular and tissue levels with increasement in the number of pathological mitosis in a stable mitotic index, activation of local stromal immune responses and apoptosis. This explains the lack of clinical benefit from NCT in the majority of patients with lung cancer,

and casts doubt on the feasibility of its implementation.

Bilchenko Sofiia

CORNEAL CHANGES AFTER THE NON PENETRAITING DEEP SCLERECTOMY AMONG PATIENTS WITH GLAUCOMA AND DIABETIC POLYNEUROPATHY

Kharkiv National Medical University Ophthalmological department
Scientific supervisor: Zavoloka Olesya

The risk of resistant glaucoma development is increased in patients with diabetes mellitus that often leads to the surgery. It is known that vegetative nervous fibers influence on the corneal neurotrophical state. Diabetic patients suffer from an early affect of sensitive and vegetative nervous, that can cause a change in epithelization of incision after a non penetraiting deep sclerectomy in patients with glaucoma.

The aim was to study the corneal neurotrophical state after the non penetraiting deep sclerectomy among patients with glaucoma and diabetic polyneuropathy.

Methods. 30 patients with glaucoma and diabetic polyneuropathy and 30 patients with glaucoma without diabetes mellitus were made the non penetraiting deep sclerectomy. Research methods were Corneal Confocal Microscopy, esthesiometry, pupil cycle time, Schirmer's, Jones' and Norn's test. They were under supervision during 1 month.

Results. In patients with glaucoma and diabetic polyneuropathy the sensitivity of the cornea was decreased 7 days after surgery, was not statistically changed 14 days and was increased 1 month after the nonpenetraiting deep sclerectomy in comparison with the data before surgery (p=0.02 and p=0.04). In patients with glaucoma the sensitivity of the cornea was not statistically changed 7 days and increased 14 days and 1 month after the surgery (p=0.02 and p=0.01). patients with glaucoma and diabetic polyneuropathy 7 days after surgery, were not statistically changed 14 days and increased 1 month after the nonpenetraiting deep sclerectomy in comparison with the data before surgery (p=0.03 and p=0.04) not statistically changed patients with glaucoma 7 days and 14 days after surgery, and increased 1 month after the nonpenetraiting deep sclerectomy in comparison with the data before surgery (p=0.04 and p=0.02).

Conclusions. In patients with glaucoma and diabetic polyneuropathy the neurotrophical corneal changes are noted after the nonpenetraiting deep sclerectomy. The sensitivity of the cornea, common tear production and tear