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ХІРУРГІЯ ТА ТРАВМАТОЛОГІЯ

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SURGICAL TREATMENT OF RADIATION DAMAGE SUPERFICIAL TISSUES.

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Topicality. The appearance of radiation injury in patients undergoing radiation therapy, according to world statistics, about 5%. However, according to some foreign and local researchers, the formation of such pathologies exceeds 10- 15% Radiation damage of superficial tissues occupy an important place in cancer treatment results and worsen the underlying disease and rehabilitation patients.

Methods and materials. Presents an analysis of results of treatment of 5 patients with late radiation damage epithelial tissues with different locations. Studied the effectiveness of different types of skin plastics at different locations of radiation ulcers. Localization of radiation ulcers – head and face, shank and sacral area. Size of the ulcers ranged from 4 to 10 cm. Analysis of results of treatment showed that the best method of treatment is excision of the affected tissue followed by plastic vascularised autotransplantant (on the vascular pedicle or rotary manner). Still remain high postoperative complications - infection and necrosis of the graft, which is happened at 2 (40 %) cases. To avoid this complications we proposes conducting better preparation of donor graft stages trainings of axial circulation by conducting plasmotherapy. For last method we used plateles from patients blood and inject it subcutaneously in donor flap.

Conclusions. The use of cell therapy can avoid post-operative complications such as marginal necrosis of the donor graft.

Pavlo Petiunin, Olexandr Ievtushenko, Bogdan Vynogradov, Anton Petiunin AN ULTRASOUND DIAGNOSIS OF ACLF IN THE LIVER CIRRHOTIC PATIENTS

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The purpose of this study is to define new diagnostic ultrasound criteria of «acute-on-chronic liver failure» (ACLF) in surgical treatment of liver cirrhotic patients

Materials and methods. We included 137 patients with liver cirrhosis, at whom surgical treatment was performed. In 81(59,12%) cases was performed the distal splenorenal shunt by Warren, in 56 (40,88%) – devascularization surgery. Doppler ultrasound of portal blood vessels was done at admission by Moriyasu et al. method. The statistical analysis was performed by use of “Microsoft Excel 2000” and “SPSS 10.0 for Windows”.

Results. Patients without ACLF had portal vein diameter $1,22 \pm 0,013$ cm, patients with ACLF - $1,5 \pm 0,026$ cm ($P < 0,001$). Patients without ACLF had splenic vein diameter $0,88 \pm 0,012$ cm, patients with ACLF had splenic vein diameter enlarged up to $1,32 \pm 0,035$ cm ($P < 0,001$). Patients without ACLF had linear portal blood velocity $14,5 \pm 0,86$ cm/sec, patients with ACLF had it to be decreased up to $10,8 \pm 0,48$ cm/sec ($P < 0,001$).