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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 torticollis and syndrome «V» in these patients. Presently known that surgical treatment of strabismus in