



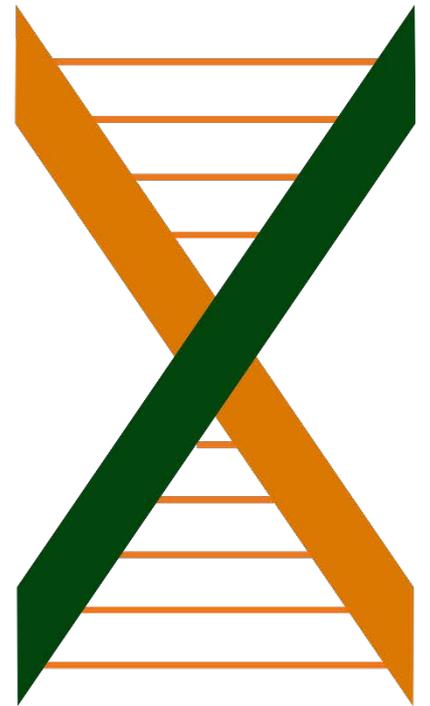
ABSTRACT BOOK



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**INTERNATIONAL SCIENTIFIC
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Results of research. We identified three groups of patients. The first group (28 patients) includes patients with edematous and uninfected forms of acute destructive pancreatitis. In the long-term postoperative period patients felt relatively satisfactory. But on ultrasound examination we found signs of chronic pancreatitis: a diffuse contour of the pancreas, a heterogeneity of gland's structure, a deformation of the head and body of the gland. Ducts of the pancreas were not changed. The second group (19 patients). They were operated on for destructive infected pancreatitis. These patients felt unsatisfactory after the operation. They had epigastric pain, nausea, severe general weakness, upset of the stool. On ultrasound examination we found dilated Wirsung's duct with concretions in 3 patients and dilated Wirsung's duct with false cysts of the pancreas in 4 patients. Signs of duodenostasis were found in 6 patients. Also in patients of this group was noted the increase in total bilirubin from 20.5 to 30 mmol / l and the increase in AsAt and AlAt to 1.0-1.5 mmol / l in biochemical parameters. The third group (11 patients). They were operated on for destructive infected pancreatitis with total or subtotal lesion of the parenchyma of the pancreas. These patients had diabetes after the operation: 6 of them received insulin therapy, 5 - hypoglycemic drugs. The clinic of disease had developed almost immediately after the operation.

Conclusions. We obtained the following results of our research: 24 (35,3%) patients had serious complications after operation of destructive forms of acute pancreatitis. They needed subsequent surgical treatment or permanent medical correction. Diabetes had developed in 11 (16.2%) patients and 13 (19.1%) patients needed surgical treatment of false pancreatic cysts, concretions of Wirsung's duct or duodenostasis.

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A STEP-UP APPROACH FOR PANCREATIC NECROSIS

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Introduction. Every year more and more people in Ukraine suffer from acute pancreatitis. Secondary infection of necrotic tissue is always an indication for surgical treatment.

The goal: Compare the effectiveness of the step-up approach using minimally invasive techniques (percutaneous drainage under ultrasound control, endoscopic drainage and minimally invasive retroperitoneal necrectomy) with open necrectomy.

Materials and methods. Investigated 23 patients aged 37 to 62 years. Among them - 18 women (78%) and 5 men (22%). For the treatment were selected two ways: a step-up approach and open necrectomy. The step-up approach was used in 11 patients (group 1) and consisted of percutaneous drainage followed, if necessary, by minimally invasive retroperitoneal necrectomy. 12 patients (group 2) were performed according to standard open necrectomy schemes. The efficacy was assessed by a composite of major complications (new-onset multiple-organ failure or multiple systemic complications, perforation of visceral organ or enterocutaneous fistula, bleeding or death). Dutch Pancreatitis Study Group offered the method of step-up approach. Minimally invasive step-up approach included next phases. The first step was

percutaneous or endoscopic transgastric drainage. The preferred route was through the left retroperitoneum, thereby facilitating minimally invasive retroperitoneal necrosectomy at a later stage, if necessary. If there was no clinical improvement after 72 hours and if the position of the drain (or drains) was inadequate or other fluid collections could be drained, a second drainage procedure was performed. If this was not possible, or if there was no clinical improvement after an additional 72 hours, the second stage - the retroperitoneal debridement with postoperative lavage in the way of lumbotomy was phased.

Results of research. In the first group 4 patients (36.4%) performed percutaneous drainage only, 3 (27.3%) were re-draining and that was enough, the other 3 (27.3%) improvement occurred after the second stage of step-up treatment, and 1 patient (9%) was conducted open necrectomy because of no effect after step-up approach treatment. In the first group the development of organ failure and systemic complications was 18.8% and in the second group - 33.3%, almost twice as much. Also patients assigned to the step-up approach had a lower rate of incisional hernias and new-onset diabetes. Also, the mean total of direct medical costs and indirect costs per patient during admission and at the 6-month follow-up became lower, than when other ways of treatment were used. Thus, the step-up approach reduced costs by 12%.

Conclusions. Such a way we can see that step-up approach should be an option in the treatment of pancreatic necrosis. Precisely this minimally invasive method should find application in widespread in Ukraine, since it is less traumatic to the patient, in 36,4% of cases, decisive in treating the disease, as well as more cost-effective than other presently used therapies.

Nyrka I.

**COMPARATIVE CHARACTERISTIC OF EFFECTIVENESS OF
TREATMENT OF ONYCHOCRIPTOSIS BY THE METHOD OF
CRYODESTRUCTION AND THE TRADITIONAL METHOD OF
SURGICAL TREATMENT**

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Introduction. Onychocriptosis - quite a frequent disease that occurs among different age groups of the population. Patients with ingrown nails are 0.5-10% of all outpatients (Larin, V.F. 2010). The purpose of this study is to conduct a comparative evaluation of the cryodestruction technique and the traditional method of surgical treatment.

Materials and methods. Analyzing the protocols of treatment of 34 patients aged 18 to 45 years treated out-patient from 2013 to 2014 for ingrown nails with acute inflammation in the form of a near-nail felon, without concomitant somatic diseases. All the patients included in the study were divided into 2 groups. In the first group (n = 17) the cryoexposure technique was used (main group). In the second group, in 17 patients with similar complications, the traditional method of surgical treatment (comparison group) is undertaken. All patients of the main group and the comparison group were examined at 2 and 12 months.