

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ  
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



## **МАТЕРІАЛИ**

**101 – ї**

**підсумкової наукової конференції**

**професорсько-викладацького персоналу**

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in both animal groups. However, all of TFA, EFA and NFA in group 1 were increasing statistically significantly. Whereas group 2 was affected by a minor increase, this was probably due to the high baseline. FA was increasing in group 1, mainly at the expense of EFA. The interaction between different fibrinolysis bars in group 2 was mainly not changed. In 12 hours FA of plasma was increasing. The parameters of all TFA indicators in group 2 increased statistically significantly and prevailed predominantly. There was a meaningful increase of EFA in group 1. The ratio between EFA and NFA decreased in both groups. Such dynamics is indicative of an increasing activity of the fibrinolytic system with the fermentation mechanisms predominance in response to peritonitis progression. In 24 hours FA of plasma increased significantly. Whereas in group 2 the activity of fibrinolysis increased statistically significantly. At the same time, the ratio between EFA and NFA was increasing in group 1 showing the non-enzymatic mechanisms of fibrinolysis predominance. In group 2 the ratio decreased being indicative of the fermentation fibrinolysis activation. In 48 hours FA plasma and the ratio of different fibrinolysis elements did not change. The parameters of EFA, NFA and TFA in group 2 statistically significantly prevailed and the activity of fermentation fibrinolysis continued to increase.

So, the activation of FS with balance maintenance between its links within 24 hours has been observed in experimental acute peritonitis case. In 6 hours, the development of acute peritonitis in animals with DM differs substantially in its quantitative characteristics of the fibrinolytic activity of plasma blood, which is shown by its excessive increase, development of imbalance between the links of fibrinolysis, uncontrolled increase of the activity of fermentation mechanisms with disseminated intravascular coagulation syndrome in 24 hours.

**Hyrla Ya.V.**

### **IMPROVING THE EFFICIENCY OF TREATMENT OF EARLY POST-OPERATIVE COMPLICATIONS IN PATIENTS WITH DIFFERENT FORMS OF MIXED GOITER**

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Despite the significant progress of surgical technologies and methodologies for performing surgical procedure, patients with various forms of mixed goiter, in addition to thyroid disorders, have a number of typical complications from postoperative wounds such as edema and hyperemia of the margins and edges. In most cases, this is due to the prolonged exudation of the postoperative wound due to hypervascularization of the thyroid gland with the development of hyperfunction. As a result, in the postoperative period, it affects both the time of wound healing and the length of stay of the patient in the hospital. Equally important is the cosmetic result after surgery.

The analysis of probable causes of the development of these complications prompted the search for improvements to the methods of prevention of typical postoperative wound complications in patients operated for various forms of toxic goiter.

A developed method is proposed, which consists in the fact that after the end of surgery, a device consisting of a bioinert strip with a width of 1 - 1.5 cm and a length of 7-10 cm is used, which is fixed at the ends by two clamps and twisted in the form of a spiral. In this form, one end is brought to the bottom of the wound and the other end is inserted into the thickness of the container. The latest present an reservoir of porous bioinert material filled with sorbent. The dimensions of the container are modulated according to the size of the wound.

The twisting of the drainage strip allows the creation of additional throughput channels through which the exudate can flow freely from the wound and, even, the deposition of fibrin to the sections of the strip does not lead to its sealing.

The location of the opposite end of the strip in the thickness of the sorbent container contributes to the ingress of the exudate into the sorbent, limiting its contact with the edges of the sutured wound, with obligatory reducing the contamination of the wound, thereby stimulating its regeneration and accelerating its healing.



The drainage device (strip and sorbent) is removed 2-3 days after surgery and a wound is applied to the wound. Seams are removed for 4-5 days in postoperative period.

Thus, the use of the developed drainage-sorption device made it possible to accelerate the healing of the postoperative wound, shorten the time of inpatient treatment, thereby improving the results of surgical treatment of patients with hyperthyroid goiter.

**Ivashchuk S.I.**

**TRANSFERASES LEVEL AS A RISK FACTOR OF THE EDEMATOUS PANCREATITIS  
DEVELOPMENT FROM THE POSITION OF THE GENE *IL-4* (RS 2243250)  
POLYMORPHISM**

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The aim of the research was to investigate the risk of acute edematous pancreatitis developing according to the transferase's level from the position of the gene *IL-4* (rs 2243250) polymorphism.

Genetic studies have been performed for 123 patients with acute and chronic pancreatitis exacerbation, among whom there were 23 (18.7%) women and 100 (81.3%) men. The control group included 40 practically healthy persons who were not relatives of the patients, of the corresponding sex and age. Molecular genetic studies, which included the determining of polymorphic variants of gene *IL-4* (rs 2243250), have been performed at the laboratory of the State institution "Reference centre of molecular diagnostics of the Ministry of Health of Ukraine" (Kyiv). The polymorphic variants of analysed gene *IL-4* (rs 2243250) have been studied with polymerase chain reaction (PCR) method. The genotypes distribution among the examined patients and healthy people for the selected gene has been determined.

Increasing of the aminotransferases concentration in blood serum is an evidence of hepatocyte cytolysis and a confirmation of the important pathogenetic role of disintegration processes that take place in the hepatobiliary system, and of the development of an active inflammatory process in pancreas.

Increases in alanine aminotransferase (ALT) and aspartate aminotransferase (AST) levels were found in 32.67% (n=33) and 65.35% (n=66) patients with edematous pancreatitis. Among patients with "unfavorable" *T*-allele of the *IL-4* gene there were ones, relatively more likely to encounter subjects with higher activity rates of AST and ALT enzymes than among subjects with *CC*-genotype to 27.94% ( $\chi^2=8.52$ ,  $p=0.003$ ) and 24.33% ( $\chi^2=22.08$ ,  $p<0.0001$ ), respectively.

However, correlation analysis ( $Sp=0.07$ ;  $\phi=0.092$ ), as well as methods of clinical epidemiology ( $RR=0.325$ ;  $95\%CI: 0.381-1.361$ ) revealed no association between ALT level in peripheral blood and *C-590T* polymorphism of the *IL-4* gene. Between the AST content and edematous pancreatitis development in the carriers of the *T*-allele of the *IL-4* gene there is a weak positive relationship ( $Sp=0.11$ ;  $\phi=0.107$ ), which has not been confirmed as a risk factor for the acute pancreatitis appearance in the examined population ( $RR=1.412$ ;  $95\%CI: 0.805-2.474$ ).

An increase of the gamma-glutamyltranspeptidase (GGTP) concentration indicates the presence of intrahepatic cholestasis, as well as, indirectly, the activity of the inflammatory process, including those in the pancreas. An increase of GGTP concentration was found in 79.21% (n=80) patients with acute pancreatitis. The frequency of excess of the analyzed cholestasis rate between the genotypes of the *IL-4* gene did not differ significantly ( $p>0.05$ ). However, serum GGTP levels were significantly higher in *TT*-genotype owners than in those with the *C*-allele ( $p<0.05$ ).

The correlation analysis revealed a weak, unlike link between the GGTP concentration in the blood and the presence of a mutation in the 590 position of the *IL-4* gene promoter ( $Sp=0.07$ ;  $\phi=0.170$ ). In terms of odds and risk ratios, the increase in GGTP concentration is associated with the *C*-allele of the *C-590T* polymorphism of the *IL-4* gene ( $RR=0.581$ ), however, the determination of 95% confidence intervals did not statistically confirm this assumption ( $95\%CI: 0.333-1.014$ ).