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

М А Т Е Р І А Л И

101 – ї
підсумкової наукової конференції
професорсько-викладацького персоналу
Вищого державного навчального закладу України
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»
10, 12, 17 лютого 2020 року

Чернівці – 2020

УДК 001:378.12(477.85)
ББК 72:74.58
М 34

Матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м. Чернівці, 10, 12, 17 лютого 2020 р.) – Чернівці: Медуніверситет, 2020. – 488 с. іл.

ББК 72:74.58

У збірнику представлені матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м.Чернівці, 10, 12, 17 лютого 2020 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

ISBN 978-966-697-843-4

Haemophilus influenzae (9% of cases). In contact lens wearers, the tendency is reversed and more gram-negative strains are found. However, other bacterial strains can less frequently cause bacterial purulent conjunctivitis. Although bacterial conjunctivitis can occur at any age, it frequently occurs in preschool- and school-age children. In these age groups, pathogens are frequently associated with epidemic occurrences of bacterial conjunctivitis. In infants, children and teenagers, the most common ocular pathogens are Staphylococcus aureus, Haemophilus influenzae, Streptococcus pneumoniae, and also Moraxella species.

Most cases of acute bacterial conjunctivitis resolve spontaneously within 7–10 days, but a broad-spectrum antibiotic can decrease disease severity, transmission and also minimize the complication and reinfection rates. Practice patterns for prescribing topical antibiotics vary. Most practitioners prescribe a broad-spectrum agent on an empirical basis without culture for a routine, mild-to-moderate case of bacterial conjunctivitis and instruct patients to seek follow-up care if the expected improvement does not occur or if vision becomes affected.

Safe and effective topical antibiotic eye drops for the treatment and prevention of ocular infections must be adapted to the type of bacteria suspected. Usual topical antimicrobial agents should be replaced by more recent and more effective treatments. The use of highly effective fluoroquinolones should be reserved for the most severe cases to avoid resistance. Short treatment courses, such as azithromycin, can be easily used in children, thereby improving quality of life.

Sheremet M.I.

PROGNOSIS OF REMOTE RESULTS OF SURGICAL TREATMENT OF NODULAR ENDEMIC GOITER WITH AUTOIMMUNE THYROIDITIS

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Autoimmune thyroiditis refers to one of the most important and topical problems of modern endocrinology.

Surgical treatment was performed in 95 patients with unilateral nodular and multinodular goiter with autoimmune thyroiditis. Determination of markers for prediction of clinical course and the choice of the volume of surgery in patients with endometrial nodules against the background of autoimmune thyroiditis, taking into account the activity of oxidative, autoimmune and apoptotic processes.

The activity of peroxide oxidation and the state of antioxidant systems (AOS) by determining the level of oxidative modification of proteins (OMP) in serum, the activity of ceruloplasmin (CP); in erythrocytes – the content of malonic aldehyde (MA), the activity of glutathione peroxidase (GP) and catalase (CT) were estimated according to conventional methods in patients of both subgroups before the surgery and during the remote postoperative period. In addition, the hormonal function of the thyroid gland, the level of thyroperoxidase antibodies (TPOAB), the level of thyroglobulin antibodies (TGAB) and structural changes in the gland (volume of the gland, nodular formation) according to ultrasound scan were studied.

The content of lymphocytes bearing the apoptosis marker – the CD95+ receptor, the level of apoptosis in the population of peripheral annexin V+lymphocytes, the content of tumor necrosis factor-α (TNF-α) in blood plasma, the concentration of interferon-γ (IFN-γ) and interleukin-1β (IL-1β) were studied. These indices were studied using the standard diagnostic kits according to the technology recommended by the manufacturer.

In order to determine the norm indices for the region and to conduct a comparative assessment, the same indices were studied in 25 apparently healthy female donor women aged 21-42 years.

Hemithyroidectomy in patients with NEGAIT is indicated in case of unilateral one-node and multi-nodular goiter, when the volume of the thyroid lobe without nodes is not larger than 10 cm^3; tissue of the thyroid remain is characterized by uniform echo structure of all sections of the thyroid lobe, diffuse even decrease in the parenchymal echogenicity; the thyroid gland contours are clear

and even, the thyroid tissue contours are slightly uneven and scalloped; the level of free T_4 is higher than 12.91 l; the TPOAB level is lower than 80.25; the level of TGAB is lower than 89.34; MA level is lower than 9.; OMP activity is lower than 42.97; CT level is higher than 163.41 ; GP is higher than 198.82; CP is higher than 75.39; TNF-α concentration is lower than 2.31; INF-γ is lower than 2.44; IL-1β is lower than 3.15; apoptosis indices – CD95+ lymphocytes are lower than 12.04; the number of annexin V+ lymphocytes is higher than 16.52.

So, the risk of development of functional failure and hyperplasia of the contralateral lobe of the thyroid gland after hemithyroidectomy in patients with nodular goiter with autoimmune thyroiditis can be the volume of the thyroid lobe without nodes larger than 10 cm^3, the level of free T_4 lower than 12.91, the TPOAB level higher than 80.25 and the level of TGAB higher than 89.34 with the indices of activity of peroxide oxidation and apoptosis processes, in particular with the indices of peroxidation activity processes – MA level higher than 9.5; OMP activity higher than 42.97; AOP indices – CT level lower than 163.41; GP lower than 198.82; CP lower than 75.39; cytokine level – TNF-α concentration higher than 2.31; INF-γ higher than 2.44; IL-1β higher than 3.15; apoptosis indices – CD95+ lymphocytes higher than 12.04; the number of annexin V+ lymphocytes lower than 16.52.

Tarabanchuk V.V.

CHANGES IN THE OPTICAL PROPERTIES OF BLOOD IN ACUTE EDEMATOUS PANCREATITIS

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Informative diagnostics of different forms an acute pancreatitis and its complications is one of the most difficult problems in emergency abdominal surgery. Diagnostic probability of standard laboratory and instrumental methods does not exceed 80%, which in some cases leads to diagnostic pitfall. This makes actual problem search for new, informative diagnostic parameters.

In the clinical department of surgery Bukovinian State Medical University examined 30 healthy donors and 73 patients with various surgical diseases of the abdominal cavity. Patients were divided into 4 groups. The first group consisted of practically healthy donors. The second and third groups consisted of patients nondestructive forms of acute appendicitis (19 patients) and acute cholecystitis (17 patients). The fourth group consisted of 37 patients with acute edematous pancreatitis.

In addition to the mandatory complex of examinations, all patients performed determination of absorption spectra of plasma of venous blood. For this purpose a quartz cuvette with thickness 1 cm was filled plasma of peripheral veins. Then plasma diluted with distilled water at a ratio of 1:100 and placed in a spectrophotometer SF-5. This apparatus had an attachment in the form of spherical photometer. This ensures the exclusion effect dispersion on the absorption spectrum of colloidal solution. After that, conducted the study of plasma transmission spectra in the wavelength range 255-320 nm, followed by determination of optical density.

Therefore, we concluded that the most appropriate diagnostic purpose is to determine of the plasma optical density is a wavelength $\lambda = 280$ nm. Because change of this index in the specified wavelength is most sensitive. Sampling tolerance quantitative indicators found that in healthy donors' plasma optical density was 0,57 ± 0,004 units and was significantly lower ($P < 0.05$) than patients in the second, third and fourth groups - 0, 59 ± 0,006, 0,61 ± 0,004 and 0,64 ± 0,005 units, respectively. The finding indicates that the nondestructive inflammatory process in the abdominal cavity optical density of plasma increases over 0.57 units. Thus, the value of the absorption spectrum of venous blood plasma in patients with acute pancreatitis the average was 0,64 ± 0,005 units and was significantly higher ($P < 0.05$) than in patients with acute appendicitis and acute cholecystitis - 0,59 ± 0,006 and 0.61 ± 0,004 units, respectively.

On the basis revealed changes we developed a method of diagnosis of acute edematous pancreatitis (patent № 62667 UA). Diagnostic sensitivity of the developed method is 84.6%,