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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.

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The dynamics of the amount of microflora in the wound MG showed that the initial level of wound contamination was 8.4±0.14 Lg CFU/g tissue, 5 days – 2.8±0.21 Lg CFU/g tissues, 10 days – pathological microflora in the wound was absent. The baseline index of wound contamination was not significantly different in CG – 8.1±0.17 Lg CFU/g ($p>0.05$). But on 5 and 10 days in CG the rates were significantly higher – 6.2±0.18 Lg CFU/g ($p<0.01$) and 3.8±0.19 Lg CFU/g ($p<0.01$) accordingly.

The use of a comprehensive VAC-therapy contributed to a significant increase in local blood flow of the wound, accelerated decontamination of wound tissues, early cleansing of pathogenic microflora, layers of fibrin and necrosis from the products of exudation and disintegration of tissues, disappearance of local inflammatory reactions, diminution of local inflammatory reactions of the wound process and stimulated reparative processes, growth of the granulation wound, accelerated the marginal epithelialization, which enables to precede with to the next stage of treatment in shorter terms.

Kulachek Y.V.

PREDICTION AND PRECONDITIONS OF A COMPLICATED COURSE OF TRAUMATIC INJURY OF THE SMALL INTESTINE

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Small intestine injury remains an important and urgent issue of surgery, because it constitutes a large percentage of cases in the structure of injury and development of complications in the postoperative period. Damage of the small intestine in abdominal trauma is 3,7-15,9% of cases and mortality can reach 18%. Complications after small intestine injury can reach 7,8-22%.

The study included 30 victims with small intestine (ISS>16 points) injuries, including 19 men (63.3%) and 11 women (36.7%). The average age was 46±8 years. All the patients were operated on. For the prognosis of post-traumatic postoperative period an algorithm was used consisting of the following factors: degree of shock on admission, scoring assessment on the scale APACHE II, MODS, ISS, duration of surgery, Algover index, the development of multiple organ failure, existing comorbidities.

Special places in the structure of social problems are traumatic injury, especially polytrauma. This is explained by many factors, among which a special place belongs to age and gender features. A steady increase in mortality should be noted here, which is 26% depending on the severity of the injury, and mainly 80% are men. A particularly adverse course of traumatic small intestine injury occurs among the elderly. Benchmarks of immunological changes were determined in small intestine victims with mild to moderate severity: phagocytosis index 64,27±2,19%, the number of phagocytic cells 3,42±0,17, completeness phagocytosis index 1,13±0,05, 71 CIC 33±3,46 units. Nonspecific immune defense was determined not only to confirm the effectiveness of the suggested algorithm, but also for the analysis of complications depending on the amount and character of damage. Thus, for the damaged small intestine the indicators of phagocytosis and CIC had the following character. In complicated traumatic small intestine injury increase in long (more then 72 hours) of middle mass molecules was observed, and multiorgan failure in the postoperative period was registered. Unfavorable factor was the increase in the average molecular weight of more than 210 conventional units over 3 days in patients with small intestine injury and the development of multiple organ failure was complicated course in 60.5% of cases. In addition, with prolonged duration of multiple organ failure syndrome (more then 48 hours) changes in nonspecific level of immune defense were observed: phagocytic index decreased by (17.9%) and was in the control group (51,88±2,42), the second main group (46,51±3,68). Considering not only performance of MODS scale but also clinical data and wound process, we discovered interdependent evidence that these processes not only lead to the emergence of each other, but also can provoke the development of infectious complications due to a significant reduction in resistance of the organism on the whole.

Thus, as a result of the analysis was performed between the reduction of nonspecific protection and complication after traumatic injury of the small intestine. Joining postoperative multi organ failure syndrome increases to 35.72% incidence of complicated course of small intestine trauma. The suggested algorithm enables to improve the prediction of postoperative course and to detect preclinical stage of formation of complicated course.

Marchuk O.F.

ON SOME PECULIARITIES OF DIAGNOSING AND TREATING RECURRENT TRANSITORY SYNOVITES IN CHILDREN

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Transitory synovites may be caused by different etiological factors and have the following clinical manifestations at the initial stage: pain when moving hip joints, restriction of the lower limbs functions, fever, and local inflammatory changes. Consequently, it is very essential to determine the basic etiological factor at the initial stage of the disease, since it may considerably improve the initial treatment, as well as significantly reduce the possibility of relapses because recurrent clinical manifestations occur in only a third of the patients. Quite often children suffer from worm contamination, which may lead to various types of disease complications.

The objective of the investigation under discussion is to optimize the coxitis diagnostics in children with concomitant helminth infestation (ascaridosis, toxocariasis), using enzyme-linked immunosorbent assay (ELISA) for relapses of transitory synovitis, as well as to identify the major difference in diagnostic criteria.

From 2016 to 2018, 245 children were cured in the Department of Pediatric Traumatology of the OKU Hospital of Emergency Medicine in Chernivtsi, with 135 boys and 110 girls diagnosed "coxitis". The average age of the patients was 5.0 ± 2.3 years old. According to our observations, transitory synovitis is marked with acute onset and rapid development. The child finds it difficult to move his/her joint. What is more, he/she is constantly trying to fix his/her leg in a sparing position. Such children usually limp and have pains in their joints when palpated. Besides, a third of them suffer from relapses. Based on a survey of 67 patients in 45 cases, the presence of helminth infestation – ascarids and toxocars – was detected by ELISA. In 25 patients with concomitant helminthiasis, in addition to standard treatment, anthelmintic drugs were administered at the age doses envisaged by the treatment protocols (Group I). The other 20 children (Group II) received only standard treatment for the underlying disease. In patients of Group I, the average duration of treatment was 5.2 days. Patients experienced improvement after about 2 days of treatment. Patients in Group II had generally worse rates than children in Group I: the average duration of treatment was 7.3 days, which is 29% longer than in children of group I. The recovery was 15% slower than in Group I children. In addition, the frequency of recurrence, within 3 months of observations, was significantly higher in Group II children (47%) compared to Group I children (19%).

Thus, the complex treatment with the application of anthelmintic drugs in the presence of concomitant parasitic contamination of the organism, confirmed by the ELISA method, has allowed to reduce the duration of the disease and to minimize the presence of relapses in this category of children.

Raylyanu S.I.

HERNIA TISSUES MORPHOLOGY IN PATIENTS WITH CHRONIC INGUINAL HERNIAS

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During last years the incidence of inguinal hernias grew significantly. The complications development in these patients after inguinal hernioplasty reached 6-18%. It can be explained by the