



СЕКЦІЯ 8 АКТУАЛЬНІ ПИТАННЯ КЛІНІЧНОЇ ХІРУРГІЇ ТА ОФТАЛЬМОЛОГІЇ

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A METHOD OF DETERMINING THE PREVALENCE OF ACUTE PERITONITIS

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The prevalence of acute peritonitis is one of the most disputable issues. Most foreign authors distinguish between diffuse, total, and sometimes - subtotal one. Ukrainian researchers often distinguish between local, diffuse, poured, and general one. However, some of them consider it inappropriate to highlight a general type of AP. These differences are mainly due to the subjectivity of the assessment, which is mostly based on the visual definition of the peritoneum state. Therefore, it is relevant to have the best practice of the objective evaluation method.

In an experiment on 20 albino rats, the width of the scattering zone (WSZ) of a laser beam with a wavelength of 0.63 μm of the inflammatory altered peritoneum was determined. In group I (10 animals) AP was modeled by inserting intraperitoneally the sterile bile, in group II (10 animals) it was modeled by fecal matter. Before its modeling, in 6 and 12 hours afterward, we had determined the WSZ in different parts of the parietal peritoneum, which was then taken for histological examination. The data obtained before modeling AP served as the controlled one.

The benchmarks of WSZ were individually changeable. In 6 hours the WSZ increased significantly in both groups. The indicators in group II were statistically significantly above the ones in group I. Histological examination of the peritoneum in group I showed an aseptic inflammation, and in group II - a purulent one. In 12 hours in group I the WSZ increased significantly, and in group II it has not changed. There were no significant intergroup differences. The histological examination in both groups showed some signs of purulent fibrinous inflammation.

To eliminate the individual variability, we determined the ratio of WSZ indicators of the affected area of the peritoneum to the healthy one. The parameters of the relative indicators were common to have a slight individual variability and statistically significant differences in the case of aseptic and septic AP during the first 6 hours. Later, the relative indicators were almost the same. As a conclusion we can say that the growth of the laser beam WSZ with a wavelength of 0.63 μm in the affected area of the peritoneum, compared to the healthy one, indicates the presence of aseptic AP of 1.5-2 times. The increase of the WSZ twice as much indicates the development of septic AP.

So, we also studied the indicators of WSZ in 28 patients with various forms of septic AP. The absolute indicators of the WSZ of unmodified peritoneum were statistically significantly less than in AP case. There were no clear patterns associated with various forms of AP, although in the occurrence of purulent inflammation the WSZ was noticed as the largest one.

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JUSTIFICATION OF GENETIC FACTORS FOR PREDICTING THE RISK OF ACUTE COMPLICATIONS IN PEPTIC ULCER DISEASE

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Peptic ulcer is an urgent medical problem. Peptic ulcer bleedings are the main cause of non-variceal upper gastrointestinal bleeding. The morbidity in patients with bleeding peptic ulcers reaches 8-10% and increases when recurrent bleeding occurs. The imperfection of prognostic scales is one of the reasons for high morbidity. The most common scales are Rockall, Glasgow-Blatchford, Baylor, Cedars-Sinai, AIMS65, PNED. Though according to some authors, more accurate scales are needed that is why they suggest using additional predictive criteria. A common flaw of the known scales is that they are based exceptionally on clinical criteria and do not take into account the mechanisms of bleeding development. One of these mechanisms is excessive activation of fibrinolysis and inhibition of anti-fibrinolytic factors, which, in particular, is proved in our studies. Though the reasons are not known precisely. At the same time, mutations of the PAI-1 gene