



macular edema and proliferative diabetic retinopathy. Binding of advanced glycation end products to high-affinity receptor in pericytes exerts selective toxicity resulting in their death.

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**ROLE OF PROTEOLYTIC AND FIBRINOLYTIC ACTIVITIES OF INTESTINAL WALL
TISSUES IN SUTURED AREA HEALING UNDER THE CONDITIONS OF
ANASTOMOTIC LEAKAGE DEVELOPMENT**

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Anastomotic leakage (AL) continues to be quite serious complications after operations on the hollow digestive organs. The frequency of the onset of AL is variable with range 3,8 – 8,1% (B.R.Phillips, 2016). The mortality rate after formation of colorectal anastomosis is up to 22% (F.Daams et al., 2013). Current investigations pay a great attention to study and modification of the risk factors of anastomotic leakage, such as nutrition disturbances, smoking, steroids and chemotherapy, duration of surgical treatment, volume of infusion and blood transfusion etc. Tissue ischemia, the kind of suture material and technical approach are proved to have a significant impact on the intestinal anastomosis healing. Local changes of some biochemical processes in the intestinal tissues directly into the sutured area, their influence on regeneration and leakage occurrence are insufficiently studied.

Purpose of the research: to study influence of specific changes of proteolytic and fibrinolytic activities of intestinal tissues directly into the region of sutures on regenerative properties of anastomosis under experimental conditions of their leakage development. The investigation has been performed on 72 albino nonlinear rats undergoing AL model. In 12, 24, 48, 72 hours and 5 days following surgery euthanasia of the animals was performed under anesthesia and the samples of the intestinal tissue in the region of sutures were taken for specific tests. The levels of proteolytic activity by the lysis of: azoalbumin (AA), azocollagen (ACg), azocasein (ACs) and the indices of fibrinolytic activity: total (TFA), nonenzymatic (NFA), enzymatic (EFA) have been investigated. Evaluation of reparative processes in the intestinal wall was performed during microscopy of the histological sections of the sutured zone. According to the obtained data a reliable steady activation of tissues proteolysis have been found in the animals of the experimental group in comparison with the control one. So, in 12-24h. following the operation a reliably higher activity of lysis of AA, ACs and ACg was detected in the animals of the experimental group ($p < 0,001$). It's indicative of increase of proteolytic modification of the low- and high-molecular proteins. At this period of observation in the animals with AL there occurs a proved rise of TFA into serous layer of intestinal wall, both at the expense of NFA and EFA ($p < 0,001$). Analysis of the histological sections of the anastomotic area of the experimental group of animals determined more intense neutrophilic infiltration in the submucosal layer of the intestinal wall extending to muscle and serous membranes, as well as expressed venous plethora and hemorrhages into serous membrane. On contrary, in the animals of control group the fibrinous mesh into channel of the thread and between the serous membranes was not observed. During a later period (48-72 h.) we observed a tendency to rise of the indices of tissue proteolysis in the submucosal layer of intestinal wall, especially indices of ACg lysis, which were one and a half time higher than data of the control group. Elevation of the tissue fibrinolytic activity was detected in the animals with AL, largely at the expense of EFA which exceeded the control data twice as much. The histological signs of regeneration disturbances in this period of observation were significant diastasis between the serous membranes of intestine touching only in the area of the connected edges of the mucous membrane, also the diffuse inflammatory reaction with expressed neutrophilic and plasmocytic infiltration, edema, plethora and hemorrhages which spread to all layers of the intestinal wall. The constant signs of tissue necrosis with the advantage of disintegrated neutrophilic granulocytes and lymphoid cells over macrophages and single active fibroblasts were found around canal of the thread. Thus, prolonged intense degradation of collagen molecules in the submucosal layer of intestinal wall, which provides the basic strength of anastomoses, may be one of the mechanisms of disturbances of regeneration of



sutured tissues under conditions of insufficient blood circulation. Moreover, excessive activation of tissue fibrinolysis due to fibrin matrix lysis can lead to disorders of fixation of fibroblasts in the tissues of the anastomotic area and its insufficient healing.

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SURGICAL TREATMENT OF HASHIMOTO'S THYROIDITIS

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Long-term observations of TH patients became the motivation for this study. The analysis of the clinical course with local and extrathyroidal symptoms and the ineffectiveness of drug treatment suggested the idea of surgical treatment of this disease in order to eliminate the active autoimmune process in the body – autoimmune thyroiditis.

The aim of the study was to study the effect of thyroidectomy on the quality of life of patients with TH with extrathyroidal manifestations.

We examined 37 with TH patients underwent surgical treatment. The long-term results of treatment with an assessment of the quality of life were in patients 2 years after surgery. The treatment results were compared with the results of the patients who underwent drug treatment of hypothyroidism with thyroxine preparations with control of the TSH level within euthyroidism.

Studies have shown that thyroidectomy in patients with Hashimoto's thyroiditis with local and extrathyroidal symptoms against the background of drug euthyroidism can improve the quality of life in general and for each of the studied parameters in particular. The level of antibodies to thyroperoxidase after surgical treatment is reduced to almost physiologically significant indicators.

Finding out the reason for improving the quality of life and the role of reducing serum levels of antibodies to thyroid peroxidase is one of the directions for revealing the pathogenetic mechanisms of extrathyroidal complications of Hashimoto's thyroiditis.

So, the drug treatment of hypothyroidism based on Hashimoto's thyroiditis with local and extrathyroidal symptoms does not improve the quality of life of patients.

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FEATURES OF THE ENDOGENOUS UVEITIS PASSING AND ANALYSIS OF THEIR COMPLICATIONS ACCORDING TO THE MATERIALS OF THE EYE DEPARTMENT OF THE REGIONAL CLINICAL HOSPITAL

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Diseases of the vascular membrane of the eye is one of the actual problems of practical ophthalmology. According to research database, uveitis takes 33% of eyeball diseases. Common diseases (tuberculosis, toxoplasmosis, syphilis, rheumatism, viral infections, chlamydia) are often the cause of the vascular tract disease. Severe consequences of endogenous uveitis lead to blindness in every tenth patient. The reason for this is the difficulty of etiological diagnosis and insufficient effectiveness of treatment.

The aim of our study was to determine the incidence of endogenous uveitis in Chernivtsi region, risk factors for endogenous evasions, the spread of the disease in the region, and to assess the course of the disease and localization of inflammatory process, the effectiveness of conservative and surgical treatment of endogenous uveitis.

We analyzed 138 medical records of inpatients who were hospitalized and examined in 2019 for endogenous uveitis. Exogenous uveitis was observed in 39 patients (among them: -25 patients were treated as a result of injuries, 14 patients as a result of surgical interventions). Endogenous uveitis was detected in 99 patients. Prevalence among the population was: rural residents - 50%, urban residents - 50%. The prevalence in Chernivtsi region was as follows: Chernivtsi - 39, Vyzhnytskyi district - 9, Novoselytskyi district - 8, Hlybotskyi district - 6, Sokyryanskyi district - 2, Khotyn district - 14, Kelmenetskyi district - 3, Kitsman district - 6, Storozhynets district - 7, Zastavniivskyi district - 3, Hertsaiiv district - 1, Putilskyi district - 1.