



tissue and rapid epithelialization of the wound, increases the reparative potential of the wound, increases the frequency of healing.

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PREVENTION OF PURULENT COMPLICATIONS IN SURGICAL TREATMENT OF ABDOMINAL TRAUMA

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According to the world literature, intra-abdominal infection develops in 10.8% of victims with blunt abdominal trauma, namely: peritonitis - 51.9%, intra-abdominal abscesses - 42%. The microflora, which is determined in 77.8% of victims with complications, is represented by aerobes. The most common pathogens of post-traumatic peritonitis are *Esherichia coli* (43.3%), *Staphylococcus aureus* (18.9%), *Klebsiella pneumonia* (14.4%) and *Enterococcus faecalis* (56%).

The mandate of comprehensive treatment of such patients is early diagnosis of abdominal injuries, elimination of the source of intra-abdominal infection, effective rehabilitation of the peritoneal cavity and its drainage, specific antibacterial therapy, intensive detoxification and symptomatic therapy.

The clinical part of the work included examination and treatment of victims at the hospital stage of treatment. All the patients were divided into two groups: the main - 30 patients (8 with splenic injury, 9 - liver, 8 - small intestine, 5 small mesentery) and control - 27 patients. The groups of victims were representative by all the criteria. All the victims underwent surgery: elimination of the consequences of trauma to the abdominal cavity, rehabilitation and drainage of the peritoneal cavity by traditional methods. Patients in the control group were treated according to generally accepted methods.

Treatment of patients of the main group was performed using our own developments. Surgical treatment was performed with active peritoneal drainage using the author's flow-aspiration device using an antiseptic octenisept, which provides multi-purpose and broad functional treatment of postoperative wound cavities, as well as allows a widespread use in medical practice in performing medical procedures. Octenisept physicochemical properties are: it is a clear liquid in 100 ml which containing octenidine dihydrochloride 0.1 g, 2-phenoxyethanol 2 g, excipients: (3-coconut-fatty acid amidopropyl) -dimethyl-ammonium acetate, D-gluconate glycerin, sodium hydroxide, purified water. The drug is diluted with distilled water 1: 3 and used twice a day through the apparatus for irrigation of the peritoneal cavity. In both groups of patients loraxone was administered for antibacterial therapy.

Intensive care of patients with abdominal trauma in the postoperative period included crystalloids, gelofusin, amino acids for parenteral nutrition, fat emulsions.

The results of the study of the main clinical aspects of abdominal trauma, taking into account the biomechanics of primary injuries and their localization showed that the proportion of post-traumatic purulent complications in abdominal injuries in the control group was 27.8%.

The use of the suggested treatment of complications of the peritoneal cavity with aspiration-flow drainage and antiseptics octenisept in traumatic injuries of the abdominal cavity during surgery and in the postoperative period allowed obtaining positive results and reducing the number of postoperative complications from 27,0% to 18,7 %, i.e. 1.2 times, and the level of postoperative mortality 35.0% to 27.8%, i.e. 1.3 times.

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PECULIARITIES OF USING ULTRASOUND INVESTIGATION OF THE HIP JOINT IN THE DIAGNOSIS OF COXITES IN CHILDREN

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Coxitis may have various etiological factors and the following clinical manifestations at its initial stages: pain in the hip joint while moving, limited functional ability of the lower limb, fever,



local inflammatory changes. Under these conditions, sonography of the hip joints significantly improves the diagnosis at the early stages of the disease since it is quite sensitive in determining the effusion of the joint (fluid accumulation). Transient synovitis, as the most common manifestation of coxitis, occurs quite often, but the pathogenesis of this nosology has not been studied sufficiently.

The aim of this work was to optimize the diagnosis of coxitis in children due to the use of sonography of the hip joints in order to determine the main differences in the diagnostic criteria that are typical of transient synovitis (based on the analysis of 68 cases). From 2018 to 2020, 215 children diagnosed with coxitis were treated in the Department of Pediatric Traumatology at Chernivtsi Emergency Hospital, including 120 boys and 95 girls. An average age of the patients was 5.0 ± 2.3 years old. Three clinical groups have been differentiated in the course of the research. The first one included 112 children with transient synovitis. The second clinical group contained 22 children with septic coxitis. The third group was composed of 91 children with other pathologies of the musculoskeletal system.

According to our observations, transient synovitis has an acute onset and rapid development. The children find it difficult to perform movements in the joint. Moreover, they often try to fix the leg in a gentle position. These children almost always limp and feel ache in their joints on palpation. After a preliminary radiography investigation of the hip joints (to exclude bone pathology), we performed sonography of both hip joints. The examination of 68 patients in 56 cases found a significant accumulation of anechogenic or hypoechogenic fluid in the joint that separates the layers of the joint capsule. In 52 cases, the diagnosis of "transient synovitis" was confirmed. Preference was given to anterior parasagittal scanning, with the use of a linear sensor transmitter that is located parallel to the femoral neck and slightly averted hip joint to the side.

The pathogenesis of the phenomenon of relative elongation of the affected limb – the correlation between the amount of joint fluid and the length of thigh elongation – remains unclear. Thus, the use of sonography of the hip joints and the differential approach to the diagnosis and treatment of children diagnosed with "coxitis" allowed identifying clinical groups with clarified diagnoses, which affected the further treatment tactics.

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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 patient after inguinal hernioplasty reached,6-18%. It can be explained by the fact that during surgery and postoperative period surgeons don't take all the aspect of complications pathogenesis in elderly patients into consideration.

Objectiv of the study was to evaluate the morphological changes of hernia sac and hernia-sarrounding tissues with inguinal hernias.For the research purpose we used bioptates of hernia tissues of 24 patients (aged 60-83,mean 67.47 ± 2.54 yrs.),obtained during the inguinal hernioplasty. Special attention was paid to evaluation of the muscular tissue atrophy and development of cicatrize and inflammatory changes. The following tissues were evaluated:hernia sac, subcutaneous cellular tissue, muscular tissue and, in some cases, preperitoneal cellular fat. Fragments of tissues were preserved and processed in accordance to histological standards.

Principal sings of chronic inflammation of the hernia sac in all 24 patients were studied. In 8 (33.3%) patients isolated inflammation of hernia sac tissues were found, and in 16 (66.7%) patients it was associated with chronic inflammatory changes of hernia-surrrounding tissues. In 6 (25.0%)patients with the recurrent inguinal hernias the inflammatory changes of hernia sac and hernia-sarrounding tissues were very pronounced and associated with their cicatrize changes. In all patients pronounced atrophic changes of the muscular tissues were determinated. Use of 'suture-free' techniques in elderly patients may greatly reduce inflammatory changes impact on healing, though not providing complete protection.