

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



## **МАТЕРІАЛИ**

**100 – ї**

**підсумкової наукової конференції**

**професорсько-викладацького персоналу**

**Вищого державного навчального закладу України**

**«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**

**11, 13, 18 лютого 2019 року**

**(присвячена 75 - річчю БДМУ)**

**Чернівці – 2019**

УДК 001:378.12(477.85)

ББК 72:74.58

М 34

Матеріали 100 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет», присвяченої 75-річчю БДМУ (м. Чернівці, 11, 13, 18 лютого 2019 р.) – Чернівці: Медуніверситет, 2019. – 544 с. іл.

ББК 72:74.58

У збірнику представлені матеріали 100 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет», присвяченої 75-річчю БДМУ (м.Чернівці, 11, 13, 18 лютого 2019 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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ISBN 978-966-697-543-3

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університет, 2019



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## **TREATMENT PECULIARITIES OF TRANSIENT SYNOVITIS IN CHILDREN**

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The topicality of the study is caused by the fact that transient synovitis is quite common form of short-term nonspecific inflammation of the synovial membrane of the hip, less commonly the knee joints, predominantly in boys. The development of the process is often associated with minor trauma; a disease with a low subfebrile temperature, such as bacterial diseases of the respiratory tract and oral cavity (tonsillitis, pharyngitis); with long walking.

Transient synovitis of the joints in children occurs quite often, but the pathogenesis of this disease is practically not studied. Basically, synovitis develops in children from one and a half years to the period of puberty. Commonly accepted treatment regimes include immobilization of the patient's joint and the appointment of antibacterial, antiinflammatory, desensitizing therapy and physiotherapeutic procedures, as well as local treatment.

The aim of our work was to optimize the treatment of transient synovitis in children through individual and rational approaches to the appointment of antibiotic therapy, to identify the main differences in the results of treatment with the exclusion of antibiotics from the treatment regimen.

From 2015 to 2017, 237 children with a diagnosis of "coxitis" were treated at Chernivtsi Emergency Hospital in the Department of Pediatric Traumatology, including 135 male and 102 female. The average age was  $5.0 \pm 2.3$  years. There were observed three clinical groups. The first clinical group included 117 children with transient synovitis. The second clinical group included 25 children who had septic coxitis. The third group included 95 children with other pathology of the locomotor system.

According to our observations, transient synovitis is characterized by a acute beginning and rapid development. There is pain in the morning, active and passive movements in the joint are limited, resembling a clinic of juvenile rheumatoid arthritis.

These children are almost always observed lameness and joint pain when palpated. The body temperature is usually slightly elevated and rarely is high. However, since the pathogenesis of the disease is not yet sufficiently studied, detailed diagnostics must be performed before treatment is prescribed.

In 32 children with transient synovitis (from the 1st clinical group) there were no general disorders and local symptoms were prevalent, body temperature was normal, almost complete absence of changes in the parameters in both general and biochemical blood tests, as well as indices of acute inflammation remained intact - C-reactive protein, antistreptolysin-O, sialic acids and others. Taking into account the received data, antibacterial drugs were not administered and this group was defined as comparative. In the analysis of both current and long-term results, no distinction was found between the main group and the comparison group. In both groups the results were negative in the cases when a bacteriological investigation of synovial fluid was performed.

Thus, the optimization of complex treatment of transient synovitis in children has allowed to refuse the administration of antibacterial drugs in some of clinical cases.

**Moskaliuk O.P.**

## **POSSIBILITIES OF ENDOSCOPIC TREATMENT OF PANCREATIC DISEASES**

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The number of patients with pathology of hepatopancreatobiliary system is growing worldwide. The problem of effective treatment of pancreatic diseases remains an issue of abdominal surgery, which is due to the prevalence of this disease. In the era of development of non-invasive surgery operative endoscopy confidently occupies a leading place in the treatment of acute biliary pancreatitis, pancreatic cysts, vironolithiasis, and strictures of the main pancreatic duct.



All endoscopic procedures are divided into two main groups, transpapillary and transmural, both methods are highly effective and safe. As a rule, in the first stage of treatment, transpapillary procedures are used for relieving of pain, mechanical jaundice and hypertension of the main pancreatic duct. This type of procedures is highly effective in the treatment of pancreatic fistulas and chronic duct pancreatitis.

The purpose of the work is to investigate the effectiveness of transpapillary endoscopic procedures in the treatment of pancreatic diseases.

The work presents the first results of treatment of 25 patients who were treated at the Center for Endoscopic Surgery during the 2016-2018 years with clinical manifestations of acute biliary or complicated chronic pancreatitis. The average age was  $54.3 \pm 5.67$  years and ranged from 27 to 69 years. There were 12 men (48%), and 13 women (52%). Endoscopic transpapillary procedures were performed for treating these patients, indications of which were acute biliary pancreatitis with severe pain syndrome in the first 72 hours after the beginning of the disease in 16 (64%) patients, pseudocysts, in case of a connection with the main pancreatic duct, and vrsungolithiasis, became the cause of surgery in 9 (36%). In 17 (68%) cases the disease was complicated by mechanical jaundice with increase in direct bilirubin level to  $71.8 \pm 9.34$   $\mu\text{mol/l}$ .

All the patients were provided with a complex examination, which included laboratory diagnosis, sonography of the abdominal cavity, endoscopic retrograde cholangiopancreatography, and, if necessary, computed tomography and magnetic resonance imaging. This allowed not only to assess the nature of changes in the parenchyma of the pancreas and its duct system, but also to plan future measures.

After examination of patients endoscopic transpapillary procedure was performed lasting on an average  $42.5 \pm 6.71$  minutes. In 21 (84%) cases the operation was performed in 1 stage. In 4 (16%) cases due to the difficulty of cannulation of the desired duct during the first stage, the needle papillotomy was performed and after the 3 day course of anti-inflammatory therapy we proceeded with the second stage. For 16 patients with diagnosis of acute biliary pancreatitis, typical choledochus cannulation was performed with the following papillotomy and balloon lithoextraction. Providing the procedure in the first hours from the beginning of the disease has allowed to stop the development of changes in the parenchyma of the pancreas. Subsequently, all patients had laparoscopic cholecystectomy immediately after endoscopic examination.

The main task of endoscopic treatment of strictures of the main pancreatic duct and pancreatic fistulas is insertion of plastic pancreatic stents above the narrowing place. According to many studies, pancreatic stenting is technically possible in 70-90% of patients.

The obtained results proved that endoscopic procedures in case of pancreatic diseases can not only diagnose changes in the duct system (strictures, the presence of duct hypertension, the communication of cysts with the duct system), but also eliminate the phenomenon of duct hypertension with the restoring of an adequate outflow of pancreatic juice or bile.

**Паляниця А.С.**

## **ЛІКУВАННЯ ДИНАМІЧНОЇ КИШКОВОЇ НЕПРОХІДНОСТІ У ХВОРИХ НА ГОСТРИЙ ДЕСТРУКТИВНИЙ ПАНКРЕАТИТ**

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Нами обстежено 50 хворих на гострий деструктивний панкреатит у віці від 18 до 76 років. Працездатного віку було 76% хворих, похилого та старечого віку – 24%. При поступленні в клініку і підтвердженні діагнозу, всім хворим проводилась детоксикація організму з введенням ентеросгелю 3-4 рази за добу та детоксикаційних розчинів.

Зміни системи регуляції агрегатного стану крові при застосуванні ентеросорбції „Ентеросгелем” у загальноприйнятому лікуванні динамічної кишкової непрохідності мали два типи, які характеризувалися хронометричною гіпо- або гіперкоагуляцією. У зв'язку з цим хворі були розділені на дві підгрупи – А та Б. Підгрупа А (гіперкоагуляційний стан)