МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»



МАТЕРІАЛИ

105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ присвяченої 80-річчю БДМУ 05, 07, 12 лютого 2024 року

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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

Загальна редакція: професор Геруш І.В., професорка Грицюк М.І., професор Безрук В.В.

Наукові рецензенти: професор Братенко М.К. професор Булик Р.Є. професор Гринчук Ф.В. професор Давиденко І.С. професор Дейнека С.Є. професорка Денисенко О.І. професор Заморський I.I. професорка Колоскова О.К. професор Коновчук В.М. професор Пенішкевич Я.І. професорка Хухліна О.С. професор Слободян О.М. професорка Ткачук С.С. професорка Тодоріко Л.Д. професор Юзько О.М. професорка Годованець О.І.

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Khaschuk V.S.

ADHESIVE BOWEL OBSTRUCTION OR PERFORATION AS A RESULT OF MAGNETS INGESTION IN CHILDREN: DIAGNOSTIC, MANAGEMENT, SURGICAL TREATMENT

Department of Paediatric Surgery, Otolaryngology and Ophthalmology Bukovynian State Medical University

Introduction. The ingestion of multiple magnets is harmful in children because it can cause intestinal obstruction and/or perforation. Multiple magnet ingestions, subsequent potential complications and the importance of early detection and appropriate treatment remain both underrecognized and underappreciated. The increasing number of complications worldwide reported as a result of magnet ingestion indicates not only an acute lack of awareness of the condition among medical professionals, but also among parents and caregivers, who in most cases will be the first to hear of magnet ingestion. Prevention of this condition remains a much better option than cure. Proper education and improved awareness among parents, caregivers and frontline medical staff is key in addressing this rapidly emerging issue. The goal of managing such cases of suspected magnet ingestion should be aimed at reducing delays between ingestion time, diagnosis time and intervention time.

The aim of the study. In clinical investigation we provided assessment of 9 children who presented to Chernivtsi City Clinical Hospital between January 2014 and August 2023 with a history of multiple magnet ingestion. Clinical picture, major symptoms, management and outcomes were analyzed.

Material and methods. In total, 9 children with foreign bodies of the gastrointestinal tract were treated in a surgical hospital under 24-hour supervision, whose parents complained about the deterioration of the children's well-being, lack of appetite, decreased activity, rare stools with impurities of blood and mucus (2 children).

Results. In 4 children, the magnets came out on their own, in 2 they were removed endoscopically, in 3 children they were operated on urgently (after 7, 12, 18 days from the time of ingestion). The operated children underwent laparotomy removal of magnets with adhesiolysis and suturing of the perforated holes of the small intestine, colon and stomach. There were no complications in all cases. The most dangerous pathognomonic complaint in children is the ingestion of numerous magnets over a long period of 2-3 hours or more.

Conclusions. On the basis of clinical data and the presence of complications after swallowing magnets by children, it is necessary to carry out more thorough prevention and conversations among the population with the publication of articles, public speeches on television and in social networks. Early treatment and detection of foreign bodies of the gastrointestinal tract in children contributes to faster treatment and early surgical intervention aims to avoid the development of possible complications.

Kozariichuk N.Ya.

DIGITAL TECHNOLOGY IN THE SCREENING OF DIABETIC RETINOPATHY

Department of Paediatric Surgery, Otolaryngology and Ophthalmology Bukovinian State Medical University

Introduction. Diabetic retinopathy (DR) is a microvascular complication of diabetes mellitus and a major cause of visual loss in adults of the working-age group. The International Diabetes Federation estimated the global population with diabetes mellitus (DM) to be 463 million in 2019 and 700 million in 2045. Risk factors for development of DR include duration of diabetes and poor glycemic control. Typical fundus features of diabetic retinopathy include microaneurysms, hard exudates, macular edema and new vessels. The management options include strict control of the systemic conditions, intravitreal pharmacotherapy and laser photocoagulation. With early diagnosis and prompt management good final visual acuity may be achieved in most patients with diabetic retinopathy.