

МІНІСТЕРСТВО ОСВІТИ ТА НАУКИ УКРАЇНИ
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for transfusions for the patients who were operated on was $10.8 + 2.8$ units, as compared with only $2.8 + 0.9$ units in the medically treated group of patients. Comparison of the clinical data of the 40 cases of Mallory-Weiss syndrome by decade 1960-69 versus 1970-78 showed that eight of 19 patients (42%) were operated on before 1970 and five of 21 patients (19%) were operated on after 1970. The overall mortality rate in this series was 23,1% (three of 13 patients).

Conclusion. MWS in Ghana more common in men, which is associated with the abuse of alcohol. Surgical treatment patients with MWS is accompanied by high lethality.

EFFICIENCY OF SURGICAL TREATMENT IN PATIENTS WITH CANCER OF STOMACH, COMPLICATED WITH BLEEDING IN NIGERIA

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Gastric cancer (GC) is the second leading cause of cancer death in the world. GC more frequently accompanied by bleeding signaling an advanced development from the mucosa to different layers of stomach. Bleeding may result from ulcerated mucosa, local vessel damage in 60%–70% of patients with advanced cancer. Hemorrhage may occur as an acute catastrophic event, episodic major bleeds, or ongoing low-volume oozing.

Aim: to study frequency of GC, complicated with bleeding, and results of surgical treatment in Nigeria.

Materials and methods: we did an epidemiological research in the Nigerian communities from Jan 2016–dec 2016 UNTH Lagos, Federal ministry of Health.

Results: an estimate 3027 GC cases were recorded, with greater population wide spread in the southern part of Nigeria. The male to female ratio was 2.9:1. The median age of patients was 52 years. Majority of the patients 3011(92.1%) presented with advanced GC (Stages III and IV). Lymph node and distant metastasis at the time of diagnosis was recorded in 965(31.9%) and 887(29.3%) of cases, resp. The antrum was the most frequent anatomical site (56.5%) involved, gastric adenocarcinoma (95.1%) was the most common histopathological type. In 124(4,1%) patients GC complicated with bleeding. patients underwent surgical procedures for GC of which gastro-jejunostomy was the most frequent performed surgical procedure, accounting for 53.8% of cases. The use of radical treatment 37(30%), palliative treatment 32(26%), operation of Louis 29(24%), symptomatic treatment 24(20%) resp. Postoperative mortality rates were 14(12.1%). At the end of 12 months, only 47(46.3%) patients were available for follow-up, with 1 year mortality rate 43(43%) with prognosis still bad. Evidence of cancer recurrence was reported in 19(19.4%) patients.

Conclusion: in Nigeria shows relatively high amount of surgery during late advanced stage. Early diagnosis relatively absent due to individuals not presenting themselves to checks, poor accessibility to health care facilities and lack of screening programs in this region may contribute to advanced disease at the time of diagnosis. There is a need for early detection, adequate treatment and proper follow-up to improve treatment outcome.

ANESTHESIA IN ENDOVASCULAR ABDOMINAL AORTIC ANEURYSM (AAA) REPAIR

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Introduction: endovascular AAA repair can be done using different anesthetic techniques, such as general anesthesia, regional block, and local anesthesia associated with sedation. For successful anesthetic management, it is important to select the best approach with an understanding of the patient's health status.

Materials and methods: narrative review of literature that describes methods of anesthesia in endovascular AAA repair.

Results: several spinal block techniques have been used in endovascular surgeries. Prevention of the surgical response to stress, associated with tracheal intubation, reduction of the inflammatory response, absence of mechanical ventilation in patients with pulmonary and cardiac diseases are among its main advantages. The use of epidural and subarachnoid blocks with and without catheter placement, besides epidural block combined with subarachnoid block have been reported. The use of continuous epidural or subarachnoid blockade seems to be the technique of choice in most centers. When deciding to use spinal blocks one should be aware of the time interval necessary between the blockade and heparinization to reduce the changes of epidural hematomas, whose incidence is increased when the blockade is done within less than 2 hours from heparinization.

Conclusion: there is no golden standard in methods of anesthesia in endovascular AAA repair. Regardless of the anesthetic technique chosen, this decision should be based on the duration of the procedure and experience of the surgical team, it should be previously discussed with the surgeon, and one should be prepared for the possibility of immediate reversal for the opened procedure.

BENIGNE SPLENOSIS MIMICKING MALIGNANT LIVER TUMOR

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Splenosis is a condition in which ectopic spleen tissue may be found in the peritoneal cavity or in other unusual locations due to heterotopic implantation of splenic tissue after spleen trauma or splenectomy (SE), which have the physical function similar to normal spleen and can maintain normal immunological function. It is a benign condition that is often misdiagnosed as a malignant tumor, and then the patients underwent unnecessary operations.

Aim: Recall the possibility of post-splenectomy splenosis to simulate a malignant tumor to avoiding unnecessary laparotomy.

Materials and methods: We report a case of a 59-year-old patient with liver splenosis, misdiagnosed as liver malignant tumor.

Results: A 59-year-old patient was admitted because abdominal mass was found by ultrasound. Contrast CT scan shows two masses at the surface of liver mimicking tumors of left lateral lobe. After proper preoperative preparation the patient underwent exploratory laparotomy. During the operation 2 red soft masses, with the size of 5cm×5cm; 3cm×3cm; respectively, were found between liver and diaphragm. Smaller of the masses was sent to rapid pathological diagnosis. Second mass was not resected since lastly the pathological diagnosis was spleen tissue. The patient was discharged at 8th postoperative day without complications. This experience gives us some alert that if abdominal mass was found in patients who underwent SE, we should consider the existence of splenosis. In this way some unnecessary operations could be avoided, and save medical expense for patients. The more important thing is that small spleen was preserved for patients, this can reduce the risk of infection and maintain normal immunological function of patients.

Conclusion: in patients who ever underwent SE, and were found mass in abdomen, we must consider the existence of splenosis, and take some measures, to diagnose it correctly to prevent unnecessary operations. Because this splenic tissue have some beneficial immune function for the patient, the management of splenosis should be conservative