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[1].

W.T. Kassahus

[2].

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[3].

[4, 5]

[6].

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[7, 8].

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[9]. M. Stamatacos et al. [10]

[3].

( [11]. )

30-60 / .mesenterica superior  
( ) [3],  
[10, 12].

I.G. Schoots et al. [14] 1966 2003 [2, 13]. 48  
43 (90%) 30 (62%) –

(t-PA) 25 [15]. .mesenterica superior 25  
2 2 3 [15].

[12, 15].  
5–10 [16] « »  
[11]. M. Ujiki et al. [17], 12

[19]. 7 9 S. Acosta et al. [20],

G. W. Seder et al. [21],

.mesenterica superior [20] [22, 23].  
M.L. Schermergorn et al. [24] 1857

.mesenterica superior 1988 – 2006 G. Demirpolar et al. [25],

[1].

[4, 26, 27],

[128].

, 2'2010

65

[28].

[29].

[17],

P. Koungias et al. [4]

(31%

(46%).

H. Bingol et al. [16]

(t-PA)

5 - 10

6

, 33%

6 12

12

[3, 10, 29, 30],  
"second-look"

1-2 [17].

M. Wadman et al. [31],

100%, 12

24

56%,

24 - 18%.

A.T. Blikslager et al. [32],

6

[33],

5%

2

15

1

[34]

10%

NaCl

4

.mesenterica superior.

O.H. Higa [35],

2

[36],

NO,

M.A. Acosta-Merida et al. [37]

22

11 (50%).

[30].

[5]

150 0,25%

, 10000

50

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1%

5

, 100

[3, 12, 38]. [25]

« », ( , , )

) [3, 27, 30, 39].

49 (80%) [27]. , [40], 61

( , )

[41].

[42].

[43]

[29, 30].

[30].

31–51% [4, 44], – 88% [45].

( 1,5 ) 87,7%

superior, 43,5% – .mesenterica superior, 83,3% – .mesenterica

25% – v.mesenterica superior [46].

: )

; )

20–29,5% [37, 40]. 19

– 6 (30%) 20, – 5 (24%) 21 [2].

14 (73%),

[10],

[47].

[48]

94

18 ,

18- ) 7 3 –

( ) .

[28, 49, 50]

1–2

1) . . . . [49] :

; 2) ;

3) ( ;

; 4)

“ ”

1

[43]. [45] 22 (37%)

59 . H.-P. Hsu et al. [51] - 39 (68%).

57 (75%) 77 , -

18 (32%) .

: - 3 (30%) - 7

(70%) [52].

“second-look” [2] 21 (60%)

35 . 6

“second-look” - 12-24

[2], 18-36 [39], 24-48 [10, 52, 53].

“second-look” 12%

- 16% [45].

“second-look” [44] 48%

“third-look” 4 - 6

[54].

“second-look” H. Yanar [55],

“second-look”

[47]. [15] “second-look”

“second-look”

[55] 72 11

, 2 - 1 -

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72

O. Kaminsky et al. [56].

41

“second-look”

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9 ,

12 ,

17 6 ( - 35%). 15

12-24 9

7 ( - 78%). 6

, 5 ( - 83%).

“second-look”

[57],

3-6 ) -

5

( 2 )

"second-look" [58].

[7].

60

20%

[59].

( )

[53].

18%

[60].

J.-H. Jon et al. [61],

(

10000

( )

2,5-3

[62].

[63]

[60]

[30]

- 7,5 - 25%

[62, 64].

F.-Y. Liu et al. [65]

46

[60, 61].

( 26 )

(6 ).

45

46,

1,5-2,5

2 - 2,5

38],

mesenterica superior

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0,01-0,03

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1

60 / [18, [12, 31, 66] a.

[12, 13, 31].

24

[66],

- 5 [31].

[43].

[67]

26%; 6 Hg - a. mesenterica superior 19%, 3 Hg v. ortae - 30% 50%.

24-48 [3]. 10

20%  $Mg^{+2}$  [68]. 60 / , 20

[69], H2

7-10 [70]. - 6 [10], -

: 6 [13, 18] [62].

« » [71].

3-8 / / [3].

P.J. Schenarts et al. [72],

[10]

A. Sitges-Serra et al. [73], : (46±10) /

(57±8) / , ( >0,05). [27]

- , 7-

[73]. 24 , 34

[74].

[59].

- 16% , [51] ( 14%

[2], - 55%, - 13%.

35%. [30].

70 – 74,6% [5, 28, 75] 81–86% [76, 77],  
50–57,1% [45, 55, 78].

I.G. Schoots et al. [79]  
1966 2002

3692 45  
(54,1 32,1%)  
(77,4 72,7%)  
20% [63].

84 70%, 84 – 93% [80]. 71

33,3, 62 96,6% [30].  
M.L. Schermergorn et al. [24] 1857

a. mesenterica superior 1988–2006  
28% 16%.

( 28 )

42% 22%. ( 118 )  
75% [81].  
( 1,5 ) 83% [52].

2 [82].  
J. Klempauer et al. [83] 90  
1972–1993 31 19,  
– 5, – 2.  
– 21, – 6,  
– (111±24) ( 13 420 ).  
4. , 2- 5-

70% 50%. : – 4,  
– 2, – 2, – 3,  
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a. mesenterica superior.  
( 5),  
– ( 2).  
4 (20%), (170±81)

(110±33)

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[71],  
70 ( 1 / ) S. Pollard et al. [84],  
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- 30 .

[85].

[85].

[69]

( 50% )

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D.J. Char et al. [86]

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- 150 \$ 1 [70].

31%  
20-30 /

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1200 .

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[88].

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185 [89].

[89]

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– 40 53% [70, 89].

10%,

“second-look”

## SUMMARY

### TREATMENT OF PATIENTS WITH ACUTE DISORDERS OF MESENTERICAL CIRCULATION (REVIEW ARTICLE)

*. . Danilenko*

*Medical Institute of Sumy State University, Sumy*

*The results of methods of modern treatment of acute disorders of mesenteric circulations, immediate and long-term result of treatment and direction of correction of short bowel syndrome were analysed. The time of realization and indication to “second-look” laparotomy were investigated. The timely use of diagnostic and therapeutic methods for blood flow rapid restore is the key to reducing the high mortality rate associated with acute disorders of mesenteric circulations.*

**Key words:** acute disorders of mesenteric circulation, treatment.

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