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DETERMINING OF PATTERNS OF DISTRIBUTION AND CONCENTRATION OF WHITE PULP IN VARIOUS PARTS OF THE HUMAN SPLEEN USING SCANNING ELECTRON MICROSCOPY

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For the immune function of the spleen is responsible white pulp, which is only 15 - 20% of the mass of the organ. Distribution of white pulp in the spleen is uneven. We can assume that transplantation of splenic tissue, which contains more white pulp, will facilitate faster and more efficient recovery of immune function.

Objective: To study the dependence of efficiency of immune function's recovery of autolientransplant from its morphological structure.

Materials and methods: It was conducted histological studies of different parts of splenic tissue to determine the biggest concentration of elements of white pulp in these areas. It was used coloring of micropreparations by Giemsa stain and photographed by scanning electron microscope. It was studied concentration of malpighian tubule system and clusters of lymphoid tissue along splenic arteries in subcapsular area, area near the gate of the spleen and in areas that are located between this areas. Research was conducted on the mortem spleen without special preparation after its laundering with hypertonic salt solution for complete removal of red blood cells.

Results: It was found that the lowest concentration of white pulp is determined - in spleen tissue, which is located in the area of the gate, the largest - in areas which are located 6-8 mm from the capsule.Given the obtained results it was used for autotransplantation fragments of spleen from subcapsular area with the highest content of white pulp, elongated shapes, sizes 5 - 12 mm.

After the conducted autotransplantation spleen fragments, taken from the subcapsular zone, restoration of immune function occurred in 18-21 days.

Conclusion: To improve the efficiency of autolientransplantation it's appropriate to use fragments of the spleen, where the largest concentration of white pulp.

MALLORY-WEISS SYNDROME IN GHANA

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Mallory-Weiss syndrome (MWS) is gastro-esophageal laceration, which complicated bleeding. The most common cause of MWS is severe or prolonged vomiting. While this type of vomiting occurs with illness, pregnancy, it also frequently occurs due to chronic alcohol abuse. **Aim:** to study frequency and results of surgical treatment of MVS in Ghana.

Materials and methods: All cases of Mallory-Weiss syndrome diagnosed from January 1960, through December 1978, were reviewed. Ordinary parametric techniques were used to analyze continuous data. When indicated, nonparametric methods for unpaired measurements (Mann-Whitney test) were used.

Results: Nineteen patients (48%) were admitted to the hospital between 1960 and 1969, and 21 patients (52%) were admitted from 1970. They represented 2.25% of 1780 patients admitted to the hospital for diagnosis and treatment of upper gastrointestinal bleeding. Thirty-two of the 40 patients (80%) were men. The average age of the female patients was 21 years older than the average age of male patients. The major identifiable inciting factors were chronic excessive intake of alcohol and ingestion of acetylsalicylic acid. Moderate or heavy ingestion of alcohol during the last hours immediately preceding hemorrhage was admitted to by 15 patients (38%). Twenty-five patients (62%) required transfusions. Of the 40 patients with Mallory-Weiss syndrome, 13 patients (32%) required operations. The operations generally consisted of oversewing the lacerations with a running suture of 2-0 chromic catgut through an anterior gastrostomy. The average volume of blood required

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 BLEEDEING 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.