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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 MWS 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