
SURGICAL TREATMENT OF ACUTE CHOLECYSTITIS IN THE ELDERLY AND SENILE, DEPENDING ON THE DURATION OF SURGICAL INTERVENTION

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To evaluate the results of surgical treatment of elderly and senile patients in emergency abdominal surgery with acute cholecystitis on the background of cholelithiasis, depending on the duration of surgical intervention.

The basis of our work is the analysis of the results of surgical treatment of elderly and senile patients with acute cholecystitis on the background of cholelithiasis, who were hospitalized in the City Hospital of emergency medical care in 2019. The study included 89 patients aged 60 to 89 years, with an average age of 69.66 ± 7.30 .

All patients were operated on urgently, the average duration of the preoperative period is 20.00 (7.00; 27.00) hours. Laparoscopic cholecystectomy with abdominal drainage was performed in 70 patients (78.7 %), laparotomy, cholecystectomy with abdominal drainage – 14 (15.7 %). Laparotomy, cholecystectomy with choledochal drainage was performed in 5 patients (5.6 %). In 3 patients (4.3%) with laparoscopic cholecystectomy, conversion was necessary for bleeding from the gallbladder bed.

The average duration of surgery was 60.00 (50.00; 80.00) minutes, and artificial ventilation was 80.00 (70.00; 12000) minutes. A 16.9% of patients were transferred to the intensive care unit for prolonged artificial ventilation. The average duration of inpatient treatment of patients was 10.00 (8.00;13.00) days. There were no deaths.

To analyze the effectiveness of patient treatment depending on the duration of surgery, all patients were divided into 2 groups: Group A – patients operated on up to 24 hours from the moment of hospitalization – 54 patients (60.7%), average age 70.41 ± 7.23 years, and Group B – operated on after 25 hours or more – 35 patients (39.3%), average age 68.61 ± 7.45 years.

Analyzing the results of the data obtained, it is possible to conclude that the condition of patients in both groups at hospitalization is equivalent – $U = 902.00$; $P = 0.7211$, which allows for further comparative analysis. As a result of preoperative preparation of elderly and senile patients for > 24 hours, we obtained a significant improvement in the overall condition in Group B compared to Group a, $U = 749.50$; $P = 0.0286$ an hour before surgery. Such results indicate the effectiveness of long-term preoperative preparation of elderly and senile patients with acute cholecystitis on the

background of cholelithiasis, which affects not only the intraoperative state, but also the postoperative treatment of patients of this age category. The analysis revealed an increase in the frequency of postoperative complications in the group that underwent preoperative preparation < 24 hours. In Group A, the incidence of postoperative complications was recorded in 12 (22.2 %) patients, in Group B – 5 (14.3%), $U = 776.00$; $P = 0.0479$.

The average duration of inpatient treatment is equal in both groups, $U = 919.00$; $P = 0.3984$.

Delaying the duration of surgical intervention in elderly and senile patients with acute cholecystitis on the background of GI allows you to stabilize the condition, improve the results of postoperative treatment and reduce the frequency of postoperative complications.

Relief of pain syndrome, stabilization of the cardiovascular and respiratory systems, as well as prevention of thrombotic complications, allow us to expand the indications for applying pneumoperitoneum and performing laparoscopic surgery.

Elderly and senile patients require a more detailed and individual approach to the perioperative period, which determines the need to develop an algorithm for treating these patients.

СТАН МІКРОЦИРКУЛЯТОРНОГО РУСЛА ТКАНИН ПАРОДОНТА У ПАЦІЄНТІВ З ОДОНТОГЕННИМИ КІСТАМИ ЩЕЛЕП

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Система мікроциркуляції є основною ланкою, що забезпечує метаболічний гомеостаз в органах і тканинах, а обмінні порушення в організмі, в свою чергу, впливають на структурно-функціональні характеристики судин мікроциркуляторного русла, в тому числі в тканинах пародонта. Актуальність дослідження мікроциркуляції визначається тим, що за характером її порушень можна встановити початкову стадію патологічних змін в органах і тканинах, а також вибрати тактику хірургічного лікування. Лазерна доплерівська флоуметрія (ЛДФ) один з найбільш інформативних, чутливих, відтворюваних методів, що дозволяють оцінити стан мікроциркуляції в тканинах пародонта. *Мета дослідження* – визначення локального стану мікроциркуляції в тканинах пародонта методом ЛДФ у пацієнтів з одонтогенними кістами щелеп. *Об'єкт і методи дослідження.* Для оцінки стану мікроциркуляції методом ЛДФ обстежені 60 пацієнтів з одонтогенними кістами щелеп, в тому числі 26 чоловіків і 34 жінки. Середній вік пацієнтів