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RESULTS OF TREATMENT FOR A PERFORMED ULCER OF THE STOMACH AND DUODENAL IN EKATERINBURG IN 2019 AND SOME FACTORS THAT INFLUENCED THEM

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annotation

SUMMARY: The results of treatment of 204 patients admitted to medical organizations in Yekaterinburg with perforated ulcers of the stomach (43) and duodenum (161) in 2019 are presented. 36 (17.6%) died, 8 with gastric ulcers, 28 duodenal ulcers. In total, 201 (98.5%) of 204 patients were operated on, 34 (16.9%) died, 8 with perforated gastric ulcers, 26 with duodenal ulcers. When analyzing the factors that influenced hospital mortality of patients, it was revealed that its increase was more significantly influenced by late admission than the age of patients over 70 years. In 93.5% of patients, suturing/tamponade of perforated ulcers of the stomach and duodenum was performed, which determined postoperative mortality in the group. When analyzing the dynamics of postoperative mortality of patients for 1996–2019. noted its strong direct connection with an increase in the proportion of suturing/tamponade of perforated ulcers of the stomach and duodenum.

KEYWORDS:perforated ulcer of the stomach and duodenum, surgical treatment, results.

HOW TO QUOTE: Kozlov V.A., Levchik E.Yu., Stolin A.V. Results of treatment of perforated gastric and duodenal ulcers in Yekaterinburg in 2019 and some factors that influenced them // Journal of Emergency Surgery named after. I.I. Dzhanelidze. 2023. No. 2 (11). pp. 5–9

WAYS TO REDUCE THE FREQUENCY OF PURULENT-SEPTIC COMPLICATIONS OF BURN DISEASE

Authors

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SUMMARY:A retrospective analysis of the results of treatment of severely burned patients with extensive and deep burns was carried out, who underwent early surgical interventions using temporary wound coverings and traditional treatment in the postoperative period, salicylic acid ointment with chemical necrectomy. When using active surgical tactics, closing postoperative wound defects with temporary wound coverings, there is a tendency to reduce the frequency of purulent-septic complications of burn disease, the time required to prepare deep burns for autodermoplasty and the complete restoration of the integrity of the skin is reduced.

KEYWORDS:burns, temporary wound coverings, surgical treatment, necrectomy, autodermoplasty.

HOW TO QUOTE: Tulyaganov D.B., Fayazov A.D., Kamilov U.R., Ruzimuratov D.A. Ways to reduce the frequency of purulent-septic complications of burn disease // Journal of Emergency Surgery named after. I.I. Dzhanelidze. 2023. No. 2 (11). pp. 10–15

OPTIMIZATION OF TREATMENT OF SEVERE COMBINED TRAUMA

Authors

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SUMMARY: The article describes a developed, tested and patented method for treating polytrauma by intramuscular injection of 75 mg of sodium deoxyribonucleate (Derinat) from days 1 to 10. It has been established that this contributes to an earlier restoration of the level of total protein and hemoglobin in the blood, activation of the entry into the blood of stem cells and neutrophil granulocytes armed with antimicrobial peptides. The method made it possible to reduce the number of complications by 1.8 times and the duration of treatment for victims by 6.8 days.

KEYWORDS:combined trauma, polytrauma, traumatic shock, anemia, hypoproteinemia, immunodeficiency, erythropoiesis, sodium deoxyribonucleate, immunomodulators.

HOW TO QUOTE: Nikitin A.V., Manukovsky V.A., Tulupov A.N., Pivovarova L.P., Gromov M.I., Demko A.E., Gavrishchuk Ya.V., Yesenokov A.A. Optimization of treatment of severe combined trauma // Journal of Emergency Surgery named after. I.I. Dzhanelidze. 2023. No. 2 (11). pp. 16–23

DIFFICULTIES IN DIAGNOSIS OF NECROTIZING SOFT TISSUE INFECTIONS IN A MULTIDISCIPLINARY HOSPITAL

Authors

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SUMMARY: Necrotizing soft tissue infection is a nonspecific infection of bacterial etiology that can affect all layers of soft tissue. It manifests itself as rapidly progressive necrosis, characterized by severe intoxication and high mortality. Early diagnosis of NSTI is difficult, since the initial skin changes are indistinguishable from those of simple superficial infections, and may also be similar to a number of pathologies of non-infectious origin. Delayed diagnosis leads to increased mortality in patients with this pathology.

KEYWORDS:necrotizing soft tissue infection, timely diagnosis, high mortality.

HOW TO QUOTE: Sklizkov D.S., Shlyapnikov S.A., Batyrshin I.M., Nasser N.R., Ostroumova Yu.S., Fomin D.V. Shumeiko A.A. Difficulties in diagnosing necrotizing soft tissue infections in a multidisciplinary hospital // Journal of Emergency Surgery named after. I.I. Dzhanelidze. 2023. No. 2 (11). pp. 24–30

A NEW METHOD FOR DETERMINING THE VOLUME OF OPERATIVE BLOOD LOSS IN PATIENTS WITH DEEP BURNS

Authors

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Rationale: Most manuals on combustiology indicate that when excision of a burn eschar over an area of 1 cm2 with simultaneous skin grafting, the blood loss, taking into account donor wounds, is about 1 ml. This amount of estimated blood loss plays a significant role in planning surgical treatment of burned patients. To date, given the volume of blood lost, calculated using existing methods for determining intraoperative blood loss, it is not recommended to excise necrotic tissue over an area of more than 15% of the body area.

Purpose of the study:development of a new method for determining intraoperative blood loss during surgical treatment of burn victims.

Material and methods: During the study, we developed and proposed our own, original method for determining the volume of intraoperative blood loss, based on taking into account hemoglobin and hematocrit indicators, as well as a differentiated calculation of the volume of circulating blood. This technique was tested on 109 victims with deep burns of II–III degree. (ICD-10), admitted to the department of thermal injuries in the period from January 2022 to December 2022. The data obtained were processed using Microsoft Office Excel 2007, as well as generally accepted methods of nonparametric statistics. Results. Having obtained the results using the new formula, we determined that 1 cm2 of excised tissue accounts for 0.52 ml of blood loss, which is 2 times less than predicted by traditional methods.

Conclusion: Based on the data obtained, the expected intraoperative blood loss may not be 1 ml/1cm2, as currently prescribed in clinical recommendations, but 0.5 ml/1cm2 of excised tissue. The data obtained allow us to think about the possible expansion of burn eschar removal before the development of infectious complications.

KEYWORDS:burns, burn disease, bleeding, volume of blood loss, necrectomy, calculation of blood loss.

HOW TO QUOTE: Zinoviev E.V., Vagner D.O., Chukharev A.E. A new method for determining the volume of surgical blood loss in victims with deep burns // Journal of Emergency Surgery named after. I.I. Dzhanelidze. 2023. No. 2 (11). pp. 31–35

PAIN RELIEF FOR SHOKOGENIC TRAUMA AND ACUTE BLOOD LOSS

Authors

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SUMMARY: In addition to the main pathological processes (acute blood loss, dysfunction of damaged organs, fat embolism and traumatic toxicosis), which determine the functional response of the body to mechanical damage, pain syndrome is considered as a factor that mobilizes and depletes adaptation reactions, which are realized through the hypothalamic-pituitary-adrenal and sympathoadrenal systems. An effective component of anti-shock measures is surgery, which in most cases is performed under anesthesia for emergency indications in the acute period of a traumatic illness in conditions of circulatory and hemic hypoxia. Adequate pain relief, along with artificial ventilation and thoughtful infusion and drug provision, is an essential part of the pathogenetic therapy of traumatic shock and its consequences. Over a fairly long period of studying traumatic shock and treating victims with mechanical injuries at the State Budgetary Institution of St. Petersburg Research Institute of Emergency Medicine named after. I.I. Dzhanelidze managed to significantly reduce hospital mortality, including through optimizing the approach to providing anti-shock care, a component of which is resuscitation and anesthesia.

KEYWORDS:hospital stage, shockogenic injury, traumatic disease, anesthesia.

HOW TO QUOTE: Lapshin V.N., Kotlyarsky A.F., Afonchikov V.S., Tinchurin V.Yu., Sokolova T.V., Rymalis N.A., Sukhotina N.A., Bezhaoui H., Strakhov I.V. ., Petrov I.Yu., Razumova N.K. Anesthesia for shockogenic trauma and acute blood loss // Journal "Emergency Surgery" named after. I.I. Dzhanelidze. 2023. No. 2 (11). pp. 36–42

COMPARATIVE ANALYSIS OF THE IMMEDIATE AND LONG-TERM RESULTS OF SURGICAL AND DRUG METHODS FOR SECONDARY PREVENTION OF ISCHEMIC STROKE IN SYMPTOMIC OCCLUSION OF THE INTERNAL CAROTID ARTERY

Authors

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Purpose of the study:comparison of immediate and long-term results of surgical and medical methods of secondary prevention of ischemic stroke in symptomatic ICA occlusion.

Materials and methods:A retrospective analysis of the results of treatment of patients with acute stroke who were treated at the Research Institute of Emergency Medicine named after. I.I. Janelidze since 2011. Patients were divided into two groups: surgical treatment (n = 56) and conservative therapy (n = 96). The criteria for surgical intervention were: occlusion of one ICA with a proven significant decrease in cerebral perfusion based on CT perfusion data; initial functional status according to mRs 1–2 points and the presence of a superficial temporal artery of suitable diameter (more than 1 mm) on the side of the intended anastomosis.

Results: Both groups were comparable to each other in terms of patient age, initial neurological deficit and the nature of concomitant pathology. The performed surgical intervention made it possible to prevent recurrent ischemic manifestations in the most critical 30 days after the primary event and reduce the likelihood of stroke after 12 months in comparison with the group of patients receiving drug therapy.

Conclusions: The effectiveness of surgical prevention of recurrent ischemic stroke by forming a vascular microanastomosis between the branch of the superficial temporal artery and the branch of the middle cerebral artery (MCA) in patients with symptomatic occlusion of the internal carotid artery in the first 3 weeks after the onset of acute cerebrovascular accident (ACVA) has been demonstrated, with strict adherence to the selection criteria .

KEYWORDS:EICMA, ICA occlusion, ischemic stroke.

HOW TO QUOTE: Rezbaev M.R., Manukovsky V.A., Pafenov V.E., Belyasnik A.S., Kostennikov A.N., Tyulikov K.N., Babichev K.N. Comparative analysis of the immediate and long-term results of surgical and medical methods of secondary prevention of ischemic stroke in symptomatic occlusion of the internal carotid artery // Journal of Emergency Surgery named after. I.I. Dzhanelidze. 2023. No. 2 (11). pp. 43–48

RESULT OF SURGICAL TREATMENT OF A PATIENT WITH A COMPLANT INTRA-ARTICULAR TIBIAL PLATEAU FRACTURE

Authors

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SUMMARY: Treatment of high-energy tibial plateau fractures is one of the most challenging tasks in modern traumatology. When osteosynthesising such fractures, it is often quite difficult to perform anatomical reduction and stable fixation of articular fragments. The desire to achieve them leads to excessive trauma to soft tissues and serious complications. Purpose of the study: to show the method of preoperative planning and performance of osteosynthesis surgery for a complete intra-articular comminuted fracture of the tibial plateau. A clinical example of the treatment of a patient with a comminuted fracture of the right tibial plateau 41C3.3 according to the AO classification is presented. The final osteosynthesis is performed through two surgical approaches: reverse L-shaped posteromedial and anterolateral, slightly extended posteriorly. Restoration of the anatomy of the articular surface has been achieved. 2 years after the injury, the functional result was considered good and amounted to 94 points on the Lysholm scale and 95 points on the KSS scale. Control radiographs did not reveal secondary displacement of fragments, loss of reduction or migration of implants.

Conclusion: High-quality surgical treatment of complex tibial plateau fractures is impossible without careful preoperative planning, good knowledge of the surgical anatomy of the damaged area and surgical approaches.

KEYWORDS:tibial fracture, plateau fracture, comminuted fracture, bone osteosynthesis, surgical approaches.

HOW TO QUOTE: Mayorov B.A., Belenkiy I.G., Sergeev G.D. The result of surgical treatment of a patient with a comminuted intra-articular fracture of the tibial plateau // Journal of Emergency Surgery named after. I.I. Dzhanelidze. 2023. No. 2 (11). pp. 49–55

EXTRAANATOMIC SURGICAL TREATMENT OF INFECTION OF BIFURCATION AORTIC VASCULAR PROSthesis USING CAPID ARTERIES

Authors

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SUMMARY: Approaches to the treatment of infection of vascular prostheses and modern types of surgical operations are described, depending on the degree of infection. Options for using allografts to replace an infected artificial prosthesis are considered.

KEY WORDS: artificial prosthesis, synthetic prosthesis infection, allograft, cadaveric aorta.

HOW TO QUOTE: Khomchuk I.A., Kurilov A.B., Platonov S.A., Ordynets S.V., Reznik O.N., Fomin K.N., Tomchenko A.I., Shakhnazaryan R.L., Daineko V. WITH. Extra-anatomical surgical treatment of infection of the bifurcation aortic vascular prosthesis using cadaveric arteries // Journal of Emergency Surgery named after. I.I. Dzhanelidze. 2023. No. 2 (11). pp. 56–61

NON-ANEURYSMATIC RUPTURE OF THE ABDOMINAL AORTA IN PATIENTS WITH PENETRATING ULCERS

Authors

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SUMMARY: Nonaneurysmal aortic rupture is a violation of the integrity of the vessel wall that does not have signs of aneurysmal dilatation, and in most cases is associated with the progression of a penetrating aortic ulcer. Reports regarding the diagnosis and treatment of this disease in patients with abdominal aortic lesions are few. Timely identification of signs of destructive damage to the aortic wall based on the results of the use of radiological diagnostic methods and the correct interpretation of these results are a key aspect that determines effective treatment tactics. The purpose of the work is to demonstrate the effectiveness of radiological diagnostic methods in identifying non-aneurysmal aortic ruptures in patients with penetrating ulcers. Two clinical observations of patients with different clinical and radiation manifestations of this pathology are presented, radiological and ultrasound signs of the disease and treatment tactics are considered. According to the authors, radiation diagnostic methods demonstrate high efficiency in detecting rupture of the vessel wall. However, correct interpretation of the results requires an understanding of the nature of the identified pathological process, the stages of its development and the features of the natural course of the disease.

KEYWORDS:penetrating aortic ulcer, abdominal aorta, emergency diagnosis.

HOW TO QUOTE: Andreychuk K.A., Andreychuk N.N., Savello V.E., Sokurenko G.Yu. Non-aneurysmal rupture of the abdominal aorta in patients with a penetrating ulcer // Journal of Emergency Surgery named after. I.I. Dzhanelidze. 2023. No. 2 (11). pp. 62–67

PROFESSIONAL DEFORMATIONS AND DESTRUCTION OF PERSONALITY OF MEDICAL STAFF: INEVITABILITY AND OVERCOMING

Authors

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annotation

SUMMARY: This article is devoted to an important aspect of psychological and correctional work: providing psychological assistance to employees of medical institutions with pronounced signs of professional deformations (destructions). The article covers an analysis of the nature, essence, content and specificity of professional deformations and professional destruction; Features of diagnosis and assistance to medical specialists with severe symptoms of professional destruction.

KEYWORDS:professional deformations, professional destruction, activities of medical specialists, prevention, overcoming.

HOW TO QUOTE: Regentova E.S., Konyukov A.V., Smirnova A.L. Professional deformations and personality destruction of medical personnel: inevitability and overcoming // Journal "Emergency Surgery" named after. I.I. Dzhanelidze. 2023. No. 2 (11). pp. 68–75

ANALYSIS OF FEATURES OF NURSING CARE FOR LIVER CIRRHOSIS

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Rationale: Liver cirrhosis (LC) is a diffuse process that leads to disruptions in the functioning of the human body, to a deterioration in the quality of his life and impairs his ability to work. Nursing care takes into account the individual characteristics of the manifestation of the disease, never ends, and constantly changes to suit the needs of patients as they change during the course of the disease. The nurse plans her activities based on the biopsychosocial characteristics of the patient, focusing her attention on solving existing and identifying potential problems of the patient.

Goal of the work:characterize the features of nursing care for patients with liver cirrhosis in an outpatient setting.

Materials and methods: To solve the problems posed in the work, an analysis of literary sources on the topic was carried out. Results. The main factors influencing the improvement of the quality of life of patients with cirrhosis are: cessation of alcohol consumption, diet, adherence to drug therapy, dynamic observation, the patient's self-examination skills, and knowledge about the disease. With persistent and significant health problems, patients need social support measures: disability pensions, provision of subsidized medications, assistance from a social worker, outside assistance with self-care and movement.

Conclusions:qualified nursing care is required at all stages of the diagnostic, treatment and rehabilitation process. An individual approach in the work of nursing staff can contribute to patients' adherence to treatment and prevention of the underlying and concomitant diseases.

KEYWORDS:liver cirrhosis, patient problems, nursing care, nurse.

HOW TO QUOTE: Polonskaya I.I., Batrakov D.Yu., Shevchenko E.L., Lutoshkina T.A. Analysis of the characteristics of nursing care for liver cirrhosis // Journal "Emergency Surgery" named after. I.I. Dzhanelidze. 2023. No. 2 (11). pp. 76–80