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DIAGNOSIS AND ENDOVASCULAR TREATMENT OF PATIENTS WITH ACUTE BLEEDING

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annotation

Introduction: Bleeding is a dangerous life-threatening complication of any disease. Despite the active development of open and minimally invasive techniques for stopping bleeding, the mortality rate from this pathology, unfortunately, remains at a high level. Endovascular methods for performing hemostasis for bleeding of various etiologies have been successfully used almost since the middle of the last century. Currently, interventional radiology plays an important role in the treatment of patients with traumatic and non-traumatic bleeding. This article presents the experience of using endovascular methods to stop bleeding at the Department of X-ray surgical methods of diagnosis and treatment of the St. Petersburg Research Institute of Emergency Medicine named after I.I. Dzhanelidze.

Conclusions: The analysis indicates the high effectiveness of endovascular interventions in patients with bleeding. This technique allows you to determine the source of bleeding, assess the state of hemostasis, stop hemorrhage, stabilize the patient's hemodynamics with the prospect of radical open intervention.

KEYWORDS:endvascular embolization, acute bleeding, computed tomography with intravenous bolus contrast, angiography, St. Petersburg Research Institute of Emergency Medicine named after I.I. Dzhanelidze

HOW TO QUOTE: Kiselev M.A., Platonov S.A., Polikarpov A.A., Savello V.E., Demko A.E., Kandyba D.V. Diagnosis and endovascular treatment of patients with acute bleeding. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021;4(5); 6-10.

THE NEED FOR FURTHER EXAMINATION OF PATIENTS WITH CORONARY ARTERY ATHEROSCLEROSIS FOR THE PREVENTION OF ISCHEMIC STROKE

Authors

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annotation

Introduction: When treating patients for coronary heart disease or acute coronary syndrome, additional diagnostics should be carried out to prevent the risk of acute ischemic cerebrovascular accident. This should significantly reduce the likelihood of an unfavorable outcome, increase access to treatment, reduce the number of hospital days and have a positive impact on future quality of life.

Materials and methods: This article uses medical histories from the medical database of the neurosurgical center of JSC "Central Clinical Hospital" in Almaty, treated between January 2016 and July 2021. according to the main diagnosis: stenosis of the brachiocephalic arteries against the background of atherosclerotic lesions. All data are presented and calculated using descriptive statistics using Microsoft Excel 2020, Microsoft Word 2020, Apple Pages 11.1.

KEYWORDS:coronary heart disease (CHD), arterial hypertension, acute coronary syndrome (ACS), acute cerebrovascular accident (ACVA), arteriography of cerebral arteries

HOW TO QUOTE: Berdikhodzhaev M.S., Tanbaeva G.Z., Sarshaev M.A., Suleymankulov N.A., Aueskhanova D.K. The need for additional examination of patients with atherosclerosis of the coronary arteries for the prevention of ischemic stroke. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021;4(5):11-15

EMBOLIZATION OF THE MIDDLE TECHNOLOGICAL ARTERY IN THE TREATMENT OF SMALL EPIDURAL HEMATOMA

Authors

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Goal of the work: To evaluate the effectiveness of middle meningeal artery embolization in patients with small epidural hematomas.

Materials and methods: In total, from 2014 to 2021. In 6 patients with small epidural hematomas, embolization of the middle meningeal artery was performed as an independent treatment method. At the time of surgery, all patients were clearly conscious without neurological symptoms caused by the epidural hematoma.

Results: Superselective angiography of the middle meningeal artery in all patients revealed signs of its damage in the form of the formation of traumatic pseudoaneurysms (n=6) and AV fistulas between the arteries and diploic vein (n=4), ongoing bleeding/extravasation (n=1). In all cases, embolization of the middle meningeal artery was performed with an adhesive adhesive composition. No perioperative complications were noted.

Conclusion:A control CT scan of the brain, performed on average 7 days after surgery, showed a decrease in the volume of hematomas in all cases. None of the cases required open surgery for epidural hematoma. Patient treatment outcomes were good, corresponding to 0-1 points on the mRs scale.

Conclusion: Middle meningeal artery embolization is an effective and safe treatment for small epidural hematomas.

KEYWORDS:microsurgical training, stereomicroscope, anastomosis

HOW TO QUOTE: Babichev K.N., Svistov D.V., Kandyba D.V., Savello A.V., Martynov R.S., Landik S.A. Embolization of the middle meningeal artery in the treatment of small epidural hematomas. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021;4(5):16-20

ANALYSIS OF FATAL OUTCOMES AFTER CEREBRAL THROMBOEXTRACTION: OWN EXPERIENCE

Authors

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annotation

Relevance: Acute cerebrovascular accident (ACVA) is in second place in the world among all causes of death in adults, and among people under the age of 44 it is one of the 10 leading causes of death. Intravascular methods of treating acute ischemic cerebrovascular accidents are currently the standard of care for patients with acute occlusion of large arteries of the brain. According to the results of various studies and registries, three-month mortality after ischemic stroke is 21-35%.

Purpose of the study: To conduct a retrospective analysis of in-hospital mortality in patients with acute occlusion of one or more large cerebral arteries who underwent endovascular thromboextraction between January 2019 and November 2021.

Materials and methods: During the observation period, 462 patients were admitted to St. Petersburg State Budgetary Healthcare Institution “City Hospital No. 26” with IS with occlusion of a large artery. All patients were examined by a neurologist upon admission, neurological deficit was determined according to NIHSS, and sequential computed tomography of the brain, CT angiography of the cerebral arteries, and, if necessary, CT perfusion of the brain were performed. Cerebral angiography was performed in the X-ray operating room, followed by thromboextraction. A control study (CT) of the brain was performed 24 hours after surgery.

Results: The average age of all patients was 71.04±12.77 years (32-92 years), men – 70.57±12.77 years (36-92 years), women – 71.21±12.67 years (32- 92 years old). The average time from the onset of the clinical picture of IS to the patient’s admission to the hospital was 217.45±227.98 minutes (38–963 minutes). Hemorrhagic changes during control computed tomography 24 hours after surgery were detected in 54 (43.9%) patients. In-hospital mortality was 26.7% (123 patients).

Conclusion: Despite the rather high mortality rate (26.7% according to our own data and 31.8% according to the results of the Moscow Stroke Registry for 2019), cerebral thromboextraction remains the priority choice of care for patients with ischemic stroke.

KEYWORDS:acute cerebrovascular accident, ischemic stroke, cerebral angiography, cerebral thromboextraction

HOW TO QUOTE: Shenderov S.V., Gostimsky V.A., Tugbaev M.V., Sveklov D.A., Kurnikova E.A., Serkin A.A., Smirnov A.N., Karmazanashvili E.G., Belyaeva E. .L. Analysis of lethal outcomes after cerebral thromboextraction: personal experience. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 4(5):19-26

RESULTS OF ENDOVASCULAR TREATMENT OF PATIENTS WITH INTRACRANIAL ATHEROSCLEROTIC STENOSIS IN THE VERTEBROBASILAR BASIS

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Relevance:intracranial atherosclerosis (IA) is one of the most common causes of ischemic stroke (IS) in the world. The incidence of IS in the vertebrobasilar region (VBB) is about 25% of all strokes of the ischemic type. Considering the fairly high percentage of recurrent IA during conservative therapy, patients with IA in the VBD need to search for more effective treatment tactics.

Purpose of the study:to evaluate the results of endovascular treatment in patients with intracranial stenosis in the VSB.

Materials and methods: From October 2017 to October 2021, 12 patients with IA stenosis were operated on in the Department of Vascular Neurosurgery of the Federal Center for Neurosurgery in Novosibirsk: 7 (58.3%) with lesions of the basilar arteries, 5 (41.7%) with lesions of the vertebral arteries. All patients were hospitalized as planned. The average degree of artery narrowing was 86.5±6.5%. The average duration of the last ischemic event was 11 months (range 1 to 55 months). Treatment results were assessed both in the immediate (immediately after surgery) and long-term periods.

Results: According to the results of control angiograms at the end of the operation, all patients achieved an excellent angiographic result with complete restoration of blood flow through the main vessel. In the early postoperative period, deterioration of neurological symptoms in the form of the appearance of severe cerebellar ataxia occurred in 1 (8.3%) patient. There were no deaths. In the long-term period (maximum follow-up 22 months), not a single case of recurrent IS was registered. At the same time, two (16.6%) patients showed an improvement in indicators on the mRs scale. Control cerebral angiograms did not reveal restenosis in the area of the implanted stent in any case.

Conclusion: Endovascular angioplasty and stenting have proven to be effective and safe treatment methods for patients with IA stenoses in the VBB. Our data obtained in the long-term period allow us to speak not only about the stability of the angiographic result, but also about the possibility of improving the clinical condition of patients.

KEYWORDS:VBB stenosis, basilar artery stenting, VBB stroke

HOW TO QUOTE: Anisimov E.D., Kiselev V.S., Sosnov A.O., Perfilyev A.M., Gafurov R.R. Results of endovascular treatment of patients with intracranial atherosclerotic stenosis in the vertebrobasilar region. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 4(5):27-33

THE FIRST EXPERIENCE OF USING THE PORTICO TRANSCATHETER BIOLOGICAL PROSTHETIC AORTAL VALVE IN ST. PETERSBURG. COMPARATIVE EVALUATION WITH COREVALVE AORTIC VALVE

Authors

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Purpose of the study: To compare the technical features and clinical results of implantation of transcatheter biological aortic valve prostheses Portico and CoreValve based on the experience of a city hospital.

Materials and methods: The results of treatment of 48 elderly patients with high surgical risk with severe aortic stenosis and extensive concomitant pathology were retrospectively analyzed. Two groups were identified, comparable according to the main clinical indications: the 1st group was implanted with a transcatheter biological prosthesis CoreValve, the 2nd group was implanted with a transcatheter biological prosthesis Portico.

Results: Transcatheter implantation of valves of both modifications demonstrated their effectiveness in the form of a decrease in the average gradient of less than 10 mm Hg in both groups, a decrease in the maximum blood flow velocity at the aortic valve of less than 2 m/s. The delta reduction in the average gradient on the aortic valve was greater in the second group and amounted to 38.4 mm Hg with Portico implantation, versus 32.4 mm Hg. Art. when implanting CoreValve. Also in the second group, the control Echo-CS revealed a greater decrease in the end-systolic volume of the left ventricle. When analyzing paravalvular regurgitation in the immediate postoperative period, grade 3 regurgitation was not detected in any patient. Grade 2 regurgitation was more often observed in the second group of patients: 26.6% versus 10.5% with implantation of Evolute R valves ($p>0.05$).

Conclusion: Transcatheter implantation of biological aortic valve prostheses of both modifications has demonstrated high safety and effectiveness. However, there are some differences and features during implantation that must be taken into account when planning endovascular surgery.

KEYWORDS: aortic stenosis, TAVI, transcatheter aortic valve implantation

HOW TO QUOTE: Zelenin V.V., Kotenkov K.D., Kudryavtsev O.I., Mamkhegov A.Z., Yatsenko I.A., Yarygina N.V., Zavrazhnov A.A. The first experience of using the transcatheter biological prosthetic aortic valve Portico in St. Petersburg. Comparative evaluation with the CoreValve aortic valve. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021;4 (5):34-39

COMBINED ENDOVASCULAR AND PUNCTURE TRANSOVAL EMBOLIZATION OF MENINGIOMA OF THE SPHENOPETROCLIVAL AREA: A CASE FROM PRACTICE

Authors

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annotation

Introduction: Meningiomas are the most common primary brain tumors in adults, accounting for approximately one third of all intracranial neoplasms, ranking second only to gliomas. Surgical treatment remains the method of choice, but to achieve good prognostic results and reduce intraoperative complications, presurgical embolization of meningioma is recommended. In this article, we demonstrate an accessible and safe technique for puncture transoval embolization of sphenopetroclival meningioma using a liquid adhesive that diffusely penetrated the entire tumor parenchyma without migrating out of the tumor.

KEYWORDS:benign formation, petroclival meningioma, sphenopetroclival meningioma, transoval embolization, endovascular embolization

HOW TO QUOTE: Berdikhodzhaev M.S., Makhanbekhan Sh.Sh., Sarshaev M.A., Musabekov M.G., Mirzakhmetov M.M. Combined endovascular and puncture transoval embolization of meningioma of the sphenopetroclival area: a case report. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021;4(5):40-47

ENDOVASCULAR INTERVENTIONS ON THE INTERNAL ILIAC ARTERY IN CHRONIC LIMB-THREATING ISCHEMIA: A RETROSPECTIVE CHORT STUDY

Authors

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annotation

Relevance of the problem: in complex, extended lesions of the aortoiliac segment, revascularization of the IPA is sometimes used as a way to save a limb or relieve stump ischemia after major amputation. The existing literature data on this issue is limited to single reports; the advantages and disadvantages of various approaches to ICA revascularization have not been studied. This retrospective study analyzed the experience of intravascular revascularization of the IPA in several patients with chronic limb-threatening ischemia (CLTI), as well as in patients with critical ischemia of the limb stump after major amputation.

Materials and methods: The study included patients with occlusive lesions of the arteries of the lower extremities who underwent reconstructive interventions on the IPA for CIU or critical ischemia of the femoral stump between October 2019 and March 2020. Clinical and demographic characteristics of patients, early (mortality, rate of high amputations) and long-term (overall survival, rate of limb salvage, freedom from repeated revascularization) outcomes were assessed.

results: Endovascular interventions were performed in 5 patients, median age 60 years (45-73). Clinical manifestations of CIUC in 3 out of 5 patients were represented by rest pain and the presence of trophic defects of the foot, in another 2 – rest pain in the femoral stump after amputation in combination with necrosis of the amputation wound. Angiography revealed total occlusion of the common and external iliac arteries in 80%, and occlusion of the internal iliac artery in 20% with patent PPA and IPA. Only in 40% of patients was the lumen of the deep femoral artery visualized from the collaterals. In 80% of cases, balloon angioplasty of the PCA and ICA was performed with implantation of a self-expanding stent in the PCA, less often in the ICA trunk. One patient (20%) had isolated angioplasty and ICA stenting. The incidence of major perioperative complications and mortality was 0%. Within 1 year after surgery, survival rate was 80%, freedom from limb amputation was 75%, freedom from repeated revascularization was 100%.

Conclusions: Revascularization of the IPA basin using the endovasal method for complex lesions of the aortoiliac segment turned out to be an effective method for preserving the limb and relieving ischemia of the femoral stump in the patients with CIUC we studied.

KEYWORDS:chronic ischemia threatening the limb; ischemia of the femoral stump; internal iliac artery; endovascular interventions

HOW TO QUOTE: Kuryanov P.S., Zaichenko E.P., Zhukov D.V., Gusev A.A., Yakimova A.V., Shatil M.A., Dobrydin O.N., Strizheletsky V.V., Lipin A. N., Plameneva Yu.V., Chernyshev O.B. Endovascular interventions on the internal iliac artery for chronic limb-threatening ischemia: a retrospective cohort study. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 4(5):48-54

A CASE OF STAGE TREATMENT OF A PATIENT WITH ACUTE DEBAKEY TYPE I AORTIC DISSOLUTION

Authors

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annotation

Introduction: Surgical treatment of patients with DeBakey type I dissecting aneurysm remains a serious challenge for surgeons and still presents an unresolved problem in terms of choosing the ideal tactics. A multidisciplinary approach using a staged or hybrid method gives the best results in the treatment of this pathology. A case of successful use of a staged method of treatment of acute dissecting type I aneurysm according to DeBakey is presented.

Material and methods:A 39-year-old patient was admitted urgently with a diagnosis of acute coronary syndrome. Complained of new acute pain behind the 56 sternum, radiating to the left half of the chest and interscapular region, accompanied by a feeling of lack of air, shortness of breath, palpitations

Conclusions: This clinical case provides an example of the successful use of a staged approach to the treatment of DeBakey type I dissecting aneurysm. The progress made in recent years in the treatment of such a complex pathology has reduced operative mortality and improved long-term results.

KEYWORDS:aortic dissection, aneurysm, computed tomography, stent graft

HOW TO QUOTE: Uzhakhov I.R., Shloido E.A., Shlyakhovoy A.B., Kravchenko K.P. A case of staged treatment of a patient with acute aortic dissection type I according to DeBakey. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 4(5):55-59

MECHANICAL THROMBECTOMY USING RETROGRADE DISTAL ACCESS IN A PATIENT WITH IN-STENT OCCLUSION OF THE FEMOROPPLITHEAL SEGMENT

Authors

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annotation

Introduction: We present a case of successful endovascular mechanical thrombectomy performed using a primary retrograde distal approach in a patient with intra-stent subacute thrombosis of the femoropopliteal segment. The choice of tactics is justified and the features of endovascular revascularization are described.

Conclusions: In a patient with in-stent thrombosis of the femoropopliteal arterial segment, MT with the Rotarex device, performed through retrograde access through the anterior tibial artery, turned out to be safe and effective.

KEYWORDS:primary retrograde distal access, critical ischemia of the limbs, mechanical thrombectomy, St. Petersburg Research Institute of Emergency Medicine named after I.I. Janeli

HOW TO QUOTE: Zhigalo V.N., Platonov S.A., Magamedov I.D., Isaev K.Sh., Avramenko A.I., Kiselev M.A., Kandyba D.V., Savello V.E., Zherdev N. .N. Mechanical thrombectomy using retrograde distal access in a patient with in-stent occlusion of the femoropopliteal segment. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 4 (5): 60-63

OSTEOSYNTHESIS OF THE CHEST BONES IN TRAUMATIC INJURIES

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annotation

Relevance: Chest trauma is one of the most severe forms of injury to the chest organs, which leads to death and complications. Traditional management in the presence of floating areas of the chest consists of artificial ventilation of the lungs. For sternum fractures, bed rest for up to three weeks. The result of such management of victims cannot be called satisfactory due to the high degree of complications, prolonged stay in the intensive care unit and non-union of bone fragments of the ribs and sternum.

Target: Increasing the effectiveness of complex treatment of patients with traumatic injuries of the chest bones by restoring the frame with plates with angular stability.

Materials and methods: The results of treatment of 96 patients with varying degrees of damage to the chest bones were analyzed. The groups included: patients with multiple, fragmented fractures of the ribs and sternum requiring artificial ventilation; and patients with fractures of the ribs and/or sternum with displacement of fragments that do not require artificial ventilation.

Results: In all patients requiring artificial ventilation, after osteosynthesis, the signs of “paradoxical breathing” of the costal cusp were stopped. The duration of mechanical ventilation in the postoperative period averaged 2.5 days. The number of pulmonary pleural complications decreased by 2.6 times. In patients who do not require artificial ventilation, the pain syndrome has significantly decreased, and the bed/day has decreased by 3 times.

Conclusions: Early restoration of the chest wall frame using osteosynthesis with plates with angular stability can reduce the duration of artificial ventilation, reduce the number of intrapleural complications and improve the outcomes of traumatic disease.

KEYWORDS:polytrauma, multiple rib fractures, sternum fracture, rib osteosynthesis, sternum osteosynthesis, chest flotation, severe chest injury.

HOW TO QUOTE: Menshikov A.A., Bondarenko A.V., Tseymakh E.A. Osteosynthesis of chest bones in traumatic injuries. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 4(5); 64-71

OSTEOSYNTHESIS OF FRACTURES OF THE POSTERIOR WALL OF THE ACETABULAR FOR SIMPLE AND COMBINED TYPES OF DAMAGE

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annotation

Introduction: Fractures of the acetabulum are not life-threatening, but they cause severe pathology of the hip joint. They are often accompanied by injuries, the treatment of which is a priority for emergency indications. Often, because of this, surgical reconstruction of the acetabulum is delayed, which reduces the chances of a favorable outcome, but in most cases it is impossible to do without surgery.

Purpose of the study:to find out the frequency and nature of damage to the posterior wall of the acetabulum, and features of the use of modern methods of osteosynthesis.

Material and methods: Over 15 years, 386 patients with fractures of the acetabulum were treated, isolated fractures were observed in 85, with polytrauma - in 301, elementary types of fractures - in 220, combined - in 166. Fractures of the posterior wall were noted in 137 of them. 59 patients were treated conservatively, 78 were treated surgically. Results. Somatic complications were observed in 50 patients; vascular disorders, bronchopulmonary complications and bedsores were more common, local – in 8. Long-term anatomical and functional results were monitored in 88 patients. In most cases, good and satisfactory results prevailed (86.4%).

Conclusion: Fractures of the acetabulum are a consequence of high-energy impacts. Of these, posterior wall fractures are the most common. Most local and all somatic complications were observed in polytrauma. The use of internal osteosynthesis contributed to a reduction in somatic complications and the incidence of degenerative arthrosis.

KEYWORDS: acetabulum, osteosynthesis, pelvis.

HOW TO QUOTE: Kruglykhin I.V., Bondarenko A.V., Talashkevich M.I., Plotnikov I.A. Osteosynthesis of fractures of the posterior wall of the acetabulum in simple and combined types of injuries. Journal "Emergency Surgery named after. I.I. Dzhanelidze". 2021; 4(5); 72-80