AH-1306-005
UMBILICAL HERNIA AND PATHOGENETIC SUBSTANTIATION FOR THE CHOICE OF METHODS FOR THEIR CORRECTION
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Abstract: This article gives a detailed analysis of the scientific works and own data for the last ten years that were devoted to the problem of treatment of patients with umbilical hernias. The practical experience of various authors on the surgical treatment of patients with this pathology was covered in detail and summarized. Causes of relapse and development periomphalic umbilical hernia in the postoperative period were identified. Based on a detailed analysis of morpho-functional and biomechanical properties of the fascial-musculo-aponeurotic complex abdominal wall the authors justify the use of prosthetic techniques in closing the defect of the umbilical ring.
Key words: umbilical hernia; hernia periomphalic; fascial-musculo-aponeurotic complex; biomechanical properties.

AH-1306-011
MITRAL REGURGITATION DUE TO MYXOMATOUS DEGENERATION OF THE VALVE: REPAIR AND REPLACEMENT
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Abstract: This report examines the question of surgical treatment of mitral regurgitation caused by degenerative changes of the mitral valve. This review summarizes data from different clinics with a discussion of the results. However, the conclusion we all have one — reconstructive operations have a favorable outcome in the long term.
Key words: mitral regurgitation; myxomatosis; methods of surgical treatment.

AH-1306-018
CHOOSING A METHOD OF SURGICAL TREATMENT OF PATIENTS WITH PATHOLOGICAL TORTUOSITY OF THE INTERNAL CAROTID ARTERY
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Abstract: 60 patients with pathological tortuosity of the internal carotid artery (PK ICA) were operated in the Department of Vascular Surgery of Petrovsky Russian Scientific Center for Surgery. All patients were divided into two groups depending on the method of surgical technique. Group I consisted of 36 patients (60%), which resection of the ICA with bringing down the estuary was performed, group II consisted of 8 (13%) patients who prosthetics ICA was performed, and 16 (27%) patients who eversion endarterectomy with resection PK ICA and bringing down the estuary were conducted. In the analysis of the direct results of operations significant differences in the dynamics of CMI and speed characteristics in the reconstructed ICA has not been revealed (p > 0.05). In group II indicator "stroke +mortality from stroke" was higher (p < 0.05). Thrombosis of the reconstructed area of the ICA was significantly more often (p < 0.05) after prosthetics of the ICA (8%) compared with resection of the ICA with bringing down the estuary (0%) and eversion endarterectomy with resection PK ICA and bringing down the estuary (0%). The obtained results of surgical treatment of PK ICA show that when choosing a method of operation should be preferred resection PK ICA with bringing down the estuary. Prosthetics of the ICA accompanied significantly higher rate of complications. Therefore, this technique should be carried out in the presence of absolute indications, and only in cases where other methods of reconstruction are accompanied by a high risk of complications. With the combination of PK and ICA stenosis eversion endarterectomy with resection PK ICA is the best method of surgical treatment as it allows visualization of the distal end of the plaque and
perform endarterectomy so that plaque diminished.
Key words: pathological tortuosity of the internal carotid artery; surgical treatment; resection; eversion endarterectomy.

AH-1306-024
POSSIBILITY OF BIOCHEMICAL DIAGNOSIS OF POSTOPERATIVE PERITONITIS
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Abstract: Diagnostic value of ferritin as a biochemical marker is presented in the work. The data of investigation of level ferritin in blood serum and peritoneal exudate in patients with distributed peritonitis in postoperative period were given. Estimation of summed ferritin index was proposed. The clinical investigation data showing the diagnostic value of summed ferritin index during postoperative peritonitis were given too. Direct dependence of quantity in summed ferritin index and risk of postoperative peritonitis development was proved.
Key words: biomarker; ferritin; postoperative peritonitis.

AH-1306-026
BISEGMENTARY HYDRONEPHROSIS OF DOUBLE KIDNEY: DIAGNOSTICS AND DIFFERENTIATED SURGICAL TACTICS
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Abstract: Over the past 15 years angiography examination of the kidneys was held in 357 patients with urological diseases. Among them hydronephrosis of the double half of the kidney was installed in 16 patients that amounted to 4.5 % of observations. Bisegmentary hydronephrosis of the double kidney is characterized by hydronephrosis transformation of two segments, of which one segment belongs to one anatomic half of the double kidney, and the second segment, belongs to the second anatomical half. Architectonics of the blood supply to the kidney of 4 consists segments: top, back, bottom, and front. The top half of the double kidney, consists of the top and rear segments, and the lower half consists of the lower and the front segments.
There are upper bisegmentary hydronephrosis of the double kidney, where the top and front segments are involved in the pathological process, and lower bisegmentary hydronephrosis of the double kidney, which hydronephrosis process involved the bottom and posterior segments of the kidney.
Bisegmentary hydronephrosis of the double kidney is diagnosed only by data of computer tomography in the vascular mode or according to renal angiography.
Differentiated surgical tactics of treatment of patients with bisegmentary hydronephrosis of double kidney is coagulation only segmental arteries at the base of hydronephrosis wall, adjacent to the unaffected segments kidney, and the exclusion of alloying arteries of the top or bottom half of the double kidney.
Key words: double kidney; bisegmentary hydronephrosis.
average time open herniotomy was 15.72 min. Number of doses of postoperative analgesia was 1.19 and 1.22 respectively. Duration of hospital stay for patients in group I was 8.12 hours and for patients group II was 8.27 hours. In the late period of observations comparable complication rate was recorded: relapse (0:0) and hydrocele (0:1).

Conclusion. We observed the same functional results in the treatment of inguinal hernias in babies of the first 3 months of life with the use of one-port and multiport laparoscopy and demonstrated scarless cosmetic results in patients of group of singleincision laparoscopic surgery.

Key words: laparoscopy; inguinal hernia; single-incision laparoscopic surgery; neonates; infants.

AH-1306-038
FEATURES OF ENDOVASCULAR ANGIOARCHITECTONICS OF THE INFERIOR MESENTERIC ARTERY BRANCHES AND THEIR RELEVANCE TO SURGICAL COLOPROCTOLOGY
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Abstract: Article summarizes information about angioarchitectonics of branches of the inferior mesenteric artery (IMA), which is significant to perform surgery on the rectum. Angiographic study of the IMA anatomy was performed in 25 patients. Detailed analysis of the characteristics of the arterial bed of the IMA led to several important conclusions for practical coloproctology. In the case of the main structure of left colonic vessels the first ascending branch of the IMA is a vessel with relatively large diameter (2–3 mm), the intersection of which can lead to arterial deficiency middle and distal segment of the sigmoid colon. First ascending branch of the IMA has a permanent place of divergence at a distance of 2–4 cm from the aorta and can be a reliable reference for dissection in this area. Expressed collateral branch between the upper right and lower rectal sigmoid artery can cause complications when performing endovascular chemoembolization.

Key words: the lower mesenterial artery; angioarchitectonics; angiography.

AH-1306-043
MEDICAL COMPLICATIONS AFTER RESTORATIVE SURGERY IN PATIENTS WITH COLOSTOMY AFTER COLON RESECTION
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Abstract: Therapeutic pathology occupies a significant place in the structure of complications after recovery operations that follow the obstructive colon resections. Reduced trauma intervention is one of the areas of prevention of complications. Therapeutic complications during recovery operations that were performed using local and median access in 161 patients with the regional anesthesia in the postoperative period were studied.

1 (0.6 %) patient died due to acute heart failure. Operation made using local laparotomy in 71 (44.1 %) patients, and using median access in 90 (55.90 %), among them 35 (38.88 %) were carried out epidural anesthesia.

Therapeutic complications occurred in 20 (12.42 %) patients. According to the classification Dindo-Clavien the complications were treated as degree 1 in 6 patients, as degree 2 in 13, and as degree 5 in 1 patient. Medical complications were associated with exacerbation of chronic disease in 17 (85 %) patients, the primary pathology without prior history was observed in 3 (15 %) patients. In 4 (20 %) patients the acute somatic pathology after recovery operations were similar complications after obstructive resection.

Study of frequency of somatic complication depending on surgical access shows that after parastomal laparotomy they were in 5 (7.04 %) patients, and after median access in 15 (16.66 %).

The incidence of systemic diseases was studied in 35 patients with restoration of bowel continuity, that were operated using midline laparotomy with continuous epidural anesthesia, and in 55 patients operated using median access without regional anesthesia. The number of somatic complications in patients undergoing regional anesthesia – 4 (11.42 %) was less than in patients operated without regional anesthesia – 11 (20 %).

The implementation of interventions for comorbidities when resistant compensation, application of local access and prolonged epidural anesthesia reduces the amount of physical complications during recovery operations after obstructive colon resection.

Key words: colostomy; recovery operations; medical complications; surgical approach; regional anesthesia.
AH-1306-048
RESULTS OF TREATMENT OF CRITICAL LIMB ISCHEMIA IN PATIENTS WITH DIABETES
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Abstract: Critical limb ischemia has a more aggressive course in patients with diabetes mellitus (DM) compared to that of patients without it. This category of patients is most often considered as inoperable due to the presence of multilevel distal lesions. Treatment of patients with critical limb ischemia and DM is a complex problem. The study examined the results of the direct, indirect revascularization and conservative therapy. The paper evaluated the immediate and long-term results of treatment of patients with critical limb ischemia and DM.
Key words: diabetes mellitus; revascularization; limb preservation.

AH-1306-052
A CASE OF A SUCCESSFUL SIMULTANEOUS OPERATIONS OF TRICUSPID VALVE BIOPROSTHESIS AND SPLENECTOMY IN DRUG-ADDICTED PATIENTS WITH ACTIVE INFECTION ENDOCARDITIS AND ABSCESS OF THE SPLEEN
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Abstract: We present a case of successful bioprostatic tricuspid valve implantation and splenectomy in patient with active infective endocarditis and spleen abscesses along with septic pneumonia and embolic syndrome.
Key words: bioprosthetics; splenectomy; infective endocarditis; embolic syndrome.