

ХИРУРГИЯ

MECONIUM ASPIRATION IN CONTEMPORARY OBSTETRICS

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Actuality of the problem of fetal hypoxia, asphyxia and birth injury of newborn is related to their leading role in the structure of the perinatal morbidity and mortality (till 50%). Asphyxia of newborn is a complex of pathological changes in an organism, at first disturbances of the respiration, which causes the development of oxygen insufficiency, hypercapnia and acidosis. In 70% cases of asphyxia in newborns, is as a result of intrauterine hypoxia of the fetus. The case result of studied deliveries with intranatal asphyxia is 28. Under parity, there were 43% primipara and 57% multipara. According to age: 16-30years- 22%, 31-35 years- 67%, 36- 42years -11%. According to anamnesis vitae: women with renal disease- 68%, with varicose disease -25%, obesity 1st stage-64%. According to gynecological anamnesis: chronic salphingoophoritis-39%, dysfunction of menstrual cycle-29%, erosion of cervix uterus-25%. According to reproductive anamnesis: detachment of placenta (hematoma)-29%, placental dysfunction-25%, abortion before present pregnancy-21%. According to complication in current pregnancy: 1st trimester of pregnancy: Anemia: 1st stage -89%; 2nd stage-7%. Colpitis -86, ARVD-25%. Complication along 2nd trimester of pregnancy: Anemia: 1st stage -89%, 2nd stage -11%, dysfunction of placenta-75% and hematoma of placenta - 29%. Complication along 3rd trimester of pregnancy: more percent dysfunction of placenta with hemodynamic disorder: 1st stage-54% 2ndA- 18%, 2ndB-13%, colpitis-61%, preeclampsia mild stage-68%. The methods of examination of pregnant women: 1. Ultrasound with placentography and dopplerometry 2. Cardiotocography. Method of delivery: vaginal delivery-36%, planned caesarean section-13%, urgent caesarean section-57%. Complication along deliveries: 45% with cord entanglement around fetal neck, 26% with early rupture of amniotic membrane, 16% with abnormal contraction of uterus. Newborn asphyxia: 68% with intrauterine pneumonia, 16% with meconium aspiration, 16% with cerebral disorder. APGAR score of newborn: 7-10points 4%, 6-7points 71%, 4-5points 18%, 0-4points 7%. Weight of newborn : 2600-3900g-93%, >3900g-7%. Results of meconium aspiration: 6 newborns (21%) with aspiration pneumonia, 8 newborns (29%) with cerebral ischemia. The children with seen meconium aspiration continued their treatment at children's' hospital. Prophylaxis of these disorders in newborn is to make sure mother has no pathology along pregnancy.

Conclusion: 1. Meconium color of amniotic fluid is a marker of placental dysfunction and chronic hypoxia. 2. Monitoring mothers and fetuses statues along delivery and one time urgent cesarean section leads to a better result of delivery for mother and newborn. 3. Prophylaxis of obstetrics disorders of women of higher risk group- pregravidarum is preparation for a successful end of pregnancy.

ДИАГНОСТИКА И ХИРУРГИЧЕСКОЕ ЛЕЧЕНИЕ ОЧАГОВЫХ ЗАБОЛЕВАНИЙ ПЕЧЕНИ

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Цель. Изучить результаты работы радикального хирургического лечения очаговых заболеваний печени, дать оценку ближайшим результатам, наметить пути их улучшения.

Материал и методы. В отделении плановой хирургии с центром гепатопанкреатобилиарной хирургии и трансплантации печени Городской Клинической Больницы №7 города Алматы с 2012 по 2015 годам находились на лечении 117 пациентов с очаговыми заболеваниями печени, которым была выполнена резекция различного объема. Определены показания к выбору варианта резекции печени при доброкачественных и злокачественных опухолях в зависимости от размера, локализации, количества узлов, а также функциональных резервов печени. Среди поступивших было с эхинококкозом печени - 74 (63,2%), с альвеококкозом печени – 6 (5,1%), с гепатоцеллюлярным раком печени 13 (11,1%), с непаразитарными кистами – 10 (8,5%) и 14 (11,9%) пациентов с гемангиомой печени. Мужчин было 43 (37,6%), женщин - 73 (62,4%). Возраст больных от 15 до 75 лет (в среднем 48,1±14,5 года). Размеры очагов варьировали от 4 см до 30см в диаметре и весом до 3900 грамм.