

- Primary focus of infection (area / volume, including Mannheim peritonitis index);
- Secondary purulent foci (the only pathognomonic symptom);
- Resistant (remitting) fever;
- Persistent bacteremia (at least 2-3 positive blood cultures);
- And finally, SIRS.

Keywords: sepsis, SIRS, primary infectious focus, microorganisms, cytokines

PERORAL ENDOSCOPIC MYOTOMY AFTER OPERATIVE INTERVENTIONS ON THE GASTROESOPHAGEAL JUNCTION

KAZAKOVA SS¹, SHISHIN KV¹, NEDOLUZHKO IY¹, SHUMKINA LV¹

¹A.S. Loginov Moscow Clinical Scientific Center, Moscow, Russia

Introduction: Per oral endoscopic myotomy (POEM) may be a challenge in patients with previous interventions on the esophageal-gastric junction. The degree of fibrosis in submucosal space plays a key role in the feasibility and safety of tunnel technique.

Aim: To evaluate the safety of per oral endoscopic myotomy in patients previously operated on the esophageal-gastric junction.

Material and methods: Between July 2014 and May 2018, 123 patients underwent POEM in the Moscow Clinical Scientific Center, including 46 (37%) patients previously operated on the esophageal-gastric junction. The group of operated patients involved 41 (89%) patients after pneumatic balloon dilation, 3 (6.5%) patients after Heller myotomy, 1 (2%) patient after previous esophagogastroplication, 1 (2%) after POEM.

Results: The POEM procedure was successfully completed all patients. The mean operative was comparable in both groups: 106 min (55-195 min) in previously operated patients and 103 min (45-180 min) in naïve patients. F0 degree was detected in 14 (30%) cases, F1 in 29 (63%), maximal fibrosis (F2) in 3 (6.5%) patients who had previously undergone pneumatic balloon dilation. In patients after Heller's myotomy and esophagogastroplication, the degree of fibrosis reached F1, despite the expected more pronounced fibrosis. In the group of primary patients F0, the degree was detected in 27 (35%) observations, F1 - 46 (60%), severe fibrosis (F2) was detected in 4 (5%). There were no intraoperative complications affecting the tactics of surgical intervention in one observation. There were no major bleeding episodes requiring blood transfusion in either group. In one case in the group of previously operated patients, a mucosal defect was detected after the formation of the tunnel. The lesion was clipped.

The technical success of the surgical intervention was up to 100%. There were no intraoperative complications. X-ray examination on the 1st day after intervention with a water-soluble contrast showed appropriate evacuation and no leakage. Patients were discharged the 2nd day after surgery.

Conclusions: The history of failed previous surgical interventions is not a contraindication to the POEM procedure and does not significantly affect the course of surgical intervention.

Keywords: Per oral endoscopic myotomy, previous surgical interventions, esophageal-gastric junction

THE ORGANISATION OF USING VIDEOLAPAROSCOPY IN MILITARY FIELD HOSPITAL IN CONDITIONS OF ANTI-TERRORISTIC OPERATIONS IN EASTERN UKRAINE

KHOMENKO IP¹, KHOROSHUN EN², KASHTALIYAN MA, SHAPOVALOV VYU³, GERASIMENKO OS⁴, ENIN RV⁵

¹Ministry of Defense, Kyiv, ²Military-Medical Clinical Centre of south region, Odessa, ³Military-Medical Clinical Centre of south region of Ukraine, Odessa, ⁴Odessa national medical university, Odessa, ⁵Military-Medical Clinical Center of South region, Odessa, Ukraine

Background: Improvement of the medical support for injured in the region of anti-terroristic operation by using endovideo surgical techniques in the hospitals of the 2-3rd Echelon.

Methods and materials: In June 2014 mobile military hospital was set up for providing qualified surgical help to warriors in the region of eastern Ukraine. 1460 operations (62 laparoscopic) were carried out during first 9 months.

Results: We use data of 23 patients suffered under abdomen and pelvis injuries: 18 had missile and gunshot wounds, 5 had closed traumas. Acute diseases of the abdomen cavity were diagnosed 39 patients. The penetrative character of shoot wound was excluded by 6 patients using the diagnostic laparoscopy. Out of 5 patients with closed traumas of abdomen, injuries of internal organs were identified in 2 cases, operations were finished laparoscopically. Suffering from urgent diseases of the abdomen cavity organs, 10 patients underwent the laparoscopic appendectomy for acute appendicitis; 2 persons - the laparoscopic diverticulectomy for Meckel's diverticulitis; in 3 cases the ovarian apoplexy and haemoperitoneum were detected during the laparoscopy, the laparoscopic resection of ovarium was performed; 1 patient underwent laparoscopy for pancreonecrosis, 20 laparoscopic cholecystectomy for acute calculous cholecystitis; one laparoscopic cholecystectomy for cancer of the pancreas, obstructive jaundice; 2 patients had laparoscopic suturing of perforative ulcers in duodenum.

Conclusion: Well-founded approaches of treatment and diagnosis of shoot wounds of abdomen and pelvis by using the video laparoscopic equipment in the field conditions (first time in the Ukrainian history) were performed. Application of the endovideo surgical technics allowed avoiding 20 useless laparotomies.

Keywords: Laparoscopy; Injury; Mobile field hospital