

ngologic examination including anterior rhinoscopy, oropharyngoscopy and otoscopy. 100 ears of 50 children were examined by optic and pneumatic otoscopy, using the scheme of detailed description. Electroacoustic examination of middle ear including tympanometry and reflex-audiometry was obtained, analyzed and compared with otoscopy data. Diagnostics was made according to the Algorithm of diagnostics. Repeated tests were performed in 10 days and in a month after the clinical recovery.

Results: Otolgia was registered in 7 from 50 examined children and disappeared during first 3 days in all children. Impedance audiometry was the method of reference. The analyses of anamnesis and otoscopy data were on the basis of differential diagnosis between otitis media forms. We detected otitis media in the majority of examined ears (82 %). Otitis media with effusion was diagnosed in 56 % of cases, acute otitis media – in 18 %, recurrent otitis media – in 3 %, adhesive otitis media – in 1 % of ears.

The majority cases of otitis media were registered in younger children (first 5 years of life). We analyzed the clinical course of otitis media. Inadequate reaction to sounds and to sleeping disturbances, were the most frequent signs of otitis media. We registered the persistence of otitis media in 80 % of cases in 10 days of clinical recovery and in 40 % in a month. The majority of children with persistent otitis media were younger than 3 years of life.

Conclusions: The prevalence of otitis media in children with upper respiratory infection is high. The otalgia is not the sign of reference in otitis media. The complex of anamnesis data analyses, otoscopy and impedance audiometry is necessary for diagnostics and differential diagnostics of otitis media forms. Children of the first 5 years of life with upper respiratory tract infection need an otorhinolaryngologic evaluation and audiologic control in a month after recovery.

Keywords: upper respiratory infection, otitis media, children, otoscopy, impedance audiometry.

GLYCEROL PRESERVED SKIN ALLOGRAFT – THE KEY FOR THE EFFECTIVE WOUND BED PREPARATION

Andreevscaia Olga

Academic adviser: Boeckx Willy, M.D., Ph.D., Professor, ULB University, Brussels, Belgium; State Medical and Pharmaceutical University “Nicolae Testemitanu”, Chisinau, Republic of Moldova

Introduction: For spontaneous wound healing to occur, wound preparation must be optimised. This paper presents the authors' experience and philosophy regarding wound bed preparation of extensive and complicated wounds. The properties of an ideal burn dressing can be summarized in four P's: protection, proteolytic effect, promotion of healing, and pain relieving. Glycerol preserved skin allograft possess several key characteristics of an ideal wound bed preparation, including good adherence to the wound bed, water vapour transport, antimicrobial characteristics, low toxicity and antigenicity, ease of application and removal, a long shelf life, and minimal storage requirements. There are other benefits of skin allograft application, such as decreased loss of water, electrolytes, and proteins. Skin allograft application also reduces pain and thus allows for exercise and ambulation, also decreasing the incidence of contractures.

Methods: This study included all patients with burns and complicated wounds, who were admitted to the Queen Fabiola Children's University Hospital in Brussels from January 2010 to November 2010 who had been treated with a glycerol preserved allograft. After the removal of all devitalized tissue, angiogenesis of the wound bed is promoted by the temporary application of the glycerol preserved allograft (GPA).

Results The results of the study showed the high effectiveness of these kinds of treatments: infection control, stimulation of angiogenesis, and granulation tissue formation. With the application of GPA, we ensured that even in the extreme age group patients, such as children, their wounds were optimised for the best chances of an allograft take at the first attempt. Otherwise, allograft failure may lead to the grave consequence of repeated allografting with further waste of the donor sites, wound infection, sepsis, or even mortality.

Conclusion The preserved dermal layer, even if it is thin, is crucial for spontaneous wound healing with minimal hypertrophic scarring, due to the reduced inflammatory response in the wound bed, as observed in our patients.

Keywords: Allografts, Burns, Glycerol, Biological dressing.

THE OPTIMIZATION OF COMPLEX SURGICAL TREATMENT OF ELDERLY PATIENTS WITH PERFORATED GASTRODUODENAL ULCER

Govorina Yu., Chavir S.

Academic adviser: Vinnik Yu., M.D., Ph.D., Professor; Sergeyeva E., M.D., Ph.D., Professor, Krasnoyarsk State Medical University "V.F. Vojno-Yasenetskij", Krasnoyarsk, Russian Federation

Introduction: Peptic ulcer disease takes a leading place in structure of diseases of a gastrointestinal tract. One of the most dangerous complications of stomach ulcer is perforation. The complicated forms of peptic ulcer disease in the older age group are the cause of unsatisfactory results of treatment.

Materials and methods: The first part of the study consisted of 76 patients with the long-term results of operations according to classification of A.Visick, modified by N.N.Krylov, divided into three clinical groups: patients with distal resections (the first group), palliative care (the second group) and radical organ-preserving operations - gastroplasty and duodenoplasty by V.I. Onopriev (the third group).

The second part of the study consisted of 38 patients undergoing operative treatment of peptic ulcer disease, divided into two clinical groups: the patients received traditional treatment (the first group), the patients received the combination of traditional ozonotherapy treatment and system (the second group). Activity of antioxidant enzymes (superoxide dismutase (SOD), catalase) and concentration of NO (nitric oxide) were determined in blood of patients. The data were processed statistically by nonparametric Wilcoxon and Kruskal-Wallis test using Statistics 6.0 software.

Results: The excellent long-term results of operations were observed only in the third group. Satisfactory results of treatment prevailed in the first group (78,9%), bad results of treatment - in the second group (54,5%). Clinical symptoms of the patients of the second group included pain, dyspepsia and reflux syndromes. The most common symptoms of the patients of the first group were dyspepsia and diarrhea.

Combination of traditional ozonotherapy treatment and system increased catalase activity by 9 times, increased SOD activity by 2,6 times, increased concentration of NO by 2,8 times on the 7th day after operative treatment.

Conclusion: Radical organ-preserving operations are preferable for the patients of older age group with complicated forms of peptic ulcer disease, with good long-term results.

Combination of traditional ozonotherapy treatment and system is effective for the correction of irregularities in the free-radical oxidation/antioxidant protection system in the patients of older age.

Key words: peptic ulcer disease, ozonotherapy, superoxide dismutase.