

## CONCEPTS OF IMMUNITY. PYO-INFLAMMATORY DISEASES. ETIOLOGY, TREATMENT

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**Introduction:** Surgical infections are one of the most important problems of modern health care. Studies, performed in different countries, showed that wound infection is one of the most frequent complications of surgery. According to literature data in recent years, the total number of patients with complications increased from 35 to 40%. Despite the introduction in clinical practice of new methods of surgical treatment, new types of equipment, the use of modern antibiotics, infectious complications after surgery are still very common. Today it is clear that neither the traditional methods of antiseptics nor antibiotics can fully meet the needs of surgery.

**The aim** of our study was to find out new data about the efficiency of diagnostic, treatment and prevention of infection-purulent complications in patients operated on different surgical pathologies.

**Results:** We gathered the material on the topic of frequency and characteristics of purulent-septic complications after abdominal surgery on a background of immunodeficiency disorders depending on the type and degree. According to our data, the risk ratios of purulent-septic complications for each of the anamnestic, clinical, laboratory, and immunological factors are different. These factors statistically significantly influenced the development of purulent-septic complications. The preoperative risk factors were: age; sex; height; weight; loss of weight exceeding 10% of the patient's ideal weight; the presence of diabetes, cirrhosis, ascites, chronic heart or respiratory failure; liver insufficiency. Other factors influencing healing include corticotherapy, chemotherapy during the last 6 months prior surgery; anticoagulants and antibiotics agents used. The intraoperative risk factors included the following: type of skin antiseptics used, type of abdominal incision; preexistence of a skin infection; opening of the bowel; placement of a suture or anastomosis; intraabdominal or intraparietal drainage and the length of surgery. The postoperative risk factors were: urinary catheterization (indwelling or not), the degree of the surgical procedure's contamination according to the classification Class 4 or “dirty” surgery. It includes patients who have diabetes, cirrhosis etc.

**Conclusions:** We studied the frequency and characteristics of purulent-septic complications after abdominal surgery on a background of immunodeficiency, depending on the type and degree. Based on the studied material we will try to predict the occurrence of postoperative septic complications in patients with immunodeficiencies.

**Key words:** complications, immunodeficiency.

## COMPARATIVE STUDY OF THE ATHEROSCLEROSIS PLAQUE NEOVASCULARISATION OF VARIOUS TYPES OF ARTERY IN PATIENTS WITH METABOLIC SYNDROME

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