

Introduction: The study aim was to investigate the possibility of using the pleural cavity ultrasonography in a complex of diagnostic measures in patients with acute pleural emphysema.

Material and Methods: We studied the results of treatment in 38 patients with acute emphysema, which were examined by pleural cavity ultrasonography in a complex of diagnostic measures. All patients had unilateral localization of acute emphysema. The multichamber emphysema was observed in 12 cases. All patients had pleural puncture.

Results: We used the combination of ultrasound examination of pleural cavity with radiological methods of diagnosis and CT in the dynamics in 26 patients. In 12 patients, the X-ray of the chest was performed only on the admission; further dynamic control of the pleural cavity was performed only by ultrasonography. This approach of dynamic diagnostics can reduce the radiation exposure of patients.

Conclusions:

1. The pleural cavity ultrasonography is a highly informative diagnostic method in the complex diagnosis of acute pleural emphysema. Its use is demonstrated for determining the boundaries, structure, localization of encapsulation; determining the place of puncture of pleural cavity; for the differentiation of adhesive process and the free liquid in pleural cavity.

2. Combined application of X-ray and ultrasonography of pleural cavity increases the efficiency of diagnostic measures and reduces radiation exposure of patients.

3. The use of ultrasonography is a promising method of diagnosis of acute pleural emphysema.

Key words: pleural emphysema, ultrasonography, diagnostic.

THE COMPARATIVE ANALYSIS OF QUALITY OF LIFE IN PATIENTS OPERATED FOR COMPLICATED CHOLEDOCHOLITHIASIS

Senko A., Dembitskiy A.

Academic adviser: Savolyuk S., M.D., Ph.D., Associate Professor, Vinnitsa National Medical University "N. Pirogov", Vinnitsa, Ukraine

Introduction: At the present stage of development of biliary surgery, altogether with traditional (laparotomic) methods, there exist MINIMA invasive methods of biliary decompression, but aspects of the final choice of strategy and tactics of the optimal treatment of these patients still remains relevant and disputable nowadays.

Aim: The improvement of the remote results of complex surgical treatment of patients with complicated form of choledocholithiasis, on the basis of indicators of quality of life.

Materials and Methods: The medical examination of quality of life in 120 patients, who were operated during the 2007 – 2010 for complicated choledocholithiasis.

According the method of the operation the patients were divided into 2 groups:

- 60 patients, who were treated with external drainage of biliary ducts,
- 60 patients, who were treated by means of methods of the internal drainage.

The assessment of quality of life was held by the general questionnaire SF-36 of the patients on the seventh day after the operation and in a year's period.

Results:

The first group, the seventh day after the surgery:

- the transcutaneous transhepatic cholangiostomy (TTCHS)
- the laparotomic choledochotomy with the external drainage of the common bile duct (EDCH)
- laparoscopic choledochostomy (LSCHS)

The second group, the seventh day after the surgery:

- the endoscopic papillosphincterotomy (EPST)
- the stenting
- the blending of choledochoinoastomosis (CHAIA) and choledochoduodenoastomosis (CHDA)

The first group, a year after the surgery:

- TTCHS
- LSCHS.
- EDCH

The second group, a year after the surgery:

- the stenting of the choledoch
- CHAIA
- EPST
- CHDA.

Conclusions:

1. Each of the methods of the biliary decompression has clear indications and contraindications, the final choice of the method of the surgery, we believe, should be based primarily on the assessment of its impact on the quality of life in patients with the choledocholithiasis in the postoperative period with the primary usage of the sphincter-preserving invasions.

2. Using the methods of the external biliary decompression the indicators of quality of life of the patients after the sphincter miniinvasive procedures such as the transcutaneous cholangiostomy and laparoscopic transhepatic choledochostomy, reached to $97,4 \pm 2,1\%$ and $85,3 \pm 2,8\%$ (related to the healthy people).

3. Among the methods of the internal biliary decompression, the highest results reached the stenting - $94,0 \pm 3,7\%$ (related to the healthy people).

4. Despite the fact that at the present stage of development of the biliary surgery the choledochoduodenoastomosis is widely used because of its simple technique and physiology, we recommend to use the choledochoinoastomosis, after the application of which the indicators of quality of life of the patients are higher.

Key words: choledocholithiasis, quality of life, surgical techniques and methods, long-term consequences.

THE LAPAROSCOPIC ANTIREFLUX SURGERY FOR HIATAL HERNIAS: EARLY RESULTS

Mocan Alina

Academic adviser: Isac I., M.D., Ph.D., Associate Professor, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova

Introduction: Hiatal hernias have been the focus of surgeons over many years. The update of this