

Conclusions: We could say that the addressability of 62,85% for the period until 1 year is a good index, that shows that the patients are well instructed medically and alerted by the appearance of a tumor and they address early to the doctor. In almost half of the cases (45,70%) the Eyelid Tumors are found in the age group 40-59 years, this tells us that this is the risk group, which means that the polyetiologic theory is more correct (the interaction of the factors of aggression and the inefficient measures of protection). The repartition of the patients according to the living area shows us that in 44 cases (65,15%) the dominating area is urban, this may be due to the fact that in the urban area the level of the pollution is higher and the quality of the ecological estate is much poorer.

AESTHETIC AND FUNCTIONAL CORRECTION OF SKIN SCARS

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Introduction: Despite of surgery rapid progress, the problem of improving the quality of scars worries surgeons, dermatologists, cosmetologists. Hypertrophic scars and keloid ones can be described as kinds of usual wound healing. Clinically keloid scar gives trouble in the form of itching, burning, painfulness. Keloid and hypertrophic scars differ from nontrophic by rich vascular net, high compactness of mesenchymal cells and fibers, which are turned chaotically.

Purpose: increase the efficiency of treatment of the hypertrophic and keloid scars.

Materials and methods: 52 patients with hypertrophic and keloid skin scars were monitored by us. Topography, sizes and age of the hypertrophic scars did not matter and therefore were not clinically classified. Age of the patients was from 20 to 44 years old. Some indexes like height of the scar on the skin, area of the scar, consistence, color, condition of the surrounding skin, scar microcirculation were studied in result of the therapeutic measures. All the patients received diprosan in thickness of the scar three times during 4 weeks at a rate of 7 mg per 5 square centimeters, but not more than 14 mg in the whole scar for the one time. After the obtained medicamental hypotrophy scar tissue was subjected to the effect of neodymium laser radiation with wave length of 540 nm, energy of pulse 50-150 mJ, frequency of pulse 1-4 Hz, pulse duration 1-2 ns (generation mode Q – sw). Neodymium laser radiation was obtained with active medium Nd: YAP (Q-sw)/KTP.

Results: Application of high therapeutic diprosan doses makes it possible to bring keloid scars to hypotrophy and atrophy in a short time. There is a change not only a structure of scar tissue, but decrease in the initial area also, by the hypertrophic and keloid scar transition to state of atrophy at first and to state normotrophy after laser use. Use of neodymium laser radiation in generation mode Q – sw with pulse duration 1-2 ns leads to obliteration of vessels in the scar bottom without effects on the scar tissue proper and surrounding tissues. There was decrease in the area of the keloid and hypertrophic scars an average of $23 \pm 4.3 \%$ ($P < 0,05$) in 8 weeks.

Conclusions: Thereby proposed method allows to receive lasting clinical result: decrease in the area of the scar, formation of the normotrophic scar tissue, improvement of the consistence and change of the color, which is typical for surrounding skin. This method is painless and safe, it does not influence on surrounding tissues, so long as it is confirmed by stable clinical result of patients in a year after the treatment.

Key words: keloid, hypertrophic scar, laser, diprosan