

МІНІСТЕРСТВО ОСВІТИ ТА НАУКИ УКРАЇНИ
СУМСЬКИЙ ДЕРЖАВНИЙ УНІВЕРСИТЕТ
МЕДИЧНИЙ ІНСТИТУТ



АКТУАЛЬНІ ПИТАННЯ
ТЕОРЕТИЧНОЇ ТА КЛІНІЧНОЇ МЕДИЦИНИ
Topical Issues of Theoretical and Clinical Medicine

ЗБІРНИК ТЕЗ ДОПОВІДЕЙ
V Міжнародної науково-практичної конференції студентів та молодих вчених
(м. Суми, 20-21 квітня 2017 року)

Суми
Сумський державний університет
2017

Materials and methods: narrative review of literature that describes methods of anesthesia in endovascular AAA repair.

Results: several spinal block techniques have been used in endovascular surgeries. Prevention of the surgical response to stress, associated with tracheal intubation, reduction of the inflammatory response, absence of mechanical ventilation in patients with pulmonary and cardiac diseases are among its main advantages. The use of epidural and subarachnoid blocks with and without catheter placement, besides epidural block combined with subarachnoid block have been reported. The use of continuous epidural or subarachnoid blockade seems to be the technique of choice in most centers. When deciding to use spinal blocks one should be aware of the time interval necessary between the blockade and heparinization to reduce the changes of epidural hematomas, whose incidence is increased when the blockade is done within less than 2 hours from heparinization.

Conclusion: there is no golden standard in methods of anesthesia in endovascular AAA repair. Regardless of the anesthetic technique chosen, this decision should be based on the duration of the procedure and experience of the surgical team, it should be previously discussed with the surgeon, and one should be prepared for the possibility of immediate reversal for the opened procedure.

BENIGNE SPLENOSIS MIMICKING MALIGNANT LIVER TUMOR

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Splenosis is a condition in which ectopic spleen tissue may be found in the peritoneal cavity or in other unusual locations due to heterotopic implantation of splenic tissue after spleen trauma or splenectomy (SE), which have the physical function similar to normal spleen and can maintain normal immunological function. It is a benign condition that is often misdiagnosed as a malignant tumor, and then the patients underwent unnecessary operations.

Aim: Recall the possibility of post-splenectomy splenosis to simulate a malignant tumor to avoiding unnecessary laparotomy.

Materials and methods: We report a case of a 59-year-old patient with liver splenosis, misdiagnosed as liver malignant tumor.

Results: A 59-year-old patient was admitted because abdominal mass was found by ultrasound. Contrast CT scan shows two masses at the surface of liver mimicking tumors of left lateral lobe. After proper preoperative preparation the patient underwent exploratory laparotomy. During the operation 2 red soft masses, with the size of 5cm×5cm; 3cm×3cm; respectively, were found between liver and diaphragm. Smaller of the masses was sent to rapid pathological diagnosis. Second mass was not resected since lastly the pathological diagnosis was spleen tissue. The patient was discharged at 8th postoperative day without complications. This experience gives us some alert that if abdominal mass was found in patients who underwent SE, we should consider the existence of splenosis. In this way some unnecessary operations could be avoided, and save medical expense for patients. The more important thing is that small spleen was preserved for patients, this can reduce the risk of infection and maintain normal immunological function of patients.

Conclusion: in patients who ever underwent SE, and were found mass in abdomen, we must consider the existence of splenosis, and take some measures, to diagnose it correctly to prevent unnecessary operations. Because this splenic tissue have some beneficial immune function for the patient, the management of splenosis should be conservative