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DEPENDENCE BETWEEN EFFICIENCY OF RESTORATION OF IMMUNE FUNCTION AND MORPHOLOGICAL STRUCTURE OF SPLENIC IMPLANT IN PATIENTS AFTER POSTTRAUMATIC SPLENECTOMY

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In Ukraine the most common method of surgical treatment of spleen injuries remains splenectomy (SE). SE causes serious and specific immune disorders, to correct which helps saving of functioning splenic tissue by its autotransplantation. For the immune function(IF) corresponds white pulp (WP), which distribution is uneven in the spleen.

The aim: to study the dependence of efficiency of restoring of IF of splenic implant of its morphological structure.

Methods: histological investigations of different parts of splenic tissue for determination the largest concentration of WP elements (concentration of Malpighian cells and clusters of lymphoid tissue (PALS) were made. Coloring of micropreparations by Romanovskyy – Himza was used. Investigations were conducted on cadaveric spleen after its laundering with hypertonic salt solution for complete remove of red blood cells. Immune status of patients evaluated by CD3, CD4, CD8, Ig A, M, G, NK, which were determined on 7,30 day and 3 months after SE. Average indicators of healthy individuals (donors) were used as a control.

Results: it was found that the largest concentration of WP was in areas which are located in 6-8 mm from the capsule. Considering obtained results in 16 patients after SE for autotransplantation were used tissue from subcapsular area. First 7 days after SE recorded a significant reduction in all investigated indicators, which began to rise after 30 days up and after 3 months did not differ from relevant indicators of donors ($P > 0.05$).

Conclusion: to improve the efficiency of autotransplantation it is advisable to use tissue of the spleen containing the largest concentration of WP.

EFFICIENCY OF SURGICAL TREATMENT OF PATIENTS WITH DIABETIC FOOT SYNDROME IN NIGERIA

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Diabetic foot is a foot that exhibits any pathology that results directly from diabetes mellitus or any long term (chronic) complication of diabetes mellitus. Diabetic Foot syndrome exhibits several characteristic diabetic foot pathologies such as; diabetic foot ulcer and neuropathic osteoarthropathy which may require surgical intervention for correction.

Aim: To evaluate the primary surgical methods of treatment of Diabetic foot syndrome in Nigeria.

Methods and Material: This was a hospital based prospective study of all patients with diabetic foot ulcers at the National Hospital Abuja (NIGERIA) over a 5year period from February 2010 to January 2015 inclusive. Diabetic patients are first seen in the internal medicine department where screening for the foot at risk for ulceration is done, and only patients who are found to have active foot ulceration are presented to surgeons.

Results: Out of a total 4238 diabetic patients treated at NATIONAL HOSPITAL ABUJA in period from 2010 to 2015y., 136 (3.2%) patients had Diabetic foot ulcers. The majority of patients (95.5%) had type 2 diabetes mellitus. Fourteen (10.3%) patients had previous history of foot ulcers and six (4.4%) patients had previous amputations. The forefoot was commonly affected in 60.3% of cases. The majority of patients (72.1%) were treated surgically. Lower limb amputation was the most common surgical procedure performed in 56.7% of cases. The complication rate was (33.5%) and surgical site infection was the most common complication (18.8%). Bacterial profile revealed polymicrobial pattern and *Staphylococcus aureus* was the most frequent microorganism isolated. All