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OUR EXPERIENCE IN THE TREATMENT OF VENTRAL HERNIAE OF THE ANTERIOR ABDOMINAL WALL IN PATIENTS WITH MORBID OVERWEIGHT

Shimko V.V., Zherepa S.I., Kulesha V.F.

Amur State Medical Academy, Blagoveshchensk, Russia, Clinical diagnostic Centre №1, Moscow, Russia

Herniae of anterior abdominal wall take considerable place in the structure of surgical morbidity among population. According to the world statistics operations on ventral herniae belong to the most frequent interventions. With the increase of the number of operations the frequency of postoperative ventral herniae formations increased especially in persons with abundant body weight.

113 patients with large and gigantic postoperative ventral herniae had been operated in surgical clinics of the Amur State Medical Academy and Moscow diagnostic centre №1 since 2007 till present days. It made 12% of all ventral herniae and 26% of cases were recurrences.

Sections were made according to the location of hernia. In large and gigantic postoperative ventral herniae and in a case of the presence of cutaneous and subcutaneous apron there were performed cross sections or sections in the form of anchor that allowed to remove cutaneous and adipose tissue. The mass of it may be from 3 to 9 kg (average 5±1,5 kg). Removal of the excess of cutaneous and subcutaneous apron improves cosmetic effect of the operation. The length of the incision may reach 450-900 mm.

During recent years unintentional way of strengthening of anterior abdominal wall in Onlay position is widely used by our physicians.

We used polypropelen nettings as a transplant of four firms: "Ethicon", "LantheCS", "Auto Suture" and "Cousin".

Laser affection on the wound with the "Milfa-F" device was used in the early postoperative period to improve the microcirculations and healings of wounds.

Magnetic infrared laser "Milfa-F" device is safe and simple in use that allows to perform procedures with-

out special equipment. During treatment they had an effect on 3-4 zones with the frequency of 50-80 Hz during 5 min on each zone.

The courses of treatment were performed during 6-8 days beginning from the second day of postoperative period. Clinical observations showed that laser affection performed anti-inflammatory, antioedematic, regenerative, analgesic and immunomodifying action. It was expressed in the reduction of exudation in wound and in favorable duration of wound process.

When using synthetic prosthesis wound complications were marked in 6 patients four of them had seroma and two patients had haematoma; purulent complications were not observed. Relapse of hernia was marked in three patients.

Thus, the usage of unintentional ways in plastic operation of anterior abdominal wall and dermoliplectomia in combination with laser affection allowed to improve the results of treatment of patients with postoperative ventral herniae and morbid overweight.

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THE COURSE OF PREGNANCY IN WOMEN WITH HYSTEROMYOMA

Shulzhenko E.V., Zaritskaya E.N., Mirlas E.M.

Amur State Medical Academy, Blagoveshchensk, Russia

Hysteromyoma is one of the most actual gynecological problems because of the high prevalence and the "rejuvenation" of the disease, as well as of the negative influence that this pathology exerts on female reproductive functions particularly on the pregnancy and childbirth. The increase of the number of patients of fertile age with hysteromyoma, a growing modern tendency to planning the first pregnancy in the late reproductive age after the education and formation of a professional career are increasingly considered gynecologists as a problem of conducting the pregnancy with hysteromyoma. The frequency of uterine myoma ranges from 24 up to 50% according to different authors. The tendency to increasing hysteromyoma frequency can be caused, on the one hand, by diagnostic improvement, and on the other - by the prevalence of "aggressive" obstetric and gynecologic surgery (caesarean section, abortion, hysteroscopy, laparoscopy, hysterosalpingography, biopsy and cervical coagulation, diagnostic curettage and removing of the intrauterine device, etc.), and inflammatory diseases of the genitals transmitted sexually. The aim of our work is to investigate clinical and anamnestic characteristics of the course of pregnancy and childbirth for women with hysteromyoma.

We conducted an analysis of the 64 childbirth case histories of women with hysteromyoma. The median age was $33 \pm 4,4$ years old. 21.7% of women suffers from this disease at the age of 20-29 years old, 79.7% of women - at the age of 30 years old or more, that confirms a high risk of hysteromyoma in this age group. We have found that hysteromyoma occur quite frequently in nulliparous 42.2%, 57.8% in multiparous. 87.5% of women had concomitant extragenital pathology. Quite often pregnancy of women with hysteromyoma is accompanied by anemia. In our research in 35.9% of the cases mild anemia was revealed.

In evaluation of the forecast of pregnancy an importance is given to complicated gynecological anamnesis that 65.6% of women had. In 45.3% of cases of cervical erosion is detected, 9.4% of women had ovarian cysts, 7.8% of women had an endometritis. 6.3% of women had infertility which is a frequent complication of uterine myoma. Threat of miscarriage in the different stages of gestation refers to features of pregnancy when it is combined with a hysteromyoma. In the first trimester, it occurs in 35.9%, in the second trimester - 41% and in the third trimester - 23% of women.

Sizes of the myoma nodes have a direct impact on fetal growth and development. Thus in the literature there are described the cases of children birth with torticollis and cranial deformation apparently caused by the pressure of myoma. In our research the sizes of myoma nodes were from 8 to 93 mm in diameter. As a rule the larger the sizes of myoma are, the higher the probability of premature birth is. Myoma's location and the presence of its contact with the placenta are important. The large size of myoma node, its low localization, the presence of multiple nodes of the uterus and the attachment of the placenta in the projection of myoma are the main risk factors for placental insufficiency. One of the leading causes of placental insufficiency among women with hysteromyoma are hemodynamic disturbances in the system of "mother-placenta-fetus", in which placental blood flow is reduced by almost half due to inadequate intake of blood and difficulty of its outflow from intervillous space. It was found that for every second pregnant the chronic placental insufficiency was diagnosed, which was spent in the form of compensated and was most often seen with chronic fetal hypoxia, in 3.7% of cases intrauterine fetal growth retardation has been diagnosed.

According to the literature childbirth among pregnant women with hysteromyoma occur with complications. One of the most important factors that affect the outcome of pregnancy is the period of delivery, and the higher it is, the more favorable the prognosis is for a newborn, as well as for women. Delivery in time was among 92% of women. However, there is quite a high incidence of premature birth - 7.8%. Complications of pregnancy and childbirth require strictly differentiated approach to the management of pregnant women with