embedded in the learning process by which the higher medical school receives appropriate educational technologies that not only govern them, but also integrated into the training of doctors. The UNIVERSITY involving disciplinary GEF empowered to analyze, predict real benefits or reserves of competence for the formation of a specialist, responding to changes and determining based on the integration dynamics of its own promising development with regard to the requirements of the market of qualified personnel.

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TREATMENT OF SHORT-TERM POSTOPERATIVE CICATRICIAL STRICTURES OF THE ESOPHAGUS TECHNIQUES OF ENDOSCOPIC BALLOON DILATATION

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Abstract This paper analyses the experience of using endoscopic balloon hidrografia in the treatment of esophageal strictures of various etiologies, the conclusions about the necessity of individual approach to the treatment of these patients using all possible methods of rendering medical aid for patients to improve their quality of life. On the basis of the conducted research the authors propose the use of this technique at present mainly in patients with a short stenosis of the esophagus.

Key words: stricture of the esophagus, treatment, balloon dilatation.

The problem of choice of tactics and method of treatment of cicatricial strictures of esophageal anastomoses, and it still is one of the most difficult and dramatic pages surgery and continues to be urgent surgical science and practice. This is due primarily to the relatively frequent prevalence of cicatricial strictures of the esophagus, politilogist, the difficulty of determining the optimal duration and choice of method of treatment, a significant level of complications and a high mortality rate. Among the reasons for the development of esophageal strictures most commonly found chemical burns by acid or alkali, is adopted for the error per os [1,8].

Cicatricial strictures of esophageal anastomoses are observed in the postoperative period, usually after gastrectomy, proximal gastrectomy or resection of the esophagus with esophagogastroplasty [2,6].

Among the methods that are used to treat this pathology, used conservative drug treatment, probing of the esophagus, surgical treatment, electroresection, laser recanalization of cicatricial esophageal strictures and endoscopic balloon hidrografia without or with arthroplasty [5,10].

The most appropriate endoscopic treatment in cases where it is difficult or impossible to hold the guide wire under x-ray control in connection with severe stenosis, tortuous speed of contraction, eccentric location of the entrance to the stricture, the deformation of the suprastenotic Department (diverticulosis pockets or blindly ending in the result of a burn injury of the esophageal wall or previously performed by bougienage).

The extension of the lumen of the esophagus by bougienage can be performed in all patients irrespective of degree and length of constriction. According to some researchers, balloon dilatation and probing, can be applied to any treatment of cicatricial strictures of the esophagus, including enough long [3,4,9].

When balloon dilatation in one session, you can apply 2-3 ballony of dilators of increasing diameter. As with probing, a second dilation session is usually held 1-2 days.

The most serious and also a specific complication of endoscopic treatment of strictures perforation of the esophageal wall. Unlike the present "blind" or via rigid esophagoscopy such complication in probing the string and balloon hidrografia occurs much less frequently.

With the development of fiberoptic optics, and now and video, there is a real opportunity not only endoscopic diagnosis of various human pathology, but also perform a variety of surgeries under endoscopic control.

We used a three-stage esophageal balloon pneumogenerator "Hercules" made in the USA. This type of dilatation has a number of indisputable advantages over other similar devices in terms of technical characteristics, simplicity and ease in practical application.

Endoscopic surgery for cicatricial stenosis of the esophagus and esophageal anastomosis, typically performed after sedative premedication and local anesthesia of the pharynx [7,11,12].

After the establishment of the dilator in the region of the stricture in the cylinder pumped fluid with a syringe volume of 40 ml with putting him in a special compressing device. Generated pressure in the cylinder (2,0-4,0 bar) was monitored using a pressure gauge. After adequate dilatation of the esophagus or anastomosis within 3-4 months spent "supporting" the dilatation at intervals of 2 weeks. To expand the scope of application of balloon hidrografia stenosis of the esophagus in some cases it was combined with the probing of the esophagus or conducted electroresection when rigid, eccentric stenosis of esophageal anastomoses. Elektronisia was performed using a needle electrode or papillotome, nadeeka scar 3-4 ring in radial directions.

Recently to consolidate the therapeutic effect appeared the possibility of temporary replacement of the esophagus with the use of silicone implants with lengths of 6 to 20 cm with an outer diameter of 10-15 mm. For insertion of the prosthesis into the esophagus a bougie was used with the pusher tube on the guide wire or pediatric fibroangioma, who wore the prosthesis with the pusher tube.

With 2010 in the Amur oncology hospital had treated 11 patients with esophageal strictures due to complications after surgical treatment.

Example. Patient J. V., 48 years old, was hospitalized in the Amur regional oncology dispensary with the diagnosis: Cancer of the esophagus T2NoMo. Surgical treatment in 2014 in the amount of Subtotal resection of the esophagus with esophagogastroplasty. Already in the early postoperative period radiographically and endoscopically diagnosed cicatricial stricture of esophagogastrostomy, which subsequently led to complete obstruction of the esophagus even in liquids. The food was carried out through enterostomy. In 2015 with the aim of restoring patency of the anastomosis, along with drug therapy, twice performed laser recanalization of the lumen of the device Lahtamilon with a temporary positive effect. Restenosis of the anastomosis occurred after 2-3 weeks. The patient repeatedly in inpatient and outpatient settings performed therapeutic and supportive sessions of endoscopic balloon dilatation in combination with medication, for persistent time positive effect. Clinic cicatricial restenosis of esophagogastrostomy patient was observed 3 months after the last dilation support.

Conclusions. The authors believe that gidrogeneratsia balloon catheters is better to use with "short" stenoses, when the lumen of the esophagus in the area of narrowing is at least 4-5 mm, which allows you to enter the stricture, the balloon is in a folded state. The method is practically bloodless and less traumatic compared with counterparts that do not have severe pain syndrome during and after the procedure, improves the quality of life for patients without severe reconstructive surgery.

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PRETERM BIRTH AS THE MOST IMPORTANT PROBLEM OF THE MODERN OBSTETRICS

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Abstract In 2013-2014 the index of preterm birth in the Russian Federation was 5.9-6.2%. The Regional Perinatal Centre of Blagoveshchensk showed even a higher PB rate (10.7%) than that of the whole Russia.

Key words: preterm birth, risk factors.

The problem of the premature labor has become one of the most pressing issues in the modern obstetrics. It is connected with the high risk of perinatal morbidity and mortality.

Despite a great variety of studies devoted to the pathology the rate of preterm birth (PB) remains the same all over the world. In 2013-2014 the PB index in the Russian Federation was 5.9-6.2%. The Regional Perinatal Centre of Blagoveshchensk showed even a higher PB rate (10.7%) than that of the whole Russia.

The purpose of the study was to examine the stages of pregnancies ending in preterm deliveries between 22-37 weeks.

Materials and methods. A retrospective analysis of 150 records of PB obstetric care quality monitoring has been made. The average age of the women was 28 (+\- 5) years old and women older than 28 predominated (56%). 25% were primigravidae, in 46% of the cases the number of deliveries was two and more. In 85% of the cases the pregnancy was desired, but the prenatal preparation was conducted only in every fifth case which equals to 17%.

64% of the women lived in towns and 36% were from villages.

71.3% of the women were examined by obstetrician-gynecologist more than 7 times during their pregnancy.

86% of the pregnant were examined by a physician twice – when they were registered and when they were 30 weeks pregnant. They had such somatic diseases as chronic bronchitis (10%) and chronic tonsillitis (15%).

The average menarche age was 13,2 +\-0,4 years old. 30 pregnant had menstrual function disorders of hyperpolymenorrhea and oligomenorrhea type since the juvenile age. The pregnant who underwent very early preterm births had suffered from such gynaecological disorders as a pathology of the neck of the uterus (n=17)