Patients of the main group, the development of postoperative wound infection from the amputation stump was observed in 5 (3.5 %) patients, which was ceased by local ointment wound bailouts and adequate antibiotic therapy. While deaths related to wound infection and generalization of infection were not observed.

Thus, a comparative analysis of surgery involvements at tibia in diabetic foot with signs of CLI patients of the groups I and II showed that the technology implementation improvement of mioplastic amputation with the removal of the m. soleus led to a significant shortening of the operative time (without changing the essence of the surgery itself), infection likelihood reduction of the wound surface during surgery and a dramatic reduction of postoperative wound infections from the amputation stump of the tibia.

Conclusions:

1. In the diabetic foot syndrome with obvious signs of critical limb ischemia by- selecting a high amputations method is mioplastic amputation with removal of m. Soleus, since it increases the functionality of the stump and improved opportunities for its further prosthetics.
2. Improvement of technology implementation of mioplastic amputation with the removal of m. Soleus, leads to a reduction in the number of postoperative wound infections from 15.4% to 3.5% of cases.

References:

1. Antoniuc C. M. Features of surgical treatment of patients with complicated forms of diabetic foot syndrome/C. M. Antoniuc. N. V. Sviridov, A. G. Popondopalo//Clinical. Surgery. – 2005. – № 10 – P. 36–39.
2. Antsifirov M. B. Diabetic foot syndrome: current trends in treatment and prevention/M. B. Antsifirov, E. J. Kolinichenko//Rus. Medical journal. – 2005. – V. 13, № 6. – P. 367–370.
3. Grekova N. M. A method for improving the results of surgeries for local necrotic diseases of the foot in diabetes/ N. M. Grekova, Y. Lebedev, V. N. Bordunovsky/Journal of Surgery by LL Grekova. – 2003. – № 5, – T.165. – S. 78–81.
4. Necrotic lesions of the lower extremities/R. M. Ahmedov, B. B. Safoev//Bukhara – 2010. – P. 221.
5. Karimov S. I., Babadzanov B. D., Islamov M. S. Diabetic gangrene of the lower extremities. – T: «Shark". –2003. – P. 240.
6. Ovcharenko D. V. Subintimal angioplasty with multileveled artery lesions in a patient with chronic critical ischemia of both lower extremities/D. V. Ovcharenko, M. Kaputin, I. E. Bohr, V. Soroka//International Journal of Interventional Cardiology. – 2006. – № 10. – P. 38–41.
7. Svetukhin A. M. Pathogenesis and complex surgical treatment of suppurative forms of diabetic foot syndrome/A. M. Svetukhin, A. B. Zemlyanoy, Istratov V. G. etc.//Surgery. – 2003. – № 3. – P. 85–89.
8. Armstrong D. G. Negative Pressure Wound after partial diabetic amputation: a multi – centered, randomized controlled trial/D. G. Armstrong, L. A. Lavery//The Lancet. – 2005. – Vol. 366. – P. 1704–1710.

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Optimization of therapy methods for children with epispadia associated with extrophy

Abstract: a modification of sphyncteroplasy by Dershavin and a new method of removal of symphysis dfiastsis have been used in 32 patients. Good and satisfactory outcomes accounted for 90.6 % patients. In 2 months following the operation no rentgen picture divergence of symphysis has been detected in the patients.

Keywords: epispadia, extrophy of bladder, cyst plastics, symphysis, total urine incontinence.

Introduction. Recently the interest of specialists to the problems of urine incontinence in cases of severe forms of epispadia is growing, as the number of patients with these defects is also increasing. In this group of patients aging aggravates not only morphologic and functional disorders of urinary system, but also other organs and systems [3; 6]. In spite of the topicality of the problem in literature there is no enough information on the problem of epispadia associated with bladder extrophy and accompanied by urine incontinence [1; 5]. The available few works mostly cover the

problems of urethroplastics in the cases of congenital defects of urine excretory duct [2; 4; 7].

The problem of the child's age oprimal for surgical operation is not solved yet, as well as the method and technique of the surgery for various degrees of the defect. All these underlines the urgency of the problem.

The aim of the research: is to improve the results of the therapy of children with epispadia combined with extrophy and accompanied by total urine incontinence.

The materials and methods of the research. 71 patients with severe forms of epispadia associated with bladder extrophy got therapy in our hospital from 1990 to 2006. Among them there were 63 (88.7 %) boys and 8 (11.3 %) girls. In this group of patients there were 5 children under 1 year old (7.0 %), 19 1–3 years old (26.7 %), 36 from 3 to 7 (50.8 %), and 11 patients from 7 to 11 (15.5 %). These patients were divided to 2 groups: control group — 39 patients, who came to the hospital from 1990 to 2001 and the main group — 32 patient from 2001 to 2006.

The results of the research. The patients of 1990–2001 got traditional therapy. Among them there were 8 patients with subtotal form (20.5 %), 25 patients with total form (64.1 %) and 6 with total epispadia associated with bladder extrophy (15.4 %).

6 from 39 patients (15.4 %) had combination of total epispadia with bladder extrophy, so that group of patients earlier had cyst plastics according to Bairov's method. After the operation 2 (5.1 %) patients had divergence of sutures, and later these patients got urethrosigmoanastamosis according toUlliyev's modification of Matisen's method. The rest 33 patients had sphincter plastics according to Derjavin's traditional method. Immediate results of the operation in the control group showed that 18 patients (54.5 %) had comlete elimination of urine incontinence, and 6 patients (18.1 %) had only partial one. In 9 cases (27.3 %) urine incontinence couldn't be eliminated. Good and satisfactory results of the operations were registered in 39 patients. Besides that, 32 patients (82.0 %) had preserved diasthasis 2–4 cm. because of divergence of the symphisis and it had negative effect on the posture, step and appearance of penis. Due to non-satisfactory results we decided to improve the complex surgery for better results of the operations.

32 patients with severe forms of epispadia were accepted from 2001 to 2006.

Dependently on the defect of genesis the patients were divided as follows: subtotal form 11 (34.4 %), total form 17 (53.1 %) and combination of the total epispadia with bladder extrophy 4 (12.5 %) patients.

In that group of the patients we applied a modified sphincter plastics according to Derjavin's method and our own method for convergence of symphisis. The technique of the operation was the following: a patient is places on the operation desk on his back with downcast shins. Femors are wide open, and a bolster is placed under lumber-sacral part. The prepuse skin of the boys is stured with silk thread, which is used to pull the penis down. Epipubic cut of skin is done to 6–8 cm. straight and pyramidal muscles are divided along the middle line above pubis by means of blunt method, and after it the anterior wall of bladder is opened. The anterior surface of bladder is opened upward along peritoneal fold. After that, blunt method is used for maximal separation of the lateral surface of the cervix and the lower part of bladder up to the area atached dorsally to rectum. Duble-tubular vesicular-urethral cateter is injected into bladder by means of vesicle endopuncture method. A longitudal part of the anterior wall of bladder and its cervix is put inside with the help of bundled and caprone sutures down along the middle line to 3 cm. width. The sutures srat to be applied a little bit below the peritoneal fold with 1 cm intervals. The tissue of the bladder is caught by a needle from both sides wide enough, but it should be carefully done to prevent a puncture of bladder mucous membrane. As a result there is suturing of sub-mucous chink of the anterior wall of bladder and its cervix along 6–7 cm. After that the second line of similar suture is done for convergence of the edges of the lower part of vesicular triangle. Each of sutures catches anterior-lateral surfaces of the lower part of bladder and its cervix both sides. After the application of the second line of sutures, the first line completely goes inside. The second line of sutures should serve to compact covering of the cateter along its whole length. Longitudinally parallel to the cateter 3–4 suturs are applied for creation of an elbow in the area of bladder cervix with the angle equal to 110–120 degrees. The medial margins of the запирательного отверстия are revealed, and a sterile fishing line with 0.5–1.0 mm. (dependently on the age of a child) diameter is passed trough it, wind 3–4 times around ramus inferior jssis pubis and bind along the middle line so that diasthasis bone moved closer. After that urethra is created by means of one moment orthoneourethroplastic method. During post-operative period cateter is used for constant washing of the cavity of urinary bladder and new urethra with 0.1 % miramistin solution. For the stimulation of regeneration 0.2 mummy was administered two times a day for 20 days and methyl uracyl 500 mg. 3 times after meal for a month. Vesicular-urethral cateter was removed on the 10^{th} day after operation.

Conclusion. Thus, immediate results after the modified therapy method showed that 19 patients had good effect (59.4 %), 10 patients (31.2 %) — satisfactory, and 3 patients (9.4 %) non-satisfactory result. So, improvement of the surgery helped to eliminate urine incontinence in 29 patients (90.6 %). On the roentgenogram done in 2 months after operation there was no registered divergence of symphisis in any of the patients and its had positive effect on the posture of these patients. The appearance and size of penis of the patients of that group was closer to normal ones, in comparison with the control group patients. Among the patients who got traditional therapy the percentage of good and satisfactory results was 18.3 % lower than in the main group.

On the basis of the aforesaid we can conclude that the modified method improves the efficiency of the operation, decreases the percentage of relapses and diminishes the number of days stayed in hospital.

References:

1. Averin V. I. Segment cytoplastics of intestine in children.//Belorussian medical journal. – № 3 (17). – 2006. – P. 34–37.
2. Beknazarov J. B., Tadjibayev A. A. Modern therapy of the problems of urine incontinence. Pediatric journal, – 2007, – № 4. – P. 34–37.
3. Salimov Sh. T., Fakirov A. Z., Beknazarov J., Adilova G. S. Comparative characteristics of the methods of penis prolongation in severe cases of epispadia//Pediatric surgery. – Moscow, – 2001, – № 4. – P. 18–21.
4. Fakirov A. Z. Orthoneourethroplastics for epispadia//Bulletin of Russian State Medical University. – 2001. – № 2. – P. 96.
5. El-Sherbini. Complete repair of bladder exstrophy in boys: is it possible to avoid hypospadias? Urology and nephrology center. Egypt. – may 2005, – 47 (5).
6. Amirzargar M. A., Yavangi M., Ghorbanpour M., Hosseini Moghaddam S. M., Rahnavardi M., Amirzargar N. Reconstruction of bladder and urethra using ileocecal segment and appendix in patients with exstrophy-epispadias complex: the first report of a new surgical approach.//Int Urol Nephrol. – 2007, – 39 (3): 779–85.
7. Stein R., Fisch M., Stockle M., Hohenfellner R. Urinary diversion in bladder ktrophu and incontenent epispadias; 25 years of experence.//J Urol. – 1999, Sep. – 54, (3); – P. 117–181.

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The analysis of perinatal outcomes in preterm labor in Women at high risk of intrauterine infection of fetal

Abstract: in the structure of antenatal mortality due to intrauterine infection (IUI), 27.2 % are viral infection, 26.3 % — an infection of mixed etiology, and 17.5 % — a bacterial and the tendency to increase of mortality is strongly pronounced, accounting for 5.97 % per year.

Keywords: intrauterine infection (IUI), perinatal mortality, outcomes in preterm.

Relevance. Intrauterine infection (IUI) at the present stage is one of the major problems of obstetrics and perinatology [1; 4].The fetus develops in the difficult conditions of relationships with the mother, so the presence of foci of infection in a pregnant woman is always a risk to the fetus and newborn.

One of the most important problems of modern obstetrics and perinatology is a progressive increase in infectious pathology of the fetus and newborn. Infectious diseases detected in 50–60% of hospitalized term infants and 70 % of preterm infants. According to the results of autopsies of newborns, 37.5% of died children this pathology was the main cause of death, which accompanied or complicated the course of the underlying disease [2; 3; 5].

The leading role of intrauterine infections among the causes of adverse perinatal outcomes determines the character of a comprehensive study of the problem.

The purpose of research. Studying of perinatal outcomes in childbirth at women with high risk of intrauterine infection of the fetus.

Material and methods. The object of the study were 209 pregnant women at high risk of infection. At the end of pregnancy, all the women were divided into 3 groups depending on the availability of neonatal signs of infectious diseases that have emerged in the first 3 days of postnatal life, and regarded as the consequences of intrauterine infection. The first group consisted of 62 women at high risk of infection, gave birth to children with no signs of IUI, the 2nd group — 68 pregnant women gave birth to children with a mild form of IUI. Group 3 consisted of 69 mothers of infants with severe forms of IUI. In group 1, all children were born at term without complications.

In group 2, in term of 29–36 weeks born prematurely 7 (9.6 %) of children, and in 90.4 % of cases, children were born with a mild form of IUI.

With a very low birth weight to 1000 g in group 3 were born within the period 22–28 weeks 16 (21.6 %) very preterm infants, in term of 29–36 weeks — 19 (25.6 %) of preterm infants, and in term of 37 42 — were born 27 (36.4 %) full-term infants.

At mothers of 1st group 80.7 % of children were born with an estimate of 6–7 points, and in 2nd groups of mothers 58.9 % of children were born with 4–6 rating points and 7–8 rating points — 35.6 %. At mothers of 3d group were died 8 (10.8 %) of neonates in an antenatal period and in an intranatal period — 6 (8.1 %) of children who were not subjected to Apgar scores. Of the remaining 62 newborns: 1–3 points were assessed 15 (24.2 %), 2–5 — 16 (25.8 %), 4–6 — (21.0 %), 7–8 — (29.0 %).

In groups 1 and 2 baby girls and boys were about equally. In 3 group the boys were more than the girls at 50.1 %.