

раторных показателей были выявлены основные синдромы (цитоллиз, холестаза, гепатоцеллюлярная недостаточность) при циррозе печени. При обработке данных также были выявлены наиболее часто встречающиеся клинические проявления цирроза печени.

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CLINICAL AND DEMOGRAPHIC CHARACTERISTICS OF PATIENTS WITH SYNTHETIC VASCULAR PROSTHESES IN 2015

Introduction

In the field of reconstructive angiosurgery, there is an increase in the number of surgical interventions performed for various pathologies of the aorta and great arteries and an increase in the number of infections of vascular prostheses. After reconstructive operations on arteries in the aorto-ilio-femoral segment, prosthetic infection is observed in 0.5–6% of cases [1–4].

Goal

To study the clinical and demographic characteristics of patients using artificial vascular prostheses for damage to the aortofemoral segment in the Gomel region in 2015.

Material and methods of research

We analyzed 72 medical records of inpatients of people who were treated at the Gomel Regional Clinical Cardiology Center for the period January-December 2015 with damage to the aortofemoral segment. The study group consisted of people aged 31 to 80 years, of which: 62 men (86.2%) and 10 women (13.8%). The fact of infection of the artificial vascular prosthesis was stated when signs of groups 3–5 were identified according to the classification proposed by R. Samson [5].

Results of the result and their discussion

Among the patients, people aged 61–70 years predominated (39 people, 54.2%). Most of the patients were residents of the city of Gomel (60 people, 83.3%), and 12 people (16.7%) were residents of the districts. It was found that coronary heart disease (atherosclerotic cardiosclerosis) was a concomitant pathology in 79.2% of cases (57 people). Arterial hypertension was detected in 42 patients (58.3%). Atrial fibrillation was observed in 9.7% of cases (7 people), aortic atherosclerosis in 2 people (2.8%). Type 2 diabetes mellitus has been reported in 6.9% of cases (5 patients). The main pathology in 37 patients (51.3%) was “atherosclerosis of the arteries of the extremities.” Abdominal aortic aneurysm occurred in 27.8% of cases (20 people). In 20.9% of cases (15 people), generalized and unspecified atherosclerosis was noted. In 3 patients (4.2%), the main diagnosis was embolism and thrombosis of the arteries of the lower extremities. All patients underwent prosthetics, during which two types of prostheses

were used: textile and polytetrafluoroethylene (PTFE) prostheses. Textile prostheses were used in 65 patients (90.3%), PTFE prostheses were used in 9.7% of cases (7 patients). Intraoperative blood loss in most cases (57 people, 79.2%) was up to 500 ml. Blood loss from 500 to 1000 ml occurred in 13 patients (18.1%). Much less frequently, intraoperative blood loss was 1000–1500 ml (1 patient, 1.4%). And in 1.4% of cases (1 patient), blood loss was more than 1500 ml. When using a textile prosthesis, intraoperative blood loss in most cases (53 people, 81.5%) was less than 500 ml. When using a PTFE prosthesis, intraoperative blood loss of up to 500 ml was more often observed (5 people, 71.4%), blood loss from 500 to 1000 ml was much less often observed – 2 people, 28.6%. The incidence of prosthetic infection was 4.2%. In this case, only textile prostheses were infected. The duration of hospitalization in most cases was 10–20 days (42 people, 58.3%). 21 patients (29.2%) were hospitalized for more than 20 days, and only 9 people (12.5%) spent less than 10 days in the hospital.

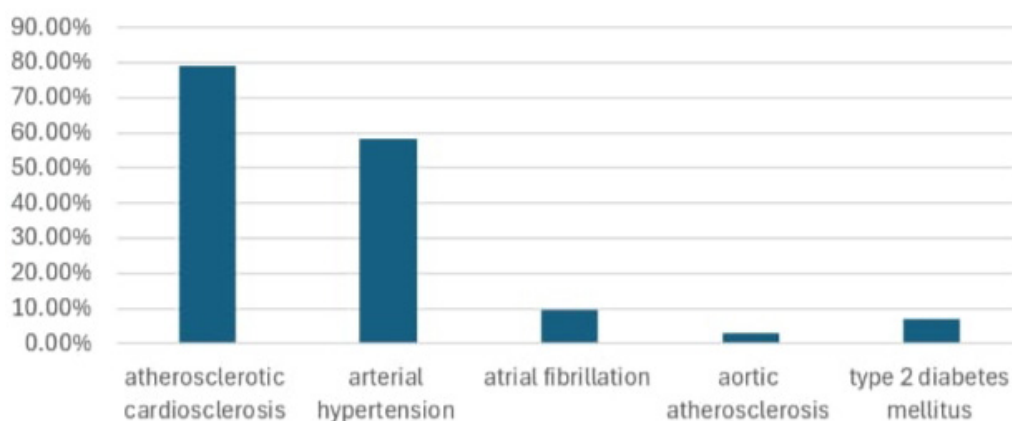


Figure 1 – The graphical representation shows the diseases in percentage

Conclusion

The main diagnosis most often was “atherosclerosis of the arteries of the extremities” (51.3%). Concomitant pathology with aortofemoral lesions was most often coronary heart disease (79.2%).

The incidence of prosthetic infection was 4.2%.

During the implementation of prosthetics, the use of textile prostheses predominated (90.3%). When using them, intraoperative blood loss in most cases (81.5%) was less than 500 ml.

The average length of hospital stay was 10–20 days (58.3%).

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