

the tool that removes exudates from a tooth via permanent vacuum in combination with the immunomodulator «Gepon» application under apical periodontitis, that allow us to increase the treatment effectiveness, shorten it and avoid surgery.

Materials and methods. An inspection and treatment via permanent vacuum and «Gepon» preparation of 150 patients (85 men and 65 women in age of 25 to 55 years) with apical periodontitis was carried out by us. The vacuum was created with the exude removal tool. A group of patients (100 persons) with the same diagnosis that has been treated with the common method formed the control group.

The exudates removal tool that has been used in our work is an elastic tray, formed for the whole teeth line to which a full elastic container is fixed to create a permanent vacuum, that has intake and exhaust valves on its foundations, a flexible tube is fixed to the intake valve – it is the suction, the second end of which is introduced into the tooth root channel, and a container for exudate accumulation is formed on the suction tube's horizontal curve.

Research results. The application of the introduced tool along with the «Gepon» preparation was probed on 150 patients with apical periodontitis, 100 patients who have been treated with a Endo Sonic Air 300 formed the control group.

Within 54% of the control group patients who have been treated with Endo Sonic Air 3000 felt pain when biting in the purpose tooth area. A pain often occurred while eating, especially a solid food. Among the patients with parodontium diseases the pain was present even longer. Patients who had been treated with the introduces tool had no pain of any discomfort later. Only four patients had some discomfort while eating solid food within the first 2-3 days.

A weakly painful percussion was revealed among 6 of the control group patients (12%) within the control inspection 12 months later. Among 9 patients (18%) a periodontal fissure increase and the bone tissue exhaustion in apical root parts was registered on the X-ray film.

A clinical picture among the patients of the main group who was treated with the introduced method was much better at the control inspection a year later. Pain and discomfort were not registered. Bone tissue and apical root parts exhaustion inflammations were not revealed by X-ray facility.

It is known that chronic parodontium inflammation takes place at the background of significant alterations of local protective reactions of both specific and non-specific character. The components of specific and non-specific oral cavity immune protection act in a complex way, thus creating a number of immune responses. But with apical periodontitis a disfunction in the oral cavity anti-bacterium barrier emerges. A treatment with the introduced «Gepon» preparation provided for the decrease in the natural resistance factor tension and the reduc-

tion of the inflammation process, that testifies the elimination of the local immunobiological tension

The implementation of the introduced tool and «Gepon» preparation allows us to: effectively treat the main pathogenetic mechanisms of the periodontitis development in a short period (3-5 days); obtain a stable healing effect. Analysing the research results we can conclude that the tool for the exudates removal from a tooth with the implementation of the permanent vacuum is convenient to use, well endured by patients, do not have side effects and contradictory evidence to use. While applying the introduced tool the exudates is effectively removed not only from the channel and its numerous branching, but also from the periodontium tissue. The obtained data allows us to recommend the introduced facility in both its technical form and effective impact time.

It has been defined that complex apical periodontitis treatment with the implementation of the permanent vacuum and «Gepon» preparation, with the introduced facility is on principle new, pathogenetically-proved approach to the treatment of this pathology, it demonstrates an expressed therapeutic effect that allows us to recommend it for a wide stomatological practice.

NEW ASPECTS OF POSTOPERATIVE ADHESIOGENESIS IN A CASE OF HORMONAL INSUFFICIENCY

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Last years, the quantity of surgically treated gynaecological diseases, used to be progressively increased. The most frequent surgical intervention is hysterectomy. The rate of morphogenesis pelvic and peritoneal adhesions after hysterectomy is about 92,0–100%. For example, 92,6% – after supravaginal amputation of uterus, 95% – after uterine extirpation.

Postoperative adhesions has a great negative influence on a patients health condition, causes an intestinal obstruction, chronic pelvic pain syndrome, different surgical complications as an injuring of viscera and etc. Experimental and clinical research of adhesiogenesis in a case of surgical caused hormonal insufficiency was performed. In animal experiment the direct connection between Total Volume of Adhesions and operational injury was determinated. So the widening of operational injury volume in a condition of attendant postoperative hormonal insufficiency activates the elevation of adhesiogenesis.

The main aim. Clinical assessment of adhesiogenesis level under condition of a surgically caused hormonal insufficiency.

Materials and methods. It was about 50 females after hysterectomy without adnexa (1 group)

or with adnexa (2 group) was examined on clinical phase of investigation. The age of patients was about 39-55 years. The main reason of surgical treatment was myoma or adenomyosys – in 94% of cases. In all cases the menstrual function before operation was remained. In both groups the comparative investigation, included laboratory test of fibrinogen concentration, FSH- and estradiol level (on 6-7 day after surgery), ultrasonic assessment of adhesiogenesis (on 30-45 day after surgery), questioning with a standart inventory form SF-36 was made. It was about 4 cases of repeated laparotomy or laparoscopy after earlier executed hysterectomies.

Results. 76,5% females had some complains after operation. The most frequent complains were hot flushes, heartbeat and hyperhidrosis. Pain and discomfort in a lower parts of abdomen were registered as complains in 30% at the 1 group and 65% at the 2 group. Estradiol concentration on the 6-7 day after operation was reduced at the both groups (from 67–250 pg/ml down to 39,8-163 pg/ml). But in contrast to the 1 group, the FSH concentration at the 2 group was considerably higher. The level of fibrinogen was normal in 65% at the 1 group and in 10% at the 2 group. Hyperfibrinogenemia at the first group was moderate (4-5 g/l). At the 2 group hyperfibrinogenemia was moderate only in 45%, and in 55% the fibrinogen level was higher than 5 g/l. Atypical location of ovaries or pathological formation or cervical stump was in 10% at the 1 group and in 25% at the 2 group. Unusual fixation, position and

contour changing, parietal or visceral adhesions were in 10% at the 1 group and in 30% at the 2 group. After repeated surgical treatment of patients with hysterectomy with adnexa in anamnesis adhesional process was determinated: epiploic adhesions with front-lateral abdominal wall near scar, with the cervical stump, planar and friable adhesions with the top of bladder, sigmoid colon. Laparoscopy (because of tumors formed after hysterectomy without adnexa) was produced in 2 cases. Single avascular adhesions along lateral quadrants of abdominal cavity, friable adhesions with the poles of tumor with parietal peritoneum, intestinal loops and the top of bladder were determined.

Resume. Postoperative adhesiogenesis after hysterectomy correlates with estrogen insufficiency.

Clinical manifestation and adhesiogenesis intensity, including associated with the symptoms of surgical menopause, higher in a group of females after hysterectomy with adnexa, which allows to suppose the reasonable prescription of hormonotherapy in such a cases.

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