It was marked by significant increase of the peripheral extent of hearing loss severity with increasing severity of the ground state from light to heavy. At the same time in the comparison of subgroups with moderate and severe hypoxia progresirovanii significant differences in the degree of peripheral sensorineural disorders with increasing severity.

Conclusions:

1. Identified archaeological violation confirm the role of cerebro-vascular factor and indicate chronic vertebra-basilar vascular insufficiency in patients undergoing hypoxic conditions varying degrees. The state of cerebral hemodynamics of compensation depends on the degree of hearing impairment.
2. The severity of peripheral sensorineural disorders is proportional to the degree of hemodynamic disorders in the system make it possible-night arteries.
3. The algorithm of diagnostics sensorineural disorders in children with perinatal pathology should be built based on you-revealed neurological and auditory abnormalities at early stages of development.

References:


Abdominoplastics of postoperative ventral hernia in patients with obesity of III–IV degree

Abstract: From 2008 till 2015 years in surgical departments 1st and 2nd clinic of Samarkand Medical Institute were operated 208 patients with postoperative ventral hernia of abdominoanterior walls. Important factors identifying surgical tactic is localization of hernia, size defect and presence of relapsing in amnesia. Abdominoplastics is not only cosmetic operation in patients suffering from obesity on excessive fat of deposit of abdominal wall, but also presence of postoperative ventral hernia–technical surgery using, allowing to improve results of hernioplastics. The treatment of patients with obesity must be complex and individual as estimation initial condition of patient such on choice treatment method, so far as in problem such operation enters not only weight loss of mass body but also normalization of metabolic process.

Keywords: Hernioalloplastics, dermatolipidectomy, Abdominoplastics.
Introduction

Postoperative Hernioplastics of ventral hernia (PHVH) with abdominoplastics remains one of the spreading operatic interference of surgery in patients with expressive obesity of skin-fatty lining [4]. The main cause influencing on the process of formation hernia serves in patients accompanying pathology on the form of disturbances of exchange fat. In now a days abdominoplastics as independent operation is enough spreading in plastic surgery and has esthetic and cosmetic meanings [5]. Wide mobilization skin-fatty patches allows to estimate the condition of tissue around defect of aponeurosis, identify additional hernia gate and weak area [1; 4]. Using abdominoplastics in patients with postoperative of ventral hernia and obesity improving current postoperative period, decrease the number of complication and gives better near and further results [3]. Removing significant number of obesity tissue in the area of abdomen is prophylaxis recurrence of postoperative hernia. In measure restoring of integrity aponeurosis, recovery outline figure creates relational comfort without reversal main cause of obesity [5].

The main advantages abdominoplastic is [2]: capability of removing large fatty mass with excessive saggy skin patch, expanded, tough postoperative scar; possibility performing abdominoplastic in epigastric area with creating muscle-aponeurosis corset on significant decreasing circumference of waist in ten centimeter (on other types of abdominoplastic occurs significant excessive of skin in epigastric area which keeps even on imposition of additional deep raphe.

Materials and methods

From 2008 till 2015 years in surgical departments 1st and 2nd clinic of Samarkand Medical Institute were operated 208 patients with postoperative ventral hernia of abdominoanterior walls. Important factors identifying surgical tactic is localization of hernia, size defect and presence of relapsing in amnesia. According to classification of Chervel J.P. and Rath A.M. (1999) [5] in 67 (32.2 %) patients were large (W1) and giant (W2) hernia. In overwhelming majority patients (148 — 71.2 %) were under umbilical (M1) and around umbilical (M2) hernia. The least number of patients were ventral lateral hernia (L) and associated (M + L) location. From 208 patients in 172 (82.7 %) were initial (R1) and in 36 (17.3 %) patients relapsing (R2) hernia. In 152 patients accompanied obesity in several stages. 73 of them patients in the age from 27 to 68 years suffered of obesity III–IV stages and presence of manifestation dermato-fatty lining. From them 69 were women and 3 were men gender. All the patients were carried out anthropometry, including the measure of height, mass of body, computation index of body mass (IBM). Standard criteria for determine obesity — (IBM). IBM identifies in formula: weight divides in quadrate of height: 20–26 — healthy; 26–28 — increasing nutrition; 28–31 — obesity of I stage; 31–36 — obesity of II stage; 36–41 — obesity of III stage; More than 41 — obesity of IV stage. The patients were separated in two groups. The control group consisted of 29 patients with obesity III–IV stages, they were performed hernia section with abdominoplastic. Carried out general clinic, biochemical examinations, measuring intraabdominal pressure before and after operation. Among 73 (35.1 %) patients with obesity III–IV in 61 (83.6 %) had extensions down of abdomen form, in 7 (9.6 %) — ovoid shape form and in 5 (6.8 %) — extension of upper abdomen form.

Received presenting allowed to choose optimal operative approach on hernioplastic and abdominoplastic. Electrocardiography and Ultrasound examinations of organs abdominal cavity performed to all 152 patients. Operative treatment of control group patients included of plastic hernia defect of autogenous tissue and prosthesis of material indication. On prosthesis plastic transplanted fixed according to method of onlay, inlay and sublay. In necessities with aim of increasing capacity of abdominal cavity for prevention of development the syndrome of few abdominal and respiratory failure, the plastic of pre-abdominal walls performed in combination method — in supplementary mobilization of vaginal straight abdomen muscle. The stage of hernia section in patients of main and control group did not distinguished. Particularities of operative treatment in main group patients was included in combination abdominoplastic. The stage of prosthesis hernioplastic with combination of abdominoplastic included the following: After manipulation of operating field on the skin of pre-abdominal walls inserted the picture of type “Anchor” (cutting on Fleisch), enclosing hernia pulsion, old postoperative scar and dermo-fatty ruga. After cutting the skin and hypodermatic fatty layer till aponeurosis of excessive ruga on picture removed and discharged hernia sac. The edge of dermo-fatty patches widely steamed into and out. Prosthesis of hernia defect refers on indications. After completing hernioplastic with abdominoplastic in patients on aponeurosis retained drainage of perforated tube on Redone. The edge of skin wound combined on the way of reasonably traction down and middle line. Horizontal portion of cutting skin sewed in a single raphe, cutting on the middle of line — internal skin raphes. Combining connected three skin patch-es, triangular portion of skin on under bosom sewed internal skin, free ends of ligature lead out under the skin of lateral portion and ligatured without pulling. This reception allowed to avoid necrosis of triangular patches. Administered an early rising, respiratory gymnastics, anticoagulants and physiotherapy. Removed of drainage tube on the period from 2 to 8 days on observing USD in dynamics. The results and discussing: Altogether, among the examinations (n = 208) spreading obesity in various degree consisted 73.1 % (n = 152). On this III–IV stages obesity (IBM from 36 till 60.9) had 35.1 % (n = 73). There were detected growing of the rate obesity in the ages. The part of the obesity made up 35.1 % in women younger than 45 years, 56.3 % in patients on the age from 45 to 55 years and in women older age 80.3 %. Estimate of effectiveness results treatment of patients in discussing group in the quality of main criteria used of indication rate in hernia recurrence of pulsion, character and gravity of occurring complications. In dynamic examination separate anthropometric indication: mass of body (MB, kg.), index of body mass (IBM, kg/m2). Also investigated the dynamic of intraabdominal pressure (IAP, mm. rt. st.), laboratorial results, current concomitant pathology and the level of life quality. From 73 treated patients one case (3.4 %) finished by fatality result in control group. The cause of death was acute cardiovascular failure. Postoperative period in patients of control groups observed on 9 complications (31.0 %) (inflatable in 3, hemato ma in 2, seroma in 2, lymphorrhoea in 1 and purulence of wound in 1 patient). Bronchopulmonary complication observed in 7 patients, phenomena of heart failure in 5 patients, the last manifestation was in low indication of arterial pressure, acceleration of pulse, dyspnoea. The last complication obviate simultaneously with pulmonologist and cardioressusciator. In main group complications were in 4 patients (9.1 %). (purulence of postoperative wound in 1 patients, infiltrate in the area of postoperative wound in 2, necrosis of edge skin pathces in 1 patients. Bronchopulmonary complications observed in 2, heart failure in 1 patients of age 66 years suffering from postinfarction cardiosclerosis. Thus a majority number of complication observed in patients of control group. A few number of cardio-pulmonary and local complications of postoperative were marked in main group patients. On dynamic observations of control.
group patients the indication of body mass and relative indication of IBM, important changes did not undergo. In patients of control group on dynamic observation, indication, characterized degree of abdomen obesity important changes did not undergo. According to the IBM of patients in main group the indication of abdominal obesity carried out in global changes. This positive said on the further vital perspectives, as far as exactly abdominal type of spreading fatty tissue, in most degree associated with a high risk of cardiac vascular disease and diabetes mellitus II-type, undergo essential changes. On research level of glycemia in control group patients important changes were not detected. After 1 year of postoperative diabetes mellitus II type was detected again in 3 patients and total number such patients consisted of 12 (16.4%). In patients of main group on research level of glycemia were marked reliable decreasing indication after carrying out treatment. Exceeding level of glucose in blood was 6.1 mmol/l in patients main group did not detected. In both groups initially 54 persons (73.9%) had arterial hypertension of different degree. On dynamical observed in further kept higher number AD, with tendency of transition in more severe degree of arterial hypertension. In patients of main group were detected decreasing higher number of AD, with tendency of transition in more mild degree of arterial hypertension. In both group patients on the stage of treatment, in dynamic measured the level of intrabdominal pressure. Proceeding from receiving results were detected well-formed changes of indication intrabdominal pressure on the side of their increasing on stages of operation associated dipping hernia content and hernioplastics. Performing combination methods with mobilization straight muscle on Ramirez, using 12 patients of control group and 10 patients of main group, who get enlarge capacity of abdominal cavity, allowed to avoid increasing of intrabdominal pressure. The results of analysis research which estimated the indication of quality of life in patients of both group, with the help of inquirer did not stated appreciable differ between the condition before operation in main and control groups. In main group patients, postoperative after 3 months were detected improvement the quality of life on all component of research.

Conclusions

Abdominoplasty is not only cosmetic operation in patients suffering from obesity on excessive fat of deposit of abdominal wall, but also presence of postoperative ventral hernia – technical surgery using, allowing to improve results of hernioplastics. The treatment of patients with obesity must be complex and individual as estimation initial condition of patient such on choice treatment method, so far as in problem such operation enters not only weight loss of mass body but also normalization of metabolic process. Hernioplastics with abdominoplastics in patients postoperative ventral hernia anterior abdominal cavity suffering from obesity III–IV degree, performing after careful pre-operative preparation as rule improves the quality of life of patients and gives adequate cosmetic effect. Combination of herniological operation with abdominoplastic corrective form of body and removable esthetic inconvenience, brings in large deposit in psychological and social rehabilitation patients obesity and is good stimulus for elaborated motivation in decreasing body mass.

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Criteria’s of choice method in surgical treatment of patients ventral hernia with concomitant obesity

Abstract: The work based on result analysis in 208 hernioplastics patients postoperative recurrence and primarily ventral hernia suffering from obesity. The patients were divided in two groups: control and main group. The patients of control group carried out classical hernioplastics of local tissue and prosthesis materials according to indication. In main group patients...