According to the instruction of medical use of Simponi even after the miss of injection, a repeated induction was not provided therefore treatment was continued as the supporting course, the next injection was carried out on March 8, 2016, the patient felt well. Further injection was planned monthly subcutaneously in 100 mg dose.

Total 20 injections of golimumab with the considerable improvement of activity indexes of ulcerative colitis, good drug tolerance were carried out.

CONCLUSION

This clinical case shows the effectiveness of golimumab (Simponi) in the 2 line of biological therapy (after Infliximab) in patient with ulcerative colitis. The two-month break in therapy did not cause a clinical exacerbation of the disease.

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ACTUAL PROBLEMS OF THE URGENT ENDOSCOPIC TYPES OF EXAMINATION

ABSTRACT

Medical activity is impossible without organizational efforts, as well as without the information field, in organizational and tactical-strategic area, in the diagnostic phase of care. High-tech instrumental methods of examination are important in the diagnostic phase of emergency medical care. At this stage of empowerment and improving the safety of endoscopic methods of examination that contributes to effective use of existing equipment, reduce medical errors and improve the quality of the activities of health care.

In order to improve the quality of the diagnostic phase of emergency medical care, improve and enhance the safety of medical and surgical endoscopic technique we examined the possibility of urgent endoscopy in case of insufficient local training of the patient. Based on these results, algorithms and urgent fibrogastroscopy and fibrocolonoscopy we developed ways to improve the safety of medical and surgical intracavitary endoscopic procedures.

Keywords: urgency, safety, quality, endoscopy.

Topicality. Endoscopic methods of the examination of the upper and lower digestive tracts, upper and lower respiratory tracts are now widely used in medical practice. There are some instrumental methods that are used in the first place for the diagnosis of acute surgical diseases - X-ray, ultrasound, endoscopy. It is possible to do therapeutic and operational manipulations during diagnostic endoscopy that allows you to do EMF palliative or curative treatment during the diagnostic phase. Instrumental methods of examination (among other

methods) allow us exhibit the clinical diagnosis of patients with acute surgical disease in the time interval of up to 1-2 hours after treatment. The diagnosis should be accurate, complete and in time. "It is in the use of emergency diagnostic and therapeutic endoscopy, we see an opportunity to improve the results of treatment of acute diseases and their complications" (1).

Purpose of the study. 1. To develop algorithms of emergency endoscopic methods. 2. To improve (optimize) medical and operative endoscopic examinations. 3. Improve the quality of EMF hospital.

MATERIALS AND METHODS

We used fibrogastroscopes, bronchoscopes, «Olympus» company duodenofibroscopes and tools to them, electrosurgical unit. The analysis of the performance of endoscopic types of examination from 2000 to 2014 was made during our research. There are 5300 fibroezofagogastroduodenoskopies (FEGDS), 3000 bronchoscopies (FBS), 270 fibrocolonoscopies (FCC) examinations are made per year according to the research. We created the methodical recommendations "Algorithm of the endoscopist's emergency FEGDS actions" ("The algorithm of emergency FEGDS") and "Scheduled and emergency fibrocolonoscopy" and improved therapeutic endoscopic and operative manipulation.

RESULTS AND DISCUSSION

The most commonly used method was FEGDS, the total number of FEGDS on emergency indications averaged 68%. Factors leading to delay emergency FEGDS were the lack of local training and emetic syndrome. Under the provisions of "The algorithm of emergency FEGDS" it is usually performed even with insufficient local preparation with a gradual examination of the esophagus, stomach and duodenum (KDP). At the risk of aspiration of gastric contents examinations stops at any stage and the patient is sent to a gastric lavage. Thus, the endoscopist doctor assigns gastric lavage reasonably and selectively. There are 80% of cases with insufficient preparation but successful examination of the small curvature of the middle and lower third of the stomach, duodenum, and during the initial emergency FEGDS perform therapeutic and surgical methods of hemostasis in detecting ulcers complicated by bleeding lesions WOCAT. Also we could successfully remove foreign bodies and stop the bleeding from esophageal varices (esophageal varices). Timely final stop of the bleeding from the digestive tract (WOCAT) gives an opportunity of the patient's short time healing. Temporary stop of the bleeding from the WOCAT allows preparation for abdominal surgery in the most optimal conditions. Doctor does primary emergency FEGDS with WOCAT parts phased examination after the psychoprophylactic preparation of the patient in case of emetic syndrome, and in the presence of severe or uncontrollable vomiting at any stage of examination of the study is terminated and recommended the implementation of emergency FEGDS after premedication solution Cerucalum or Sibazon. Thus, the endoscopist choses the medicine which will be used next time during the second emergency FEGDS. The delay of FEGDS due to the uncontrollable emetic syndrome gives a danger of critical consequences such as heart disorders.

To improve the efficiency of providing EMI we improved therapeutic and surgical methods of endoscopic research. Based on clinical observations revealed that the most common site of intense (inkjet) bleeding from esophageal varices is a rear - left wall n / 3 of the esophagus (about 70% of cases). Knowledge of this fact allows a focused inspection, identify the source of bleeding and perform hemostasis during the initial emergency FEGDS in conditions of insufficient preparation. Ink bleeding from esophageal varices or stopped intravascular and paravasal injection of 0.7% aethoxysklerol to 1.5 ml with the subsequent installation of the probe Blackmore. In all cases, bleeding from the digestive tract (bleeding stream or jet) are performed therapeutic and surgical methods of hemostasis.

The main reason leading to the delay of emergency endoscopy in acute diseases of the colon, was the lack of local training. For a number of objective reasons (hypotension colon bowel ptosis, elongation of sigmoid, partial colonic obstruction, etc.) to spend quality local training in a short period of time is impossible. When the primary emergency FCC applied the principle of "hydrocolumns", further washed the colon through fibrocolonoscopy water to 3 liters. The use of additional washing of the colon through fibrocolonoscopy managed to significantly improve the quality of diagnosis, medical and surgical manipulation for primary emergency FCC. Also, a decrease of general intoxication, succeeded in a relatively short time to spend quality local training colon before emergency abdominal surgery, significantly reduced the need for repeated emergency preparations for colon endoscopy. The quality of the colon was evaluated by a certain scale.

Relatively often emergency indications treated patients with destructive pulmonary diseases of bacterial origin, complicated by bronchopleural fistulas. We have improved the method of Rafinsky, temporary occlusion of bronchoscopy under local anesthesia segment or segments of the bronchi with a piece of foam rubber (synthetic sponge), with bronchopleural fistulas. The main provisions Rafinsky advanced techniques were the need to soak a piece of foam rubber, folded several times and captured biopsy forceps, secret bronchi for about 15-20 seconds. When impregnating bronchus secret piece of a sealed, takes a certain shape and occlusion of the bronchial segment is performed without technical difficulties. So, along with the rubber valve bronchial blocker significantly improve the quality of treatment abscessed pneumonia, complicated by bronchopleural fistulas.

To improve the quality of intracavitary electrosurgical operations in the

digestive tract, the tracheobronchial tree, paid special attention to the power parameters and operating modes of the electrosurgical unit. When removing benign depending on the size and density of the different modes used (isolated mode “cutting” and “coagulation” or simultaneous cutting and coagulation mode - “mixed”) varied coagulation and cutting power and from 3 to 5 watts. When performing endoscopic papillosphincterotomy (EPST) the optimal parameters were the following: Mode - “mixed”, power - 3.5 watts. Observance of optimal mode of power and high-frequency current cutting (ORIMR HDTV) succeeded in carrying out an order EPST reduce bleeding from the incision area of the roof longitudinal fold BDS (according to the literature is found in an average of 2% of cases). When performing EPST not intensive bleeding venous flow were observed up to 1% of the time and were stopped irrigation solution aminocaproic acid 5% or diathermocoagulation. Perforations WPC wall were noted. Significant reduction of danger EPST complications wall perforation and duodenal bleeding, possible to expand the indications for use of the complex emergency (with the implementation of medical and surgical manipulation), endoscopic retrograde cholangiopancreatography (ERPHG). Application of the complex emergency in a timely manner to eliminate ERPHG could block the distal common bile duct and restore the passage of bile.

The most frequent localization of foreign bodies of the digestive tract was observed in the area of the upper esophageal sphincter (75% of cases). Foreign body size over 1 cm are large. The safest and less traumatic for the extraction tool is not large-sized foreign bodies (fish, meat bones) from the area of the upper esophageal sphincter is the capture of the “biped”. When removing foreign bodies of large size used clamps of various types and diathermy loop.

CONCLUSIONS

Thus, the improvement of endoscopic types of research, it was possible:

1. To expand the indications for performing emergency endoscopy of the digestive tract in case of insufficient local training of the patient (reducing failures and delays in the examination of patients).

2. Reduce the number of unwarranted prescriptions gastric lavage and, accordingly, the delay performance of the main work of the staff of the receiving department.

3. Improve the timeliness of diagnosis of acute surgical diseases (reduction of delays and failures in the hospitalized patients in the profile of the disease).

4. Improve the safety of medical and surgical endoscopy.

5. To expand the indications for use of emergency medical and surgical endoscopy patients severe category (older age, presence of concomitant diseases and competing, heavy general condition due to the development of the main complications of the disease, severe anemia with impaired hemodynamic performance of the intense jet bleeding esophageal varices and ulcers digestive tract, etc.).

6. To create conditions for qualitative preparation of patients for abdominal surgery.

7. Enhance the effectiveness of existing endoscopic equipment.

8. Reduce the timing of recovery of patients due to the palliative and curative treatment of acute surgical diseases in the diagnostic phase of the EMF and therefore improve the overall quality of care hospitals operating in emergency mode.

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