

Fig. 5. Mineral density of a bone tissue of the patients who have passed a density densitometry in different cities.

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Fig. 6. OP among surveyed according to a density densitometry in different regions.

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Fig. 7. Solemn opening of an office of diagnostics, treatment and preventive maintenance of an osteoporosis on the basis of MRC of Yakut State Hospital on April, 13th, 2010. Head of MRC Markova O. G, and honored guests from Irkutsk (on the right – the senior medical representative of pharmaceutical company Novartis of Eugenia Miller).

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Fig. 8. A salutatory speech of main traumatologist of Far East Federal Region, Ph.D., Professor Palshin G. A.

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Fig. 9. At densitometry carrying out it is necessary to know growth and weight of the patient. Scales – gifts from company Nycomed – are handed over by medical representative Zabela T.D.

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THE NEW ENDOSCOPIC VARIANT OF NEFROPEXY.

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Surgical treatment of nephroptosis remains one of the most pressing problems in modern urology. This is due to the prevalence of disease which has 6,2% in the population of the patients with urological diseases and nearly 18,4% in the population of the patients with pathology of kidneys, as well as with high social importance of the disease. The basic treatment mode of nephroptosis and its complications is an operative intervention.

At present more than 300 variants of surgical treatment of nephroptosis are known and a search of new modifications of operations lasts, it depends on the dissatisfaction with the late fate of the existent treatment methods of the surgery treatment, a rather high percent of relapses of the disease and the existence of the postoperative complications. Some of the operations widely used previously, became unpopular among the clinicians because they are not physiologic and ineffective. Widespread methods of nephropexy both open and endosurgical have little in common with gentle attitude toward perirenal space. They are performed with the wide dissection of the fascial-fatty renal capsule, that in turn injures and destroys suspensor structures providing normal anatomic structure of the kidney and physiologic mobility of the organ.

With introduction of the endovideosurgery operations in the clinical practice an important gentle type of the operative intervention was reached. The next point was to study the main blood flow in the vessels of the kidney and the degree of normalization after nephropexy as one of the leading units, which requires correction at nephroptosis.

Major existing requirements to nephropexy are the following: anatomical orthotopic with a simultaneous preservation of normal physiological mobility of the kidney, technical simplicity of realization, atraumatic. On the assumption of these requirements, we have developed and introduced into clinical practice a method of endoscopic nephropexy with a T-shaped polypropylene flap (patent for an invention №2311151 from 2007). Developing this method we relied on the results of the known experimental researches of the peritoneum mechanical properties.

Materials and methods:

In the urological department of the Amur Regional Children's Clinical Hospital there were 15 patients with the diagnosis: nephroptosis of II-III degree on the right by. Patients were in the age from 16 to 35. All the patients were operated by the classical indications existing in this pathology. The patients were operated with the method of endoscopic nephropexy with a T-shaped polypropylene flap. The introduced endovideosurgery method includes dissection of the parietal peritoneum on the level of the middle third of a nephroptosis kidney on the area of 2.0x1.0sm. Then separation of the renal capsule from paranephric fat takes place. After that the parietal peritoneum is dissected 2.0sm above the upper pole of the kidney on the area of 2.0x1.0sm and preperitoneal canal between two incisions is forming with the help of dissector. A T-shaped polypropylene net size of 2.0x1.0sm is threaded through the generated preperitoneal canal. Then its lower edge is fixed to the renal capsule in its middle third with a gerniostepler, the kidney is lifted up to its normal disposition and the T-shaped upper edge of the polypropylene net is fixed to the parietal peritoneum with the gerniostepler. The operation is over with a restoration of integrity of the parietal peritoneum. The aim of the use of the T-shaped transplant is the increase in the touch area to the peritoneum and setup stiffness of the kidney. The operation period averaged 25 minutes. The patients could stand up and walk wearing a surgical corset on the second day. The patients were discharged from the hospital on the seventh day after the operation.

All the operated patients had dopplergraphic examination of the abdominal blood flow in the lying and standing positions both between and in 6 months after the operation.

Results and discussion:

According to the control of ultrasound and X-ray examination in 6 months after the operation every of the 15 patients had his operated kidney within normal physiological limits both in the lying and standing positions. Its excursion was of 2-4sm relatively to the diaphragm. There were no both signs of urodynamics abnormality and attacks of pyelonephritis.

However 3 patients suffering from nephroptosis of the third degree still had pain syndrome, but it became apparent only in case of physical activity though the kidney was in the physiological limit. This group of patients didn't have the complete normalization of the renal blood flow, meanwhile its velocity characteristics improved in comparison with initial ones. It can be explained by the disease duration and the appearance of the organic changes in the renal vessels.

The rest of the patients had the restoration of the renal blood flow in the great vessels practically to the standard what is demonstrated by the dopplergraphic research of the renal blood flow.

Resume:

1. The developed method of the endoscopic nephropexy with a T-shaped polypropylene flap obeys the methods of the surgical treatment of the pathologically movable kidney: anatomical orthotopic with a simultaneous preservation of normal physiological mobility of the kidney, technical simplicity of realization, atraumatic and good functional results. All above-listed gives the foundation to include this method to the list of nephroptosis operations.

2. Implementation of the dopplergraphic methods of testing in the daily clinical urological practice allows to assess objectively the degree of impairment and recovery of the heterodynamics in the pathologically movable kidney between and after a surgery correction.

3. An earlier correction of the kidney is reasonable because the subsequent organic changes in the parenchyma of the kidney may lead to the irreversible changes.

Grebennik A.G.

Research of regional ventilating function of lungs in patients with bronchial asthma by means of computer tomography with inspiratory-expiratory test

Computed tomography study with inspiratory-expiratory test was performed in 84 patients with bronchial asthma. It is revealed that regional ventilation changes are correlated with severity and duration of the disease.

Keywords: bronchial asthma, regional ventilation lung function, computed tomography.

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