

THE EFFICACY OF «TIZOL» FOR TREATMENT OF DIVERSION COLITIS

Bagishev R.A., Krivigina E.V., Zhigaev G.F.

Buryat State medical University, Ulan-Ude, Russia, City hospital #4, Ulan-Ude, Russia

The study was conducted in 73 patients with diversion colitis. The investigated treatment agent was Tizol. It is a complex metallic compound, i.e. water-soluble titanium glycerosolvat. The efficacy of agent was assessed by the analysis of changes of lipoprotein and short-chain fatty acids profile, as well as changes of inflammatory response. Local applications of Tizol is a potentially treatment in patients with diversion colitis.

[Key words: diversion colitis, treatment]

ENDOVASCULAR DEZARTERIZATION OF INTERNAL HEMORRHOIDS: JUSTIFICATION, EFFICIENCY AND SAFETY, COMPARATIVE RESULTSZakharchenko A.A.,¹ Galkin E.V.,² Vinnik Ju.S.,¹ Kuznecov M.N.,¹ Polevec K.O.¹¹Krasnoyarsk State Medical University named after prof. V.F. Voino-Yasenetsky²Siberian clinic centre FMBA Russia

The anatomical features and microcirculatory blood perfusion of the rectum in normal and chronic hemorrhoids are elucidated. The data of the effect of endovascular occlusion of the superior rectal artery on the hemodynamic of hemorrhoids, low rectal mucosal layer and anal sphincter were obtained. Results of endovascular dezarterization of internal hemorrhoids in 176 patients in comparison with other methods of treatment, including hemorrhoidectomy over were analyzed for a 10-year period. The effectiveness and safety of endovascular dezarterizaion internal hemorrhoids has been demonstrated.

[Keywords: arterial blood supply of the rectum, hemorrhoids, endovascular dezarterization]

ANAL STENOSIS: CAUSE OF ITS DEVELOPMENT

Lavreshin P.M., Muravyov A.V., Muravyov K.A., Gobejshvili V.K., Linchenko V.I., Gobejshvili V.V., Korablina S.S., Lysenko O.V. Stavropol State Medical University, Department of General Surgery, Stavropol, Russia

AIM: to work out the new algorithm of diagnostics predicting development of pathological scarring in patients undergoing surgery for benign diseases of the rectum.

METHODS: Anal stenosis was diagnosed basing on complains, history, digital rectal examination, laboratory (acetylation type, autoantibody production) and instrumental (eletromiografia, anorectal manometry, dilatometry) work up.

RESULTS: Anal stenosis was associated with the higher rate of intra-abdominal adhesions (3 fold increased); allergy 2,8, diseases of the gastrointestinal tract in 2,5; autoimmune diseases in 2,3 comparing to the group of patients who had no anal canal stenosis after surgery for hemorrhoids and chronic paraproctitis. Of the 67 patients with the anal canal stenosis accelerated type of acetylation was found in 51 (76,1 %) patients with the activity of N-acetyltransferase – 7,3 ± 0,34 %. Of the 24 patients with chronic hemorrhoids complicated by anal stenosis, 21 (87,5 %) patients had autoantibody production according predisposition to excessive scar formation.

CONCLUSION: Predisposing factors for development of the anal stenosis are: autoimmune conditions, disease of gastrointestinal tract, food or drug allergy, intra-abdominal adhesions, quick type of acetylation, increased number of positive reactions the test- system with antigenic scar complex.

[Keywords: stenosis, anal canal, excess scar formation, predisposing factors]

SURGICAL TREATMENT OF RECTOCELE WITH PELVIC ORGANS PROLAPSE

Navruzov S.N., Naruzov B.S., Shajmardanov E.K.

Republican research center of coloproctology, Tashkent, Uzbekistan

AIM: to evaluate results of surgical treatment of rectocele associated with pelvic organs prolapse

PATIENTS AND METHODS: Results of treatment of 64 patients at mean age of 44,6 years suffering from rectocele. Depending on surgery two consecutive series were included into study. Main group (n = 33) was operated using modified sphincterolevatoroplasty; control group (n = 31) was operated using sphincterolevatoroplasty with double layer stitches.

Results: Suggested method reduced length of postoperative stay and number of complications comparing to control group: 5,4 ± 0,4 vs 7,5 ± 0,5 (p < 0,05) and 6,1 % vs. 16,1 % (χ² = 1,66; p > 0,05). In long-term period it increases the number of good results 90,9 % vs. 67,7 % (χ² = 6,13; p < 0,05)

CONCLUSION Modified sphincterolevatoroplasty is an effective method of surgical correction of rectocele.

[Key words: pelvic organs prolapse, rectocele]

MINIMAL INVASIVE TECHNOLOGIES IN RECTAL CANCER SURGERY

Rasulov A.O., Mamedli Z.Z., Kulushev V.M., Gordeev S.S., Jumabaev H.E.

Department of rectal cancer of N.N.Blokhin named Russian Cancer Research Center, Moscow

The surgical management of rectal cancer has evolved over the last years with total mesorectal excision (TME) becoming a standard of surgery.

With the aim to reduce the morbidity associated with open TME, we see tendency of evolving of minimal invasive surgery. (NOTES – Natural Orifice Transluminal Endoscopic Surgery) is next evolutionary step of minimal invasive technologies. For the rectal cancer surgery transanal approach offer possibility for «incisionless» TME with better visualisation and anastomosis formation at the surgery access zone.

[Key words: rectal cancer, minimal invasive surgery, reverse TME, laparoscopic intersphincteric resection of rectum, NOTES, neoadjuvant chemoradiation]

MULTISTAGE SURGICAL TREATMENT OF A PATIENT SUFFERING FROM THE COMPLICATED CROHN'S DISEASE (case report)Grigoriev E.G.,¹ Chashkova E.Yu.,¹ Kaporsky V.I.,¹ Gelfand S.A.,¹ Shedoeva L.R.,² Chkhenkeli L.G.²¹Research Centre of Reparative and Restorative Surgery, East Siberian Research Centre, Academy of Medical Science, Irkutsk, Russia²Irkutsk State Medical University, Irkutsk, Russia

[Key words: Crohn's disease, Infliximab, penetrating form, surgical treatment]

LOCALLY ADVANCED MALIGNANT ENDOCRINE TUMOR OF APPENDIX

UNDER THE MASK OF CROHN'S DISEASE (case report)

Shelygin Y.A., Achkasov S.I., Markova E.V., Orehov O.O., Tihonov A.A., Kalinin D.V., Zapol'skij A.G., Semenov D.A.
State Research Center of coloproctology, Moscow, Russia
[Key words: neuroendocrine tumors, appendix]

NON-EPITHELIAL PELVIC TUMORS

Kuz'minov A.M., Frolov S.A., Borodkin A.S., Chubarov Y.Y., Korolik V.Y., Borisov I.F.
State Research Center of coloproctology, Moscow, Russia
[Key words: non-epithelial tumors, pelvis]

№2(48)2014

TO THE STANDARDS OF SURGICAL MANAGEMENT FOR COLON CARCINOMA

Kashhenko V.A., Petrov V.P., Vasjukova E.L.
Socolov's clinical hospital #122, St.-Petersburg State University
[Key words: cancer, colon, standard, surgery]

HIRSCHSPRUNG'S DISEASE, COMPLICATIONS OF PERFORATION OF THE COLON (case report)

Akilov Kh.A., Saidov F.Kh., Khodjimuhamedova N.A.
Republican Research Centre of Emergency Medicine, Tashkent, Uzbekistan
Tashkent Post – graduate Medical Institute, Tashkent, Uzbekistan
[Key words: Hirschsprung's disease, colon, complications, perforation, children]

VIRTUAL COLONOSCOPY FOR FAMILIAL ADENOMATOUS POLYPOSIS – PRELIMINARY REPORT

Zarodnyuk I.V., Tikhonov A.A., Kuzminov A.M., Veselov V.V., Markova E.V.
State Scientific Centre of Coloproctology, Moscow
AIM: to assess a value of virtual colonoscopy (VC) for familial adenomatous polyposis (FAP).
PATIENTS AND METHODS: 20 patients with FAP were examined on VC. Results of VC are compared with colonoscopy, intraoperative examination and postoperative pathology.
RESULTS: VC detected total polyposis in 45 % (colonoscopy – 75 %). VC also diagnosed cancer (10 %), liver metastases (5 %), small bowel mesenteric desmoid tumor (5 %).
CONCLUSION: VC value for FAP is limited by polyps size less than 0,4 cm. If there is cancer on FAP background, VC with intravenous contrast can be used to estimate the extent of malignant tumor, as well as for the examination of the colon proximal to stenosing tumors.
[Key words: virtual colonoscopy, familial adenomatous polyposis, colorectal cancer]

VIDEO ASSISTED ANAL FISTULA TREATMENT: FEASIBILITY AND RESULTS

Ilkanich A.Ja.,¹ Darvin V.V.,¹ Slep'yh N.V.,² Barbashinov N.A.,² Abubakirov A.S.²
¹ Surgut State University of Khanty-Mansy region Ugra, Russian Federation
² Surgut District Hospital
AIM: to evaluate feasibility and results of video assisted treatment (VAAFT) of fistula-in-ano.
MATERIAL AND METHODS: 35 patients operated on fistula-in-ano were included into study. The attempt of fistuloscopy was tried as a first stage of surgery with the aim of fistula tract visualization, identification of the internal fistula's opening and assessment of its relations to the sphincter complex. In 24 (68,6 %) patients surgery was performed in accordance to the guideline of Russian Association of coloproctology while in 11 (31,4 %) patients VAAFT was undertaken. The effectiveness of VAAFT was assessed in terms of morbidity and recurrence.
RESULTS: fistuloscopy allowed to identify the internal opening of the fistula in 19 (54,3 %) cases. In 16 (45,7 %) patients it was VAAFT was unsuccessful due to short fistula tract and obliteration of the internal opening. There was no morbidity in postoperative period after VAAFT. One recurrence (2,9 %) developed in long term period.
CONCLUSION: VAAFT allowed to detect the internal opening of the fistula-in-ano at half of cases. Contraindication for VAAFT are narrow fistula tract, scars and obliteration at the site of the internal opening of the fistula.
[Key words: fistula-in-ano, surgery]

ULTRASONOGRAPHY IN DIAGNOSIS OF CHRONIC CONSTIPATION

Karpukhin O.Yu.,^{1,2} Yusupova A.F.,^{1,2} Savushkina N.Yu.,² Shakurov A.F.¹
¹ Kazan State Medical University, Kazan
² Republican Clinical Hospital of the Ministry of Healthcare of the Republic of Tatarstan, Kazan
Ultrasonography has been used as a diagnostic tool for 27 patients with decompensated forms of chronic constipation syndrome. The control group included 10 patients without any motility function disturbance of the colon. After endorectal or endovaginal ultrasonic scanning hydrocolonic sonography in horizontal and vertical position of the patient was performed. According to the obtained results hydrocolonic sonography in diagnosing the mobility of different parts of the colon has a sensitivity 94,1 %, specificity of 100 %, the overall accuracy – 96,3 %. Ultrasonographic semiotics of chronic constipation in patients with abnormal development and disposition of the colon has been described. Ultrasound diagnostics of negative rectoanal inhibitory reflex in patients with Hirschsprung's disease has been also reported.
[Key words: chronic constipation, ultrasonography, hydrocolonic sonography]

THE ROLE OF CARBOXIRECTUM AND VIDEOENDOSCOPY IN TRANSANAL SURGERY FOR EPITHELIAL RECTAL TUMORS

Rybakov E.G., Chernyshov S.V., Majnovskaja O.A., Kuznecov N.S., Sevost'janov S.I.
State Scientific Centre of coloproctology, Moscow, Russia
Russian Medical Academy of postgraduate education, Moscow, Russia
Transanal enmicrosuregry (TEM) became a standard treatment option for benign and early malignant rectal tumors. High capital cost hinders wider application of the method. A cheaper alternative for TEM is gasless transanal endosurgery (TES). The aim of the study is comparing

results of both methods.

METHODS: TEM and TES was performed for rectal adenomas or carcinomas (uT1N0M0). Preoperative work up included digital rectal examination, rigid proctoscopy with biopsy, colonoscopy, transanal ultrasonography, CT (MRI) of pelvis.

RESULTS: TEM was performed in 74 cases for the tumor at median (quartiles) size of 3,0 (2,0:4,0) . Median (quartiles) operative time was 53 (35:70) minutes. Resection margins were negative in all operative specimens. There was no tumor fragmentation. Postoperative morbidity rate was 4/74 (5,4 %). Carcinoma was found in 33/74 (44,6 %) specimens and adenoma in 41/74 (55,4 %). There were Tis – 15/33 (45,4 %), T1 – 15/33 (45,4 %) and T2 in 3/33 (9,1 %) cases. Local recurrence developed in 1/74 (1,4 %) case (T1Sm3). TES was performed in 50 cases for the tumor at median (quartiles) size of 3,0 (2,5:4,0) . Median (quartiles) operative time was 55 (45:80) minutes. Tumor fragmentation was happened in 22/50 (44 %) cases. Postoperative morbidity rate was 1/50 (2,0 %). Carcinoma was found in 16/50 (68,0 %) specimens and adenoma in 34/50 (68,40 %). There were Tis in 9/16 (44,0 %), T1 – 7/16 (44,0 %). Local recurrence developed in 6/50 (12,0 %) patients (p=0,02).

CONCLUSION Gas insufflation and video enhancement are essential for good exposition of operative field. No tumor fragmentation and clear resection margins results in low local recurrence rate.

[Key words: transanal endoscopic microsurgery, adenoma, carcinoma]

OUR FIRST EXPERIENCE OF THE LAPAROSCOPIC CREATION OF THE ILEOASCENDOCECAL COMPLEX «NEORECTUM»

Yanovoy V.V.,¹ Anikin S.V.,¹ Simonenko A.A.²

¹ Amur State Medical Academy, Blagoveshchensk, Amur Region

² Amur regional coloproctology centre, Blagoveshchensk, Amur Region

[Key words: rectal carcinoma, low anterior resection, ileoascendocecal complex, neorectum]

IS IT POSSIBLE TO REDUCE THE NUMBER OF INDICATIONS FOR PREOPERATIVE RADIOTHERAPY FOR RECTAL CARCINOMA?

Gordeev S.S., Rasulov A.O., Barsukov Ju.A., Tsarjuk V.F., Ananyev V.S., Kuz'michev D.V., Aliev V.A., Mamedli Z.Z., Tamrazov R.I. Blokhin's Oncology Research Center, Moscow

[Key words: rectal cancer, radiotherapy, total mesorectal excision, tumor localization, circumferential resection margin]

RISK FACTORS OF ANASTOMOTIC LEAKAGE IN PATIENTS WITH RECTAL CARCINOMA

Popov D.E.

First St.-Petersburg's State Medical University

[Key words: rectal carcinoma, surgery, complications, anastomotic leakage, risk factors]

№3(49)2014

CONVENTIONAL AND NEW ULTRASOUND TECHNIQUES IN INFLAMMATORY BOWEL DISEASE -UPDATE 2014-

Christoph F. Dietrich¹, Liliana Chiorean², Xin-Wu Cui¹, Dagmar Schreiber-Dietrich¹, Barbara Braden³

¹ Medical and Imaging Department, Caritas – Krankenhaus, Uhlandstr. 7, D-97980 Bad Mergentheim, Germany

² Department of Radiology and Computed Tomography, "Octavian Fodor" Institute of Gastroenterology and Hepatology, Cluj-Napoca, Romania

³ Barbara Braden, Translational Gastroenterology Unit, Oxford University Hospitals, Headley Way, OX3 9DU Oxford, UK

Transabdominal ultrasound (TUS) has widely been accepted as a clinically important first line tool in assessing patients with Crohn's disease. The value of the method is irrespective of disease activity. TUS is useful in detecting Crohn's disease (initial diagnosis) by evaluating bowel wall thickness and surrounding structures including periintestinal inflammatory reaction, extent and localization of involved bowel segments and detection of extraluminal complications such as fistula, abscesses, carcinoma and ileus. TUS also helps to guide therapeutic decisions and to monitor the disease course in individual patients. In this review the updated literature will be analysed.

[Key words: Ultrasonography, guidelines, complication, intestine, examination]

THE INFLUENCE OF MICRONISED PURIFIED FLAVONOID FRACTION ON RESULTS OF RUBBER BAND LIGATION OF HEMORROIDS

Pomazkin V.I.

Sverdlov Region Veterans Hospital, Ekaterinburg, Russia

AIM to evaluate the results of rubber band ligation (RBL) of internal hemorrhoids in combination with micronised purified flavonoid fraction (MPFF)

PATIENTS&METHODS One hundred twenty two patients were included into study. Of them 64 patient (main group) were undergone RBL and had MPFF. Controls (n=58) had only RBL

RESULTS the addition of MPFF to RBL resulted in significant reduction of pain on 1. 3 & 7 postprocedure pain, analgetics intake and hemorrhage bowel discharge.

[Key words: hemorrhoids, rubber band ligation, micronised purified flavonoid fraction]

THE CHANGES OF SOMATIC AND PSYCHOLOGICAL STATUS OF PATIENTS WITH COLORECTAL CANCER

Semionkin E.I., Kulikov E.P., Trushin S.N., Ogorel'cev A.Ju., Lukanin R.V., Bublikov I.D.

Ryazan State Medical University, Ryazan, Russian Federation

The prospective audit has been performed with the aim to evaluate functional status of patients with colorectal cancer Stage III-IV. Non-specific adaptation, immune system activity, psychological status and autonomous nerve system were investigated. Method of mathematical analysis of heart rhythm, leucocyte count, tests of Dembo-Rubinstein, Luscher etc were used. The deep impair of adaptive mechanism of control was found. Decrease of mean number of CD4, T-helper and T-suppressor ratio was found. Psychological status was affected in a greater degree among women

[Key words: colorectal cancer, functional impair, immune system, psychological status]

THE EFFECTIVENESS OF NEOADJUVANT SELECTIVE ENDOVASCULAR CHEMOTHERAPY

AND CHEMOEMBOLIZATION IN TREATMENT OF BLEEDING LOW RECTAL CANCER

Hitaryan A.G., Prazdnikov E.N., Velsher L.Z., Miziev I.A., Glumov E.E., Kovalev S.A., Murlychjov A.S.

Road Clinical Hospital on station Rostov main, 344011, Rostov-on-Don, Russian Federation

AIM: to improve results of treatment of low rectal carcinomas (T3-4) complicated by rectal bleedings.

PATIENTS AND METHODS: 35 patients were included into study. Of them 10 patients had surgery only; in 7 cases neoadjuvant selective endovascular oxaliplatinum based chemotherapy (NSECT) performed apron to surgery; in 18 patients neoadjuvant selective endovascular oxaliplatinum based chemotherapy was accomplished by embolization of the tumor vessels (NSECE) using microspheres of HepaSphere saturated with oxaliplatinum. Tumor biopsy with the aim of immunohistochemistry was obtained before and after NSECT and NSECE.

RESULTS: The routine pathology investigation allowed to find emboli of microspheres in tumor and mesorectum after NSECE. There were also decrease of expression of Ki-67 and p53 markers.

CONCLUSION: Combination of NSECT and NSECE resulted in significant reduction of tumor biological potential and is an effective method of cessation of rectal tumor bleeding.

[Key words: rectal cancer, rectal bleeding, neoadjuvant chemotherapy, selective chemoembolization]

THE APPLICATION OF X-SHAPED STICH FOR TREATMENT OF FISTULA-IN-ANO

Raimbekov OR

Medical faculty of Osh State University, Kyrgystan

This article describes the technique and discuss advantages of X-shaped stich for proctologic procedures. Results of application of the stich collected from 1997 and based on experience of proctological department of Osh city hospital.

[Key words: anal canal, fistula, scar]

EXTENDED OPERATIONS FOR COLORECTAL CANCER WITH RESECTION AND GRAFTING OF ABDOMINAL AORTA (two case report)

Shabunin A.V., Shubin A.A., Ravich L.D., Luk'ianov I.V., Khmylov L.M., Boikov A.V., Azina N.Y.

Botkin's City Hospital, Moscow, Russia

[Key words: colorectal cancer, aorta, simultaneous resection]

ILLEAL POUCH IN TREATMENT OF ULCERATIVE COLITIS (REVIEW ARTICLE)

Gusev A.V., Shelygin Y.A., Kashnikov V.N., Bolikhov K.V., Sushkov O.L.

State Scientific Centre of coloproctology, Moscow, Russia

LYNCH SYNDROME: FROM "FAMILY G" TO DNA ANALYSIS (review article)

Semenov D.A., Ahckasov S.I., Tzukanov A.S., Sushkov O.I.

State Research Center of Coloproctology, Moscow

[Key words: Lynch syndrome, hereditary colorectal cancer, genetic screening]

MODERN SURGICAL APPROACH FOR FISTULA -IN-ANO

Ektov V.N., Popov R.V., Vollis E.A.

Voronezh Region Hospital #1, Voronezh, Russia

[Keyword: fistula-in-ano, surgery, fibrin glue]

№4(50)2014

CLASSIFICATION OF DIVERTICULAR DISEASE

Shelygin Yu.A., Achkasov S.I., Moskalev A.I.

State Scientific Centre of Coloproctology, Moscow, Russia

Standard classification of diverticular disease does not exist. Analysis of the existing classifications on the basis of the principles of modern typology has been done. An original classification of a full clinical and morphological description of all forms of diverticular disease has been proposed. An exact definitions of the terms are given. Elements of classification are located in compliance of the principles of hierarchy and purity of division.

[Key words: diverticulosis, diverticular disease, classification]

CROSS SECTIONAL IMAGING IN INFLAMMATORY BOWEL DISEASE

Julian Panes,¹ Jordi Rimolaz²

¹ Department and Gastroenterology, Department of Radiology

² Hospital Clinic de Barcelona, CIBERehd, IDIBAPS, Barcelona, Spain

CLOSTRIDIUM DIFFICILE COLITIS – A NOVEL PROBLEM IN SURGERY

Skřička T., Hemmelova B., Mitaš L., Kala Z.

Department of Surgery, Masaryk University Brno-Bohunice, Czech Republic

INTRODUCTION: Clostridium difficile infection (CDI) is the most frequent cause of nosocomial diarrhoea. Most cases are successfully treated by antibiotic therapy, but nearly 10% may progress to the fulminant form.

METHOD: The aim of this work is a retrospective evaluation of the results of surgical treatment in patients with the severe Clostridium colitis from the period 2008-2012.

RESULTS: Clostridium toxins were detected in 1239 patients in Bohunice University Hospital. 26 of them underwent surgery due to toxic colitis. There were 6 total colectomies with terminal ileostomy, 18 subtotal colectomies with terminal ileostomy, 1 coecostomy and 1 axial ileostomy. The 30-day mortality was nearly 25% and morbidity 66%.

CONCLUSION: Early and precise indication to surgery could save about 75% of patients with severe toxic non IBD colitis.

[Key words: Clostridium difficile colitis, toxic colitis, surgery]

RISK FACTORS FOR COMPLICATIONS OF EMR AND ESD IN THE LARGE BOWEL

Agapov M., Krekoten A., Rizkov E., Barsukov A.

Vladivostok clinical railway hospital

AIM STUDY: To evaluate risk factors for complications of EMR and ESD in the large bowel.

MATERIALS AND METHODS: 197 colorectal lesions (161-EMR, 36-ESD). Adverse events during and after the procedures and their relations with tumor size, location, type, duration of the procedure, lifting sing and level of submucosal fibrosis have been analyzed.

RESULTS: EMR complications – 9,9%. Bleeding – 7,4%, perforation – 2,5%. Risk factor for perforation is partial lifting. Risk factor for bleeding is larger tumor size. ESD complications – 16,7%. Delayed bleeding – 5,5%, perforation – 11,1%. Risk factor for perforation is severe submucosal fibrosis. Perforation was more common in ESD than in EMR group ($p=0,038$).

CONCLUSIONS: Risk factors must be taken into account while planning EMR or ESD intervention.

[Key words: endoscopic mucosal resection, endoscopic submucosal dissection, perforation, bleeding, colon]

SURGICAL TREATMENT OF PERSISTENT CLOACA IN INFANTS

Kirgizov I.V., Shishkin I.A., Shahtarin A.V., Aposimov M.N.

The experience of surgical correction of persistent cloaca in 22 infants is presented in the article. The isolated cloaca was detected in 18.2% while in other cases it was associated with malformation of urinary tract (72.7%) cardiovascular (41%) and locomotive system (31.8%). In 9 (40.9%) of patients the length of cloaca was > 5 cm. The choice of surgery depended on the length of cloaca and degree of vagina development. There were 5 posterior sagittal procto-vagina-ureteroplasty, 4 laparoscopic assisted procto-vagina-ureteroplasty with partial urogenital mobilization, 3 total urogenital mobilization and 10 abdominoperineal procto-vagina-ureteroplasty with substitution of vagina by colonic or ileal segment. There was no postoperative morbidity.

Results were assessed between 3 and 7 year of life. Good functional results in terms of fecal continence were achieved in 67% of children with short cloacal canal and 39% with long one. Urinary continence was achieved in 78% and 77% correspondingly.

[Key words: surgery, persisten cloaca]

IMBALANCE IN CIRCULATING CYTOKINES IL6 AND IL10 IN PATIENTS WITH ULCERATIVE COLITIS

Konovich E.A., Khalif I.L., Shapina M.V., Kashnikov V.N., Shirokikh K.E.

State Scientific Centre of Coloproctology, Moscow, Russia

AIM OF STUDY: To determine the ratio of IL6 and IL10 concentration in patients with ulcerative colitis (UC) and its correlation with clinical activity and effectiveness of conservative therapy.

MATERIALS AND METHODS: IL6 and IL10 were measured in serum samples of 37 patients with UC on protein analyzer Bio-Plex (Bio-Rad, USA). 15 patients with moderate UC and 18 patients with severe UC were included. 15 patients did not respond to conservative therapy and in 22 patients it was effective. 14 patients underwent surgery. 20 healthy donors were included in control group.

RESULTS: IL6 and IL10 were undetectable in 90% of controls. In patients with moderate and severe UC IL6 and IL10 were detected in 40% and 61,1% respectively. IL6 concentration was higher than IL10 in 13,3% of patients with moderate UC and in 44,4% of patients with severe UC ($p < 0,05$). In opposite IL10 concentration was higher than IL6 in 26,7% and 16,6% ($p > 0,05$) respectively. IL6 and IL10 were detected in 27,3% of patients with effective conservative therapy and in 86,7% non-responders ($p < 0,001$). IL6 concentration was higher than IL10 in 13,6% patients with effective conservative therapy and in 60% non-responders ($p < 0,01$). IL6:IL10 ratio varied from 1:3 in patients with moderate UC to 2:1 in patients with severe UC. This ratio in responders and non-responders was 1:3,5 and 1,7:1 respectively.

CONCLUSION: Severe UC and resistance to conservative therapy is associated with more frequent detection and imbalance of IL6 and IL10.

Relative lack of anti-inflammatory cytokine IL10 was found in patients with severe UC and in non-responders.

[Key words: ulcerative colitis, cytokine IL6 and IL10, resistance to conservative therapy]

ULTRASONOGRAPHY WITH DOPPLEROGRAPHY IN PATIENTS WITH INTESTINAL STOMAS

Timerbulatov M.V., Ibatullin A.A., Verzakova I.V., Makaryeva M.L., Gaynutdinov F.M., Kulapin A.V., Aitova L.R.

Bashkirian State Medical University, Chair of faculty surgery with coloproctology course, Chair of functional diagnostics with refresher courses for doctors, Coloproctology department of Clinical hospital № 21, Ufa

In the article we have given scientific data concerning determination of restorative operation period performing on patients with intestinal stomas.

The investigation Aim is to identify the role of intraluminal ultrasonography with dopplerography in estimation of changes happening in the intestine of patients with stomas, in determination of terms and indication for the restorative operation.

MATERIALS AND METHODS: We have given results of intraluminal ultrasonography with dopplerography in 79 patients with stomas who underwent radical surgery in case of cancer of the colon left part complicated with acute intestinal obstruction.

CONCLUSIONS: Introduction of the method of intraluminal ultrasound dopplerography has enabled to determine terms of restorative operations beginning with the 4th week under achievement of blood peak flow in the wall $10,45 \pm 0,92$ cm/s and thickness of the wall of adducting intestine $0,18 \pm 0,02$ cm.

[Key words: intestinal stoma, intraluminal ultrasonography, dopplerography, restorative operation]

CORRECTION OF NEUROMOTOR FUNCTIONS OF M. GRACILIS AFTER GRACILOPLASTY

Fomenko O.Y., Titov A. Y., Poletov N. N., Dganaev Y.A., Anosov I. S., Aleshin D.V.

State Scientific Center of Coloproctology, Moscow, Russian Federation

The study describes the results of treatment of 53 patients after graciloplasty with extensive, more than . the circumference defects of the anal sphincter. Given that one of the frequent complications graciloplasty is atrophy of removed muscles. During the postoperative period after the construction of neosphincter, all patients underwent functional rehabilitation. For this purpose, all patients before surgery and in the postoperative period have muscle stimulation and biofeedback therapy aimed at volitional control of formed neosphincter. After 12 months after the operation electrobiological activity at voluntary contraction increased on average by 79% compared with those of early (after 1 month) postoperative period.

[Key words: graciloplasty, electrical stimulation, biofeedback therapy]

THE METHOD OF PREVENTION OF POSTOPERATIVE INFECTION AFTER SPHINCTEROLEVATOROPLASTY

Szczerba S.N., Savchenko U.P., Polovinkin V.V.

Regional clinical hospital, Krasnodar, Russia

ADENOSQUAMOUS CARCINOMA OF TRANSVERSUM.

(case report and literature review)

Sheligin Yu.A., Achkasov S.I., Rybakov E.G., Maynovskaya O.A., Sushkov O.I., Zapolskiy A.G.

State Scientific Centre of Coloproctology, Moscow, Russia

[Keywords: squamous, adenosquamous, colon, rectum, carcinoma]

MULTI VISCERAL RESECTION FOR LOCALLY ADVANCED RECURRENT CARCINOMA OF SIGMOID (case report)

Polutarnikov E.A., Urban A.S., Sergeev V.N., Dovbeta E.V.

Regional clinical hospital, Kemerovo, Russia

[Key words: colorectal cancer, locally advanced recurrence, multivisceral resection]

TECHNICAL ASPECTS OF PARTIAL SPLENECTOMY USING BIPOLAR RADIOFREQUENCY DEVICE HABIB-SEALER 4X (case report)

Ponomarenko A.A., Rybakov E.G., Khomyakov E.A., Maynovskaya O.A., Trubacheva U.L.

State Scientific Center of coloproctology, Moscow, Russia

Splenectomy is recommended to patients with instances of trauma, hereditary spherocytosis, thalassemia, thrombocytopenic purpura, Hodgkin's disease and it's malignant tumors. The segmental anatomy of the spleen allows to resect only the affected part of the spleen. Spleen resection has advantages over splenectomy, but spleen conserving surgeries are made only in 25% of cases. In the present case, having suspected that there was a metastatic lesion, we performed the spleen resection, using the radiofrequency device Habib-sealer 4.

In January 2014, the patient presented with a 2.5 cm metastasis in the 3rd segment of the liver and a 1.3 cm focus in the spleen, which was revealed in a computer tomography scan. In February 2014 the patient underwent surgery: partial spleen resection and resection of the third segment of the liver using a bipolar radiofrequency device Habib-sealer 4x.

This first experience of spleen resection technique using bipolar radiofrequency device Habib-sealer 4x seems to be scientifically justified and reproducible. Partial splenectomy may be an alternative to complete splenectomy in instances of trauma and both benign and malignant neoplasm.

[Keywords: Partial splenectomy; spleen resection, habib-sealer 4.]

PERSPECIVES AND ESTABLISHMENT OF THE FAST TRACK – ENHANCED RECOVERY PROGRAM IN COLORECLAL SURGERY (literature review and population-based study)

The authors have prepared a literature review aiming to assess the perspectives of the multimodal 'fast track' program use for the surgical treatment of patients with colorectal cancer. Implementation of the 'fast track' program in the treatment of patients with the colon cancer reduces the terms of patients' rehabilitation and the costs of treatment. A questionnaire survey of the surgeons of the oncological colorectal departments of the Moscow Region was conducted. It was revealed that 30% of respondents used the complete 'fast track' program, 60% of respondents used it partially and 10% of respondents were completely against changing the conventional principles of surgery. In 90% of cases 'fast track' program is being used along with the laparoscopic surgery, that is performed by 20% of the specialists of the oncological departments and 58% of the specialists of the colorectal departments.

[Key words: colorectal cancer, perioperative period, rehabilitation, surgery, Fast track, ERAS]