

often underwent procedure due to ruptured aneurysm (4.92% vs. 9.32% vs. 11.43%, $p < 0.001$).

Conclusion: Age is a significant feature which increases the frequency of acute kidney injury, multi-organ failure and intra-hospital mortality in compared group despite similar coexistent diseases, mode of surgery and preoperative risk determined by Lee index.^{1,2}

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PS076

Modern treatment and diagnostics for submucosal tumors of the upper third of the esophagus. Analysis of preoperational and postoperational data

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Aim: This study was to evaluate diagnostic data and outcomes of endoscopic treatment for submucosal tumors (SMTs) of the upper third of the esophagus.

Introduction: Esophageal submucosal tumors (SMTs) are very rare, with prevalence of 0.5% in autopsy series. Among them leiomyomas are the most common, they originate from the muscularis propria (4th EUS layer) or muscularis mucosa (2th EUS layer) of the esophageal wall.¹ Submucosal lesions of the upper third is very rare and occur in 4% of cases.² Submucosal tunneling endoscopic resection (STER) and endoscopic submucosal dissection (ESD) are modern techniques for treating SMTs. The choice between them depends on layer of origin of the tumor.

Methods: In this study were included 2 patients with SMT of the upper third of the esophagus. For diagnostics we used esophageal symptoms questionnaire, endoscopic ultrasonography (EUS) and/or computed tomography (CT) to determine layer of origine, size and relation of lesions to the surrounding structures and organs. Esophageal manometry were used to identify problems with movement and pressure in the esophagus. Immunohistochemistry and histological analysis were performed postoperatively.

Results: Both patients were asymptomatic, tumors were found accidentally during routine esophagoscopy. Although in both cases manometry of the esophagus revealed increased distal latency (DL) comaring with mean value in patient without esophageal SMT. In the first case tumor arised from 4th EUS layer, hence we used STER, subcutaneous emphysema of the neck ocured during operation. in the second case lesion originated from 2th EUS layer, therefore ESD was performed. En bloc resection was achieved in both cases, histological diagnoses were leiomyomas.

Conclusion: Upper third of the esophagus is the most difficult location for performing endoscopic techniques. Determination of the layer of origin is crucial, as on that depends the choice of treatment tactics. Increased DL in such patients requires further study.

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PS035

The role of the state of uterine-placental-foetal circulation on the clinical course of gestational process and its impact on perinatal outcome



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Aim: To identify the relationship between the condition of utero-placento-foetal circulation with the clinical course of gestational process and its impact on perinatal outcome.

Introduction: The period of foetal development before birth is so extensive however, only a small part of the duration of this period, which largely determines the quality of his later life. It is a proven fact that the events during the prenatal period effects the outcomes of pregnancy which are favourable in childbirth, later leading to diseases in adulthood.

Methods: We analysed the course of pregnancy, delivery, the condition of the foetus and newborn from 72 pregnant women (24–41 weeks of gestation) with placental dysfunction at the 3rd Maternity Hospital, Zaporozhye.

Results: According to CT, distress of the foetus were confirmed in 22.7% of pregnant women with impaired hemodynamics I-A degree, 24.8% with impaired hemodynamics, at 30.6% with circulatory disorders of the II degree. On analysis of the hemodynamics in the system of maternal-placento-foetal revealed violations of IPC(I-A) in 46% of cases, ACC(I-B) at 28.7%, IPC and SPC(II) at 12.7%, critical blood vessels PPK(III) and 3.4% of cases. The frequency of caesarean section in pregnant women with dysfunction of placenta was 28.2%, of which the foetal distress was 22.4%, vacuum extraction of the foetus were used in 3.2%. The analysis of the development of newborn from mothers with placental dysfunction, identified the violation of their status at birth and Apgar score 7–5 points received at birth 11.2% of newborn.

Conclusion: Analysis of indicators of physical development of newborns in the early neonatal period were distinguished by the presence of signs of functional immaturity. Clinical and statistical analysis conducted revealed a high frequency of complications of pregnancy and childbirth in women with dysfunction of the placenta.

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on the clinical course of gestational processes and its impact on perinatal outcome. Secondly, I would also like to thank my parents and friends who helped me a lot in finalizing this project within the limited time frame.

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PS014

The possibility of optimization of hemodynamics in the fetoplacental pool as a factor of influence on perinatal outcome

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Aim: To study the possibility of optimization of hemodynamics in the fetoplacental pool as a factor of influence on perinatal outcome.

Introduction: Endothelial dysfunction in uteroplacental pool is a universal response of placenta to adverse effects of hypoxia, which leads to a high percentage of obstetric complications. Recreation is a way of optimization of hemodynamics in fetoplacental complex in the interests of antenatal protection of the foetus.

Methods: The study was conducted at the 3rd Maternity hospital, Zaporozhye including 40 pregnant women with VD with age group of 21–36 years (Primipara – 52.5%, multipara is 47.5%). 40 pregnant women with chronic venous insufficiency to restore homeostasis used the IR thermo-camera, designed and implemented by the Department of Clinical Pathophysiology, Institute of physiology. Pregnant women of the main group underwent 3 sessions of IR sonotherapy (1 time per week), lasting 30 min at temperature of 35 °C.

Results: Pregnant women with VD after using sonotherapy in the infrared heat chamber in the complex sanatorium treatment, on comparison with the control group, a more pronounced therapeutic effect of lowering body weight by $22.3 \pm 1.2\%$, and decrease of systolic 14.6 ± 0.2 mmHg and diastolic 15.1 ± 1.1 mmHg pressure. Ended pregnancy in a core group of women, the birth of full-term newborns with no signs of distress, with an Apgar score of 7–9 points, body mass 2980–4000 g. 1 in the case of birth by caesarean section for obstetric indications.

Conclusion: The research conducted in the sanatorium “Velikii Lug”, confirms the effectiveness of the use of the IR sonotherapy in optimizing antenatal protection of the fetus against the background of endothelial dysfunction.

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PS090

Bile duct injuries after cholecystectomy: A retrospective tertiary centre study comparing outcomes of different types of surgical treatment

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Aim: Evaluation of long-term outcomes after different types of surgical management of postcholecystectomy bile duct injuries (BDI).

Introduction: Cholecystectomy is one of the most routinely performed procedures in abdominal surgery. Despite the growing experience of surgeons and benefits of minimal invasive approach, BDIs still occur. The treatment of this complication is challenging.

Methods: This was a single-center retrospective study. The outcomes of 64 consecutive adult patients, surgically treated after postcholecystectomy BDI 2002–2016, were reviewed. The newest EAES ATOM classification was used to describe injuries. The anatomic characteristics of the injury and long-term treatment outcomes were evaluated.

Results: 48 (75%) BDI followed laparoscopic cholecystectomy. 26% of injuries were detected intraoperatively, 58% detected <7 days, 16% >7 days after the procedure. The injury of non-main bile duct was diagnosed in 10 (16%) cases. The injuries of main bile duct: choledochal duct 22 (34%), hepatic duct 22 (34%), bifurcation with right-left communication preserved 5 (8%), bifurcation with right-left interrupted 1 (2%), right/left hepatic duct 4 (6%). 26 (41%) patients with a cystic stump leak or partial division of duct were managed endoscopically. This treatment was successful for 7 (88%) cystic stump leaks and 8 (58%) partial divisions. 13 (20%) partial divisions of duct were closed by suture. 8 (73%) patients had complications which later required endoscopic management or hepaticojejunostomy. End-to-end anastomosis (6 (10%)) or hepaticojejunostomy (16 (25%)) was initially performed after the complete division with or without loss of substance was detected. End-to-end strategy was successful in 4 (67%) cases, others finally required hepaticojejunostomy. The complication rate after initial hepaticojejunostomy – 25%.

Conclusion: Endoscopic treatment is optimal for cystic stump leaks and partial divisions of ducts. Complete divisions with or without loss of substance may be treated by hepaticojejunostomy and end-to-end anastomosis with similar long-term outcomes. While end-to-end anastomosis is more physiological, this strategy should be considered when possible.

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PS041

Perinatal loss in multiple pregnancies

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