

СЕКЦІЯ
ФІЛОСОФІЯ, СОЦІОЛОГІЯ ТА ПСИХОЛОГІЯ У
СУЧАСНІЙ ПАРАДИГМІ РОЗВИТКУ СУСПІЛЬСТВА.
ПЕДАГОГІКА ПРОФЕСІЙНОЇ ПІДГОТОВКИ.
МЕТОДИКА ВИКЛАДАННЯ.
СУЧАСНІ ТРЕНДИ РОЗВИТКУ МЕДИЦИНИ В УКРАЇНІ

MODERN TREATMENT OF LONG-HEALING WOUNDS

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Introduction: Long-healing wounds are the ones which do not fit into the usual terms or heal at all for a certain period of time.

Keywords: Wounds, long-term healing, classification, damage, effectiveness of treatment and research.

It is fundamentally important to distinguish a long-healing wound depending on its origin and development due to the caused complications:

1. According to the mechanical damage:

- a. Cut
- b. Pricked
- c. Clogged
- d. Ragged
- e. Crushed
- f. Chopped
- g. Bitten
- h. Mixed
- i. Gunshot

2. According to the origin:

- a. Operating room
- b. Accidental

3. According to the degree of infection:

- a. Aseptic
- b. Freshly infected
- c. Purulent

4. According to the location:

- a. Neck wounds
- b. Heads
- c. Torso
- d. Endings

According to this classification, it is possible to create a correspondence regarding a wound healing which have the most positive result:

Cut ones with smooth edges allow us to assert the most successful result when performing the primary surgical treatment (hereinafter referred to as PST) Prickled ones with smooth edges of the wound are also a guarantee of successful healing after removal of a foreign body, although it is often not immediately found.

Crushed ones with not deep structure damages and the PST is performed superficially, but the impossibility of suturing reduces the positive result.

Lacerations are wounds that do not have clear edges or objective integrity and are difficult to sew.

Bitten ones often lead to impaired healing and for frequent infection of wounds. It occurs as a result of the bite of an animal or sometimes a person, sometimes with complications like rabies.

Gunshot ones are the most unfavorable option for traumatization of soft tissues.

A new classification can be offered:

1. Classification according to the localization/healing:

a. The site of the anus - the constant contamination by bacteria of their own physiological waste, pressure during sitting and tissue - the main factors of poor healing, which is quite long in general.

b. Lower limbs - age and circulatory disorders of the lower limbs create a prosperous environment for co-infections and spread, delaying the main infection.

c. The mouth area and unclassified above the other parts of the perineum have approximately the same degree of healing complications that again create an increased risk for wound healing.

d. The face and not mentioned above the other parts of the body have a lower risk of complications due to the convenience of care by both the patient and the doctor, so we can state a more positive result of treatment and healing

2. Classification according to the healing time:

a. Prognostic healing according to the localization and pathology (for example, a postoperative wound after an idiopathic carbuncle of the cheek with proper treatment takes approximately no more than 3 weeks, taking into account age, the presence of concomitant diseases, in contrast to the carbuncle of the groin in adolescents with acne and other comorbidities that can heal more than 1 month.)

b. Prolonged healing - when the healing framework is greater than the prognostic, due to many reasons.

c. Untypical extraprolonged healing - when healing processes affect the body by including active processes both compensatory and physiological changes, for example fibrillity, which passes into higher hyperthermia, active changes of a larger volume of the site affecting other organs or parts of the body, in this case we can state the absence of positive dynamics, with proper treatment.

d. Uncontrolled changes out of the frame of treatment and healing, for example, the development of sepsis, gangrene with the development of severe intoxication, shock, etc.

This is only a couple of options, if a more detailed consideration can be made, it will demand even more classifications.

Consider the main factors that will affect the delay in healing:

1. Type of trauma. This factor is mentioned above.

2. The underlying disease. In this case, we will observe different options for healing from fast, predictable to severe, long-term, and the development of complications will also be different.

3. The term for seeking help, whether self-medication was used.

4. Concomitant diseases, such as diabetes mellitus and others.
5. Inadequate treatment, selection of incorrect and inappropriate methods.
6. Inadequate wound care.
7. Individual characteristics.
8. Environmental conditions, such as wounds, often heal better at moderate or cool temperatures in dry climates than in heat and humid climates.

All these factors and many others will, in principle, affect the further development of healing.

To understand the effectiveness and feasibility of treatment, the use of diagnostic methods to reinforce the diagnosis or correction of treatment is a very significant part of the course of therapy.

Diagnostic measures used to treat wounds can be divided into:

1. Preventive measures:

a) Ultrasound - checking before surgery of soft tissues helps in the prognosis of wound healing, including here and ultrasound of the vessels of the lower, upper limbs, in case of circulatory insufficiency in which healing will be more difficult

b) X-ray diagnosis - checking the integrity of bones, the presence of osteomyelitis.

c) Puncture or biopsy of the edges or exudate of the wound bottom.

d) Immunohistochemical study.

e) Clinical blood test.

f) Biochemical composition of blood.

g) Immunogram.

2. Current activities:

Many diagnostic measures are used in both preventive and current measures.

a) Bacteriological wound culture.

b) Sensitivity of flora to antibiotics.

Conservative and surgical treatment options.

Conservative treatment is divided into local and systemic, current and postoperative.

Conservative treatment consists of the following measures:

- The use of empirical antibiotics in the absence of an already performed antibiotic gram is prescribed according to sensitivity.
- Anti-inflammatory non-steroidal.
- Analgesics.
- Locally - the use of ointments, powders with antibacterial, anti-inflammatory topically. immunomodulating effect.
- Antiseptics.
- Dressings with periodicity depending on the development of the disease.

Surgical treatment of any wound is divided into:

- one conducted openly,
- one sewn up.

During the treatment a wound can be open from the very beginning or after suturing. Purulent wounds are always open! Only when the open granulation method is achieved and the infection is completely removed, secondary sutures can be applied for cosmetic effect.

Conventionally dirty or contaminated wounds with proper treatment can be sewn immediately (primary sutures), no later than 24 hours after the formation of the wound. Also, long-lasting non-healing or purulent wounds can be treated with VAC therapy.

VAC (Vacuum-assisted closure) therapy or vacuum wound therapy; negative pressure wound therapy and NPWT (Negative pressure wound therapy) is a term used to describe a method that helps optimize wound healing by applying lower atmospheric pressure to reduce inflammatory exudate and promote granulation tissue growth. This method can be used to treat acute and chronic wounds ranging from open fasciotomies and diabetic foot ulcers to closed surgical incisions.

And also the use of drainage of the bottom of the wound by an active or passive method is a quite effective measure.

Today we got a little acquainted with the options for classifications, examination and treatment practised by Kharkiv surgeons-clinicians. Taking into account the given

classification it should be stated that practitioners need to have a clear plan for helping their patients in order to be effective.

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CIRRHOSIS OF LIVER: CAUSES, CONSEQUENCES AND MODERN APPROACHES TO TREATMENT

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Cirrhosis is traditionally known as the end-stage of chronic liver disease, often associated with alcohol misuse or viral hepatitis. It is characterized by the progressive replacement of healthy liver tissue with scar tissue (fibrosis), leading to irreversible damage and liver dysfunction. However, beyond this common understanding lies a complex landscape of unusual causes, subtle and bizarre symptoms, and increasingly sophisticated treatment strategies that go far beyond simple abstinence.

Unusual and Surprising Causes of Cirrhosis While alcohol and hepatitis B/C are the most common culprits, a significant number of cirrhosis cases stem from less familiar origins. Recognizing these is crucial for accurate diagnosis.

1. Autoimmune Hepatitis (AIH): In this condition, the body's own immune system mistakenly attacks and destroys healthy liver cells. It can progress silently for years, leading to cirrhosis if undiagnosed. It predominantly affects women and often requires lifelong immunosuppressive therapy.

2. Non-Alcoholic Fatty Liver Disease (NAFLD) and its aggressive form, NASH (Non-Alcoholic Steatohepatitis): This is rapidly becoming a leading cause of cirrhosis