

**THE PREDICTION OF THE PROBABILITY OF SEROMA DEVELOPMENT IN CASE OF ENDOPROSTHESIS REPLACEMENT OF VENTRAL HERNIAS****Vlasov A.V.**

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The purpose. To suggest the way of the prediction of the probability of seroma development due to some risk factors in case of endoprosthesis replacement of ventral hernias. Materials and methods. The research included 224 patients, who were operated by “onlay” (220 patients) and “inlay” method (4 patients). To prevent the wound complications in the main group (n= 122) subcutaneous tissue was sewed along and fixed with the vertical P - stitches to the prosthesis and the wound bottom. The wound drainage was performed in 4 patients (3,3 %). In the control group (n=102) there was carried out the drainage and wound layerwise stitch without wide taking and fixation of subcutaneous tissue. Drainage was made in 83 patients (81,4 %). To predict the risks of the seroma development with the dependence model construction there was used extrapolation method – binary logistic regression. Results. In the main group the formation of clinically significant seromas was observed in 9 (7,4 %) patients; in the control group – in 28 (27,5 %) patients (p<0,001). The most appropriate model for the prediction of the risk of seroma development is the cooperation of three factors – the combination of the median and lateral localization of hernia, the presence of cardiovascular diseases and the application of the developed P-stitches in case of wound stitching. Conclusion. The concomitant cardiovascular diseases and the combination of the median and lateral localization of hernia are the significant risk factors for seroma development in case of endoprosthesis development. The effectiveness of vertical P-stiches in case of wound stitching in the prophylaxis of wound complications has been proved not only by the statistic analysis, based on the comparability and comparison of 2 groups, but also by multivariate statistic analysis – binary logistic regression.

**РЕПАРАТИВНАЯ РЕГЕНЕРАЦИЯ АХИЛЛОВА СУХОЖИЛИЯ ПОСЛЕ ПОДКОЖНОЙ ТЕНОТОМИИ ПРИ ЛЕЧЕНИИ ВРОЖДЕННОЙ КОСОЛАПОСТИ У ДЕТЕЙ ПО МЕТОДУ ПОНСЕТИ (ПО ДАННЫМ УЛЬТРАСОНОГРАФИЧЕСКОГО ИССЛЕДОВАНИЯ)****Власов М.В., Богосьян А.Б., Мусихина И.В., Кузнецова И.В.**ФГБУ «ННИИТО» Минздрава России, Нижний Новгород, Россия  
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В работе представлены результаты обследования 50 детей (77 стоп) с врожденной косолапостью III-IV степени, которым была выполнена подкожная поперечная ахиллотомия на заключительном этапе лечения по методу Понсети. Анализ эхоструктуры сухожилия у 36 пациентов на 56 стопах, у которых была выполнена субфасциальная поперечная тенотомия без повреждения сосудов его брыжейки, показал, что процессы репаративной регенерации сухожильной ткани происходят в благоприятных условиях. Данные ультразвукографического обследования у 14 пациентов на 21 стопе подтверждают, что при полном пересечении синовиального влагалища и брыжейки, как это бывает при травматичном вмешательстве, процессы его репаративной регенерации происходят в неблагоприятных условиях. Ультразвуковое исследование показало, что после ахиллотомии, выполненной при лечении косолапости по методу Понсети, во всех случаях происходит полное восстановление анатомической целостности ахиллова сухожилия уже к 30 суткам.

**REPARATIVE REGENERATION OF ACHILLES' TENDON AFTER SUBCUTANEOUS TENOTOMY IN TREATMENT OF CONGENITAL CLUBFOOT IN CHILDREN USING PONSETI METHOD (FOLLOWING ULTRASONOGRAPHIC EXAMINATION)****Vlasov M.V., Bogosyan A.B., Musihina I.V., Kuznetsova I.V.**Nizhny Novgorod Research Institute of Traumatology and Orthopedics, Nizhny Novgorod, Russia  
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The results of the examination of 50 children (77 feet) with congenital clubfoot of III-IV degree who have been suffered subcutaneous transverse achillotomy at the last stage of treatment using the Ponseti Method. The analysis of tendon echostructure in 36 patients on 56 feet, who had suffered subfascial transverse tenotomy without vessel injury of the frill showed that the processes of reparative regeneration of tendon tissue take place in conductive conditions. The data of ultrasonographic examination in 14 patients on 21 feet confirm that in complete tenotomy of synovial sheath and frill as it happens in traumatic invasion, its reparative regeneration processes take place in unfavorable conditions. Ultrasonic research showed that after achillotomy having been performed in clubfoot treatment using the Ponseti Method complete restoring anatomic integrity of Achilles' tendon up to the 30th day.