индексов эластичности сосудов менялись, но незначительно, и только в области наибольшей нагрузки, а именно в центральной части. Полученные сравнительные данные свидетельствуют о положительном влиянии предложенного метода шинирования на ткани протезного ложа, что позволяет рекомендовать его для широкого применения.

ЛИТЕРАТУРА

1. *Цепов Л. М.* Диагностика, лечение и профилактика заболеваний пародонта / Л. М. Цепов, А. И. Николаев, Е. А. Михеева. – 3-е изд. – М. : МЕДпресс-информ, 2008. – 272 с.

2. *Levin L.* Aggressive periodontitis: the silent tooth killer / L. Levin // Alpha Omegan. – 2011. – Т. 104 (3/4). – P. 74–78.

3. *Хирургическое* лечение генерализованного пародонтита / Н. Ярынич-Бучинская, И. Кайдашев, П. Скрипников [и др.] // ДентАрпт. – 2009. – № 3. – С. 48–55.

4. *Расулов И. М.* Предварительное ортопедическое лечение в комплексной терапии больных генерализованным пародонтитом / И. М. Расулов, К. М. Расулов // Современная ортопедическая стоматология. – 2009. – № 12. – С. 60–62.

5. *Адамчик А. А.* Способ шинирования подвижных зубов шиной из диоксида циркония / А. А. Адамчик // Современная ортопедическая стоматология. – 2010. – № 13. – С. 52–54.

6. *Семенова О. А.* Влияние ортопедических конструкций на ткани пародонта / О. А. Семенова, И. В. Чайковская // Стоматолог. – 2011. – № 6. – С. 18–19.

7. *Ряховский А. Н.* Варианты шинирования при генерализованном пародонтите / А. Н. Ряховский // Стоматолог. – 2002. – № 2. – С. 55–56.

8. *Ряховский А. Н.* Анализ точности сопоставления зубных рядов при использовании окклюзионных регистраторов / А. Н. Ряховский, Л. П. Гаврилова // Клиническая стоматология. – 2009. – № 3. – С. 28–29.

REFERENCES

1. Tsepov L.M. Nikolaev A.I, Mikheeva A.Ye. Diagnosis, treatment and prevention of periodontal disease. 3rd ed. Moscow: MEDpress-inform, 2008. – 272 p.

2. Levin L. Aggressive periodontitis: the silent tooth killer. *Alpha Omegan* 2011; 104(3/4): 74-78.

3. Yarynich-Buchynskaya N., Kaidashev I., Skripnikov P. et al. Surgical treatment of generalized periodontitis. *DentArpt* 2009; 3: 48-55.

4. Rasulov I.M., Rasulov K.M. Preliminary orthopedic treatment in the treatment of patients with generalized periodontitis. *Sovremennaya ortopedicheskaya stomatologia* 2009; 12: 60-62.

5. Adamchik A.A. Method of splinting mobiled teeth with circonium dioxide. *Sovremennaya ortopedicheskaya stomatologia* 2010; 13: 52-54.

6. Semyonova O.A., Tchaikovskaya I.V. Effect of dentures on periodontal tissue. *Stomatolog* 2011; 6: 18-19.

7. Ryakhovskiy A.N. Splinting options for generalized periodontitis. *Stomatolog* 2002; 2: 55-56.

8. Ryakhovskiy A.N., Gavrilova L.P. Analysis of the accuracy comparison of dentition using occlusal registrars. *Clinical Dentistry* 2009; 3: 28-29.

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THE PALLIATIVE METHODS OF TREATMENT OF EXTENSIVE DISEASE LUNG CANCER

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СПОСОБ ПАЛЛИАТИВНОГО ЛЕЧЕНИЯ РАСПРОСТРАНЕННЫХ ФОРМ РАКА ЛЕГКОГО

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Нами предложен способ паллиативного лечения распространенных форм рака лёгкого, который объединяет две ранее указанные методики. Применение данного способа позволяет не только остановить легочное кровотечение и восстановить проходимость бронха, но и в дальнейшем продолжить лечение рака легкого (химиотерапия, лучевая терапия). Данный способ применен нами у 16 пациентов с центральным раком легкого III А–IV ст., у которых было легочное кровотечение и ателектаз бронха. Первым этапом выполнялась рентгенэндоваскулярная эмболизация бронхиальных артерий и их ветвей, подходящих к опухоли. Следующим этапом была лазерная реканализация опухолевых стенозов бронхов. Нам удалось добиться положительного гемостатического эффекта у 15 пациентов (стойкий гемостаз отмечался на протяжении 5 мес.), а также реканализации бронхов у всех пациентов. Все это позволило нашим пациентам в последующем пройти лучевую либо химиотерапию. За 5-месячный период наблюдения рецидив опухолевого стеноза и повторные легочные кровотечения нами не наблюдались. Показана возможность использования метода в лечении осложненных форм злокачественных опухолей легкого.

Ключевые слова: легочные кровотечения, эмболизация бронхиальных артерий, опухолевый стеноз бронхов, реканализация бронхов.

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THE PALLIATIVE METHODS OF TREATMENT OF EXTENSIVE DISEASE LUNG CANCER

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We have proposed a palliative method for common forms of lung cancer, which combines the two previously mentioned methods. Using this method allows not only to stop the lung bleeding, but re-

store airway passage of the bronchi and then continue with the treatment of lung cancer (chemotherapy, radiotherapy). We used this method in 16 patients with age group from 54 to 76 years, with central lung cancer III A–IV stages, who had lung hemorrhage and atelectasis of bronchus. In the first step, rentgenendovascular embolization of bronchial artery (REVEBA) and their branches approaching to the tumor is performed. In the next stage, the patients underwent laser recanalization of tumor stenosis of the segmental or main bronchi. We were able to achieve a positive hemostatic effect in 15 patients, which was seen throughout first 5 months. Recanalization and restoration of the bronchial airway was achieved in all the patients. All these factors allowed the patients undergo subsequent radiation and chemotherapy. Tumor relapse, recurrence of stenosis and pulmonary bleeding have not been observed during the first 5 months. Possibilities of using the adove mentioned methods in the treatment of common forms of lung cancer have been shown.

Key words: lung bleeding, embolization of bronchial artery, tumor stenosis of bronchi, recanalization of bronchi.

Introduction

Lung cancer keeps the leading position in oncology worldwide. In spite of great number of modern methods of diagnostics such as CT scans, bronchosopy, which allow diagnosing lung cancer at early stages, the number of common forms of lung cancer does not decrease along with their complications as lung bleeding, pulmonary atelectasis of main bronchi. These complications are seen in 30% of patients with central lung cancer which interfere in further treatment of the underlying disease.

In the treatment of extensive disease lung cancer with atelectasis of main or segmental bronchi, the method of choice is laser electrocoagulation, argon-plasma coagulation of tumors, with the restoration of their airway. These techniques are used for enough long time and have a good reputation. Apart from their use with recanalization of the bronchus, it is used to stop bleeding from the tumor; hemostatic effect was achieved only in 60% of cases.

Having used in 1973 for the first time, rentgenendovascular embolization of bronchial artery (BA) became one of the main methods of treatment of lung hemorrhages. This technique allows to obtain steady hemostatic effect in 90% of cases.

Materials and Methods

We have proposed a palliative method for external disease lung cancer, which combines the two previously mentioned methods. Using this method allows not only to stop the lung bleeding, but restore airway passage of the bronchi and then continue with the treatment of lung cancer (chemotherapy, radiotherapy). We used this method in 16 male patients (54–76 years old), with a central lung cancer III A–IV stages, who had lung hemorrhage and atelectasis of bronchus. Volume of hemoptysis was 50–400 ml per day at the moment of hospitalization. Morphological forms of lung cancer were as follows: small cell lung cancer — 2, squamous cell carcinoma — 9, adenocarcinoma — 5. These patients had a complex of such clinical examinations as CT scans, fibrobronchoscopy with the local use of hemostatic medications, washing off the clots from the airway. Ultrasound investigation of the cardiovascular system including the lower extremities was performed to exclude any signs of thromboembolia of the pulmonary artery which is usually a source of lung hemorrhage.

The first step was performing rentgenendovascular embolization of bronchial artery (REVEBA) and their branches approaching to the tumor. All REVEBA were performed in a roentgen operating room using X-ray angiographic apparatus Allura Xper FD-20 “Phillips”.

The access point was femoral artery catheterization according to Seldinger, using introducer like “Cobra” $5F_2$ and getting access to the thoracic part of aorta and contrast “Ultravist”. After contrasting and getting access of the bronchial artery nourishing the tumor, it is artificially embolized. The conditions for performing embolization were the exact catheterization of the bronchial artery which proves the selective angiography.

BA embolization is done by the use of polyurethane emboli “Gelatamp” (400–750 mK). The numbers of used emboli were controlled by selective angiography. Absence of contrast and opacity of contrasted distal BA was the criterion for effective embolization.

In the next stage, the patients underwent laser recanalization of tumor stenosis of the segmental or main bronchi. For this method, rigid bronchoscope Friedel and AIG-neodymium laser with a wavelength of 1.064 nm were used. The technique included the following steps: under general anesthesia using the rigid bronchoscopy, we get the access to the tumor stenosed part of the bronchi. Then the laser optical wire is driven to the tumor’s end bronchial growth, followed by its destruction with laser energy 3200 J with 40 W of power, and recanalizing the stenosis. Airway passage of the bronchus was restored in all patients.

Results and Discussion

We were able to achieve a positive hemostatic effect in 15 patients, which was seen throughout first 5 months. The high efficiency of REVEBA in lung hemorrhage were also proved by other authors, according to them effective hemostasis was seen in 73–100%. Recurrent hemoptysis took place in 1 patient who was embolised the intercostal artery in addition, after that a stable hemostasis was seen. This method helps us to stop lung hemorrhage in 93.8% of the patients. Usually this method is a component of the conservative methods of lung can-

cer treatment, when surgical methods are not applicable. For us lung hemorrhage is a contraindication for chemo-radiotherapy. All the above mentioned methods allow REVEPA as a perspective method of palliative treatment of malignant lung cancer, especially when combined with chemodrugs intra-arterial injection. Recanalization and restoration of the bronchial airway was achieved in all the patients.

Performing endoscopic recanalization of tumor stenosis is a positive moment in the treatment of extensive disease lung cancer. A recanalized part of stenosis helps eliminating inflammatory changes in the bronchial tree, reducing toxicity in the organism along with respiratory functions. All these factors allowed the patients to undergo subsequent radiation and chemotherapy. Tumor relapse, recurrence of stenosis and pulmonary bleeding had not been observed during the first 5 months.

Thus, the first experience of palliative treatment for extensive disease lung cancer allows to make the following conclusions:

1. REVEBA allows to achieve stable haemostasis in most patients with extensive disease lung cancer.

2. Application of endoscopic recanalization of malignant stenosis can improve the quality of life of patients.

3. The use of palliative methods in complicated forms of lung cancer requires further clinical studies.

REFERENCES

1. *Химиоэмболизация* бронхиальных артерий у больных раком легкого, осложненным легочным кровотечением / В. В. Бойко, Ю. В. Авдосьев, А. Г. Краснояружский, А. Б. Старикова // Онкология. – 2008. – Т. 10. – № 3. – С. 350–352.

2. *Bronchial* artery empolisation for acute massive hacmoptysis: retroscpective study / L. F. Cheng, E. P. Y. Fung, T. Y. W. Hom [et al.] // I. H. K. Coll. Radiol. – 2005. – Vol. 8. – P. 15–19.

3. *Bronchial* artery empolisation for hemoptysis due to bening disease: immediate and long term results / A. Kato, S. Kuclo, U. Matsunoto [et al.] // Cardiovasc. Intervent. Radiol. – 2000. – Vol. 23. – P. 351–352.

4. *Multidisciplinary* treatment of life-threatening massive hemoptysis: a 10 year experience / N. Shigemura, I. Y. Wan, S. C. Yu [et al.] // Ann. Thorac. Surg. – 2009. – Vol. 87. – P. 849–853.

5. *Bronchial* artery embolisation: experience with 54 patients / K. L. Swanson, M. Jonhson, U. B. S. Prakash [et al.] // Chest. – 2002. – Vol. 121. – P. 789–795.

6. *Bronchial* and nonbronchial systemic artery embolisation for life-treatment hemoptysis: a comprehensive review / W. Yoon, J. K. Kim, Y. H. Kim [et al.] // Radiografics. – 2002. – Vol. 22. – P. 1395–1409.

7. *Palliative* management of malignant airway obstruction / C. D. Morris, J. M. Dudde, K. Godette [et al.] // Ann. Thorac. Surg. – 2002. – Vol. 74. – P. 1928–1933.

REFERENCES

1. Boiko V.V., Avdosyev Yu.V., Krasnoyaruzhskiy A.G., Starikova A. B. Chemoembolization of bronchial arteries in patients suffering from lung cancer complicated with lung bleeding. *Onkologia* 2008; 10(3): 350-352.

2. Cheng L.F., Fung E.P.Y., Hom T.Y.W. et. al. Bronchial artery empolisation for acute massive hacmoptysis: retroscpective study *I. H. K.* Coll. *Radiol.* 2005; 8: 15-19.

3. Kato A., Kuclo S., Matsunoto U. et al. Bronchial artery empolisation for hemoptysis due to bening disease: immediate and long term results. *Cardiovasc. Intervent. Radiol* 2000; 23: 351-352.

4. Shigemura N., Wan I.Y., Yu S.C., et al. Multidisciplinary treatment of life-threatening massive hemoptysis: a 10 year experience *Ann. Thorac. Surg*. 2009; 87: 849-853.

5. Swanson K.L., Jonhson M., Prakash U.B.S., et al. Bronchial artery embolisation: experience with 54 patients. *Chest* 2002; 121: 789-795.

6. Yoon W., Kim J. K., Kim Y. H. et al. Bronchial and nonbronchial systemic artery embolisation for life- treatment hemoptysis: a comprehensive review. *Radiografics* 2002; 22: 1395-1409.

7. Palliative management of malignant airway obstruction / C. D. Morris, J. M. Dudde, K. Godette et al. *Ann. Thorac. Surg* 2002; 74: 1928-1933.

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COMPLEX TREATMENT OF PATIENTS WITH CIRRHOSIS COMPLICATED BY VARICEAL BLEEDING

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КОМПЛЕКСНОЕ ЛЕЧЕНИЕ БОЛЬНЫХ С ЦИРРОЗОМ ПЕЧЕНИ, ОСЛОЖНЕННЫМ КРОВОТЕЧЕНИЕМ

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В этой статье мы проанализировали наш опыт лечения пациентов с портальной гипертензией, осложненной кровотечениями из варикозно расширенных вен. С 2006 по 2012 гг. под нашим