SURGICAL TREATMENT OF TUMORS OF THE ADRENAL GLAND

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Relevance. The research paper explores adrenal gland tumors, which are found in 3-4% of patients aged 40-70 years, and are more common in women than men. These tumors can be hormonally active or inactive and are classified according to histological features and location within the adrenal gland. The study retrospectively analyzes data from 17 patients with malignant adrenal gland tumors and 10 patients with benign tumors who underwent adrenalectomies in a hospital department between 2018 and 2022. The clinical presentation of the disease is determined mainly by tumor location and proximity to anatomical structures and organs rather than the histological type of neoplasm. The diagnostic protocol includes physical, laboratory, and imaging tests. The study aims to provide a better understanding of the clinical manifestations and diagnosis of adrenal gland tumors.

Object. To study the prevalence morbidity and mortality of adrenal gland tumors in Grodno Regional Oncological Dispensary from 2018-2022

Research methods. We retrospectively studied the data of 17 patients registered with malignant tumors of the adrenal gland in the cancer registry of the Grodno Regional Oncological Dispensary (GROD), as well as data of 10 patients with benign tumors of the adrenal gland (adenomas) who underwent adrenalectomies in the Oncology Department No. 6 in 2018- 2022 The age of patients ranged from 7 to 74 years, the median was 48 years. Among them were 12 men and 15 women. Of the 17 cases of the malignant OP, tumors in the adrenal medulla were present in 8, in the cortical layer in 5, and metastatic in 4 patients.

"Clinically silent" neoplasms or incidentalomas occurred in 16 cases, among which 10 had histologically diagnosed adrenal adenomas. Symptoms and signs of tumor disease were noted in 11 patients. Clinical manifestations of tumors of the adrenal gland were a feeling of heaviness and dull pain in the lower back, hypochondrium, and abdomen, which were associated with the localization of the tumor in the adrenal gland and its spread to adjacent structures. In addition, patients complained of dyspeptic disorders: nausea, bloating, and stool retention. Sometimes (3 cases) compression of the blood and lymphatic vessels led to edema and enlargement of the testicle and lower extremities on the side of the lesion. With widespread tumors, there were signs of intoxication: weakness, weight loss, and subfebrile condition. Neurological symptoms caused by compression of the nerve trunks were observed in 2 cases. In 3 cases, neoplasms reached large sizes (more than 10 cm). The clinical picture of the disease was determined mainly not by the

histological type of neoplasm, but by its localization, proximity to anatomical structures (blood vessels, nerves), and organs. Most often, tumors of the adrenal gland metastasized to the lungs (4 cases) and the liver (2 cases). In 4 patients, tumors of the adrenal gland were metastatic (secondary), of which 3 patients with lung cancer and 1 with rectal cancer.

The diagnostic complex was carried out by the protocols (Order No. 60 of the Ministry of Health of the Republic of Belarus) and included physical, laboratory, general clinical instrumental, and special research methods. The main role in the clarifying diagnosis of tumors of the adrenal gland was played by special, so-called direct, examination methods: ultrasound, CT, and MRI of the abdominal cavity and retroperitoneal space. The main principles of diagnostic and therapeutic tactics were to determine: 1) the primary localization of the tumor; 2) the possibility of its surgical removal; 3) clarification of the scope of the upcoming operation (when extended to adjacent structures and organs (kidney). The final stage of the patient's examination was to clarify the degree of operational risk. Morphological confirmation of the diagnosis before the operation was not of decisive importance. The histological type of the tumor was established after the adrenalectomy. Based on the morphological study Micropreparations revealed the presence of malignant pheochromocytoma in 8 patients, adrenocortical carcinoma in 5, and adrenocortical carcinoma in 4 metastatic tumors and 10 benign adrenal tumors (cortical adenomas and benign pheochromocytomas). To perform adrenalectomy in the observed patients, a traditional lumbotomy access was used.

Results and discussion. Over 4 the years, 10 patients with adrenal adenomas were operated on in the oncology department No. 6 and underwent adrenalectomy. There was no postoperative lethality during the removal of benign AP. By the end of 2022, according to the GROD cancer registry, a lethal outcome was noted in 6 patients with malignant tumors of the adrenal gland.

Conclusions. Tumors of the adrenal gland, being a rare pathology, have a variety of morphological types, often in the absence of clinical manifestations (“silent tumors”), which makes it difficult to identify them. Malignant tumors of the adrenal gland have an aggressive course with a high tendency to metastasize and progress with a low five-year survival rate.

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POSSIBILITIES OF SURGICAL INTERVENTIONS IN SEVERE LOWER LIMB ISCHEMIA AT THE STAGE OF TROPHIC DISORDERS

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Relevance. Occlusive pathology in the branches of aortic bifurcation remains an important problem of vascular surgery in countries throughout the world. The use of autologous shunting material, especially with minimal disintegration and traumatization of the endothelium, implantation of allografts with elements of transplantation techniques have showed promising results for minimalizing the not-successful outcomes of reconstructive surgery of the arteries [1].

Object. In order to determine the optimal approach of treatment for the elimination of severe ischemia, especially in the presence of clinically significant trophic disorders, the results of various modern reconstructive techniques used in ilio-femoral-popliteal occlusive lesions of the arteries in the lower extremities were evaluated among patients.

Research methods. Within the last two years, the restoration and reconstruction of arterial blood flow in the aorto-femoral segment were performed in 12 patients with gangrenous-ischemic limb disorders (categorized as staged III-IV according to the R.Fontine – A.V.Pokrovsky). During the same period, femoral-popliteal-tibial arterial reconstructions were performed, 56 operated patients with a similar nature of tissue damage. In 50 patients, the occlusive process had an atherosclerotic etiology, and in 18 cases, atherosclerotic-diabetic lesions caused ischemia. The age of the patients ranged from 59 to 78 years, among the operated there were 13 women and 45 men.

Results and discussion. As per the analysis obtained through the above discussed study it was revealed that the choice of the reconstructive methods depends