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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

on the patient's individual conditions. Primarily determined by the presence of an adequate (atleast 6 mm in diameter) main subcutaneous autogenous vessel (large subcutaneous vein) and during operations the state of the distal vascular bed below the inguinal ligament. The degree and prevalence of necrotic ischemic tissue damage and somatic status of the patient played a major role in choosing the surgical option in the aorto-ilio-femoral segment.

Aorto-femoral bypass operations were performed in 5 patients with occluded aorto-iliac segment and necrotic lesions without perifocal inflammation (2 patients at bifurcation – and 3 patients in linear). In the other 5 patients, prolonged unilateral or segmental obstruction of the aorto-ilio-femoral segment was removed by the original surgical technique of multifocal tunnel deobliteration. The method of more gentle cross-shunting operations of the "crossover" type turned out to be an expedient and preferred option for choosing surgical treatment for unilateral pathological processes in this segment in 2 patients with a pronounced comorbid status.

From the infrainguinally operated patients with the help of autologous vascular structures, 22 had femoral-popliteal bypass surgery with a reversed vein below the knee joint gap, similar bypass surgery was performed proximally in 8 cases. In 11 patients operated with extended occlusions of the superficial femoral and popliteal arteries, distal anastomosis was superimposed with the tibial arteries below the level of distal obstruction. The resumption of the main blood flow in the popliteal and tibial arteries according to the "in situ" method was carried out in 14 people. In the 1st clinical observation, with the repeated nature of surgical intervention and in the absence of autologous material during bypass surgery in the femoral-popliteal position, an arterial allograft with elements of graft technology was successfully transplanted.

In the early postoperative period, 5 (7.3%) of the operated patients developed complications that required repeated surgical interventions (in the 1st – bleeding from the anastomosis, in the 4th-thrombosis). In 2 patients, adequate revascularization of the limb was not achieved and amputation was performed (2.9%). A limb with positive dynamics in a functional state was preserved in 97.1% (66 patients).

Conclusions. The use of autogenous venous material, modern original dezobliterating reconstructions of arterial vasculature and transplantable allograft structures may be promising in the amelioration of occlusive pathology in severe life threatening lower limb ischemia in the stage of trophic disorders

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