COMBINED PLASTIC OF THE POSTERIOR WALL OF INGUINAL CANAL WITH A MESH IMPLANT AND APONEUROSIS OF THE EXTERNAL OBLIQUE ABDOMINAL MUSCLE

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Introduction. This surgical procedure mainly focuses on the reinforcement of the posterior wall of the inguinal canal with a polypropylene mesh and aponeurosis of the external oblique abdominal muscle [1, 2]. This proposed method was developed in order to reduce the recurrence rates of hernias; with the additional benefit of prevention of risks of certain complications as pain, infections, fistula and perforations as with other procedures [3, 4].

Aim of the study. Reinforcement of the posterior wall of the inguinal canal by using tension free plastics in patients with inguinal hernias.

Materials and methods. The data of this case report was obtained from the University Hospital. The data provided in the article was mainly obtained from the medical records within the hospital along with the supervisor. Furthermore, the patient details presented in the article was documented with the patients consent. The surgical technique was developed to reinforce the posterior wall of the inguinal canal with combined plastic of the polypropylene mesh and an aponeurosis of the external oblique abdominal muscle [5]. To achieve this the mesh implant is fixed on the posterior wall of the canal. An incision was made in the upper flap of the aponeurosis parallel to its lower edge. Henceforth, after fixing the lower edge of the aponeurosis to the inguinal ligament the aponeurotic canal is formed.

Results and discussion. As a result of the developed operation it led to the reinforcement of the posterior wall of the inguinal canal. Moreover, it prevents the risk of development of fibrous processes in the spermatic cord as the spermatic cord was located on the aponeurosis. The patient was discharged with satisfactory condition on the 6th day.

Conclusion. According to the results obtained, one can conclude that the above mentioned method based on the concept of no tension not only reinforces the posterior wall and f the inguinal canal but also avoids any complications associated with the use of synthetic material. Moreover, the formation of the aponeurotic canal has added benefits as it prevents the development of formation of any fibrotic processes. The post-operative period revealed enhances well-being of the patient.

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CLINICAL ASPECTS OF TERMINATION OF PREGNANCY FOR MEDICAL ISSUES

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Introduction. Different countries have varying laws and perspectives regarding induced abortions. In Sri Lanka women do not have access to legal termination of pregnancy unless there is a threat to maternal life and the older age is identified as a determinant of induced abortion [1]. In the Republic of Belarus, artificial termination of pregnancy for medical reasons is legally permitted. The termination of pregnancy due to medical issues is perform before 22 weeks of pregnancy. There are 2 options including medical and surgical methods.

Aim of the study. To consider some clinical aspects of termination of pregnancy for medical reasons.

Materials and methods. We retrospectively analysis of the data of 100 patients who subjected to surgical termination of pregnancy due to medical issues within the last two years (2022, 2023) in Grodno Regional Clinical Perinatal Center.

Results and discussion. The reasons for termination of pregnancy, pathology of fetal central nervous system 23,0%, pathology of the cardiovascular system 17,0%, Chromosomal pathology of the fetus 26,0%, Congenital malformation of the musculoskeletal system 9,0%, other causes 25,0%.

Structure the age of women at termination of pregnancy: up to 20 years – 7,0%; 21-30 years old – 51,0%; 31-40 years old – 36,0%; 41-50 years old – 6,0%. So, the