

ученой степени кандидата медицинских наук.

Работа студенческого научного общества ежегодно собирает работы студентов. Отмечаются дипломами I, II и III степени, 6 работ удостоены степенью Лауреата конкурса, студенческие работы 3-х студентов стали дипломами международных конкурсов. За годы работы здесь были подготовлены тысячи врачей. Многие стали лидерами в своей области.

На кафедре защищено и утверждено 6 докторских и 26 кандидатских диссертаций, получен 31 патент на изобретения. За последние 10 лет опубликовано и издано 7 монографий, 7 учебников по общей хирургии, 5 учебно-методических пособий, 7 методических рекомендаций для врачей и студентов.

Говоря о будущем кафедры общей хирургии, следует отметить, что в наше время возможности хирургии неизмеримо возросли, особенно в области эндоскопической хирургии, надеемся, придет время для роботхирургии, появятся городские специализированные отделения (проктологии, сосудистой хирургии и др.).

Сегодня мы с надеждой смотрим на молодых сотрудников кафедры: А. Н. Дешука, А. Л. Валентюкевича, А. И. Масюкевича, А. М. Побылца и др. Будущее кафедры в их руках. Мы желаем им успеха.

MINIMALLY INVASIVE SURGICAL STRATEGIES IN PATIENTS WITH ATHERODIABETIC DAMAGES OF THE LOWER LIMB VESSEL BED

Vasilevsky V.P., Obuhovich A.R., Warnakulasuriya Fernando R.S.

Grodno State Medical University
Grodno, Belarus

Background. Endovascular intervention, guided by X-ray fluoroscopy has emerged as the first-line treatment for atherodiabetic lower limb lesions due to its minimally invasive nature, reduced perioperative morbidity, and comparable limb salvage rates to open surgery [1]. However, challenges remain, including high restenosis rates, distal embolization, and vessel recoil [2].

Purpose of the study. To improve minimally invasive surgical care in patients with atherosclerosis and concomitant diabetes mellitus on the base of optimization of endovascular intervention.

The research method. As of January 5, 2025, we analyzed 163 lower limb revascularizations performed at Grodno University Clinic from 2020 to 2024 on patients with diabetes and atherosclerosis. Of these, 95 patients (54.91%) underwent Endovascular (EV) Intervention, while 68 patients (45.09%) had open surgery. The average follow-up duration was 39.04 ± 25.3 months.

Results and their discussion. In this context, we have discussed only about

patients who have undergone endovascular interventions. Angiography was performed in all patients, and depending on it, different types of revascularization were used. Out of 95, the majority were male (67.4%, n=64), with a mean age of 66.0 ± 8.3 years. Diabetes mellitus (DM) type 2 was prevalent in 92.6% (n=88) of cases, with a mean DM duration of 7.7 ± 36 years. Regarding diabetes management, 37.9% (n=36) were on insulin therapy, 58.9% (n=56) received oral antidiabetic agents, and 3.2% (n=3) required both insulin and oral medications. Clinically, patients presented with varying stages of ischemia classified by the Fontaine scale: 33.7% (n=32) had stage 2B (claudication at short distances), 11.6% (n=11) had stage 3 (rest pain), and 54.7% (n=52) had stage 4 (ulceration or gangrene). The mean follow-up duration was 41.4 ± 21.6 months, allowing for assessment of long-term outcomes following EV intervention. No intraprocedural complications were reported. However, post-operative outcomes revealed significant long-term mortality, with 48.4% (n=46) of patients deceased by the end of follow-up, while 51.6% (n=49) remained alive. Reinterventions were required in 5.3% (n=5) of cases during the early post-operative period, 13.7% (n=13) in the immediate post-operative phase ($p = 0.0625$), and 16.8% (n=16) ($p = 1.0000$) in the long-term follow-up, with 25.2% (n=24) of patients undergoing repeated reinterventions. Limb salvage outcomes demonstrated an 81.1% success rate, though amputations were necessary in 2.1% (n=2) of patients early post-operatively, 9.5% (n=9) in the immediate period, and 7.4% (n=7) during long-term follow-up. These findings highlight the challenges of sustaining vascular patency in atherodiabetic patients despite initial technical success.

Conclusion. This study highlights the substantial long-term mortality (48.4%) and high reintervention rate (25.2%) following endovascular treatment of atherodiabetic lower limb lesions, despite an acceptable limb salvage rate of 81.1%. The absence of intraprocedural complications underscores the technical feasibility of X-ray-guided interventions, yet the need for repeated revascularizations and late amputations (7.4%) reflects the aggressive nature of atherodiabetic disease. These findings suggest that while endovascular therapy remains a viable first-line option for limb salvage, optimal outcomes require multidisciplinary management

References

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