

had multiple hypoglycemic episodes, but exact cause was unknown. Despite his unexplained, accelerated growth, glycogenosis was suspected and a blood sample was sent to Moscow for genetic testing that confirmed GSD Ia at 13 months with 2 types of genetic mutations for this disease. Late diagnosis was due to difficulty in accessing genetic testing as it was unavailable in Belarus.

However, GSD Ia, along with influenza, nephrosclerosis lead to severe complications resulting in death.

DISCUSSION:

This case is exceptional, because the boy grew well despite the condition, which usually ensues stunting. The mother ensured that the child was well fed frequently, which could be why he grew well. Gene exams found 2 mutations, which could result in a more severe enzyme deficiency. Chronic hypoglycemia stimulates increased growth hormone production, countering retardation. However, his parents are both tall. Therefore, genetics may have contributed to his size as well. Accelerated growth, which is unusual for this disease, led to the delayed diagnosis of the condition.

The recurrent infections mimicking GSD Ib may be due to dysfunctional neutrophils as a result of hypoglycemia.

Neither a good diet, nor liver transplantation can reverse kidney damage. The final attempt of treating this condition was peritoneal dialysis.

Pneumonia and influenza triggered severe hypoxia with bad tissue perfusion and severe lactic acidosis incompatible with life.

The above complications along with influenza led to his demise.

Conclusion. GSD Ia usually presents with growth retardation from an early age, but it is important to note that normal or overgrowth should not exclude or delay the diagnosis of GSD Ia. However, literature on this aspect is not available, as studies are yet to be performed.

COMPARATIVE EVALUATION OF LONG-TERM OUTCOMES OF VARIOUS SURGICAL INTERVENTIONS FOR PATIENTS WITH CALCULOUS CHOLECYSTITIS COMBINED WITH CHOLEDOCHOLITHIASIS

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Introduction. One of the most complex surgical interventions in hepatobiliary and pancreatic surgery is surgical treatment of patients with acute calcified cholecystitis with gallstones. Many experts believe that to assess the outcome of the operation, it is necessary to take into account both the immediate consequences of the surgical intervention and its long-term effects. According to the literature, when performing cholecystectomy and choledocholithotomy in the traditional way, long-term results are observed with the following frequency:

success – from 60 to 90%; satisfactory outcome – from 12 to 26%; unsatisfactory outcome – from 2 to 11.4%. The frequency of restenosis of the major duodenal papilla (MDP) after endoscopic papillary sphincterotomy (EPS) is from 1.5 to 33.3%, recurrent choledocholithiasis – from 2.0 to 19.9%, reflux cholangitis – 3%.

Currently, reports on the comparative assessment of the long-term results of surgical treatment of choledocholithiasis using various methods of surgical intervention in the world literature remain few and based on an insufficient number of observations. In this regard, scientific research on this topic is important and of practical interest.

Aim of the study. Comparative assessment of remote results for the treatment of patients with calculous cholecystitis in combination with choledocholithiasis using various methods of surgical interventions.

Materials and methods. We analyzed the cases of 30 patients who underwent surgery between 2020 and 2023, with an average age of 62.7 ± 4.3 years. For a more detailed study, the patients were divided into three groups depending on the surgical intervention performed.

Group 1 – 10 patients who underwent two-stage treatment, including endoscopic papillary sphincterotomy (EPS) with stone removal and subsequent laparoscopic cholecystectomy (LC).

Group 2 – 10 patients with cholecystolithiasis who underwent one-stage laparoscopic surgery (laparoscopic cholecystectomy and gallstone removal);

Group 3 – 10 patients who underwent traditional "open" cholecystectomy and cholecystolithotomy with external drainage of the common bile duct (CBD) or cholecystoduodenal anastomosis.

Long-term outcomes were assessed based on the following criteria:

1. Positive outcome. No complaints, complications, or objective/experimental signs of disease in the distal section after surgical treatment.

2. Satisfactory outcome. Despite overall improvement, patients experience recurrent abdominal pain and discomfort (particularly in the right hypochondrium and upper abdomen after eating or physical exertion) and symptoms of indigestion. Signs of recurrent cholangitis are detected using transabdominal ultrasonography, gastroendoscopy (FGDS), or endoscopic retrograde cholangiopancreatography (ERCP), and repeated endoscopic treatment of cholangiolithiasis is required.

3. Unsatisfactory outcome. Cases requiring repeat surgery, bile duct stricture, postoperative hernia, or death.

Results and discussion. The group with good remote results (24-80%) included nine patients from group 1 (90%), eight from group 2 (80%) and seven from group 3 (70%). These patients felt absolutely healthy, were in good condition immediately after the operation and were not subject to strict dietary restrictions. The group with satisfactory remote results (5-16.5%) included one patient from group 1 (10%), two patients from group 2 (20%) and two patients from group 3 (20%). Patients from the analyzed groups complained of regular

pain and discomfort in the right hypochondrium and upper abdomen (after eating or physical activity), as well as the occurrence of some indigestion syndromes. Unsatisfactory results were obtained in one patient from group 3.

Conclusion. The long-term results in patients with calcific cholecystitis complicated by bile duct stones were better in the group undergoing two-stage laparoscopic cholecystectomy (LC) after endoscopic papillary sphincterotomy (EPS) and stone removal.

1. More protection after surgical wound interventions (pyogenic cases, accidents, postoperative ventral hernias)
2. Faster decompression of the bile duct and less trauma.

MODELING OF TYPE 2 DIABETES MELLITUS USING DEXAMETHASONE

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Introduction. Diabetes mellitus (DM) is a high-risk problem of modern medicine. The incidence of type 2 diabetes mellitus (DM2) and obesity has reached epidemic proportions. According to the International Diabetes Federation, about 422 million people worldwide suffer from DM (2017). According to the State Register statistics for 2015, about 4.5 million people in Russia suffer from DM2. According to WHO calculations, the number of patients suffering from diabetes will steadily increase and reach 592 million in 2035, and up to 95% of them will be patients with type 2 diabetes. As it is known, the etiopathogenesis of type 2 diabetes mellitus is based on impaired insulin homeostasis, insulin resistance and dysfunction of insulin-producing beta cells of the pancreas. This leads to the emergence of such pathological phenomena as glucose toxicity and lipotoxicity, which in turn provoke the development of vascular complications.

Aim of the study. The aim of the study was to develop a pathogenetically substantiated model of type 2 diabetes mellitus in rats using a single injection of low-dose dexamethasone, and to evaluate the effect of dexamethasone on lipid metabolism.

Materials and methods. The work was performed on 20 white nonlinear sexually mature rats of both sexes, kept in standard vivarium conditions. Manipulations with laboratory animals were carried out in accordance with the Rules for conducting work using experimental animals. In order to model diabetes mellitus, rats were injected intraperitoneally with dexamethasone at a rate of 125 mcg/kg of body weight for 15 days. The animals were divided into the following groups: Group 1 – control (healthy reference animals that did not receive dexamethasone); Group 2 - with the model of T2DM, rats received dexamethasone at a dose of 125 mcg/kg of body weight for 15 days. At the end