

violent contractions of skeletal and/or vocal muscles, primarily affecting boys. However, during the COVID-19 pandemic, according to the journal Clinical Medicine, an increase in the number and severity of tics has been observed among adolescent girls. Tics were most common in girls aged 12-18. An online survey of parents of children and adolescents with TS conducted in Italy showed that within 4-6 weeks of the start of the COVID-19-related quarantine, 67% of subjects experienced a worsening of the condition: occurrence of hyperactivity, rage attacks, obsessions/compulsions and anxiety [1].

The one of the most well-researched and effective behavioral interventions for tics in children and adolescents include Habit Reversal (HR), Exposure and Response Prevention (ERP), Contingency Management (CM) and Function-Based Interventions (FBIs) [2]. Possible reduction in tic severity during physical exercise include the temporary activation of executive control circuits by physical exercise, distracting effect of alternative goal-directed movements, and the effect of physical exercise as a competing motor response to tics.

Conclusions. Thus, the incidence of COVID-19 has a significant negative impact on the psychoneurological status of the pediatric population, triggering the onset and exacerbation of tics. Based on the available scientific literature, the HR and ERP methods can be recommended as first-line behavioral therapies for the treatment of tics in children and adults. Second-line methods include CM and FBIs. Physical activity methods are particularly important, as they help shift attention to the somatic nervous system and reduce children with tics' preoccupation with the problems that trigger these disorders.

LITERATURE

1. Adverse mental health impact of the COVID-19 lockdown in individuals with Tourette syndrome in Italy: an online survey / G. Conte, V. Baglioni, F. Valente [et al.] // Frontiers in Psychiatry. – 2020. – Vol. 11. – Art. 583744.
2. P. Andrén, E. Jakubovski, T. L. Murphy [et al.] // European Child and Adolescent Psychiatry. – 2022. – Vol. 31, № 3. – P. 403–423.

SILAC TECHNIQUE IN SURGERY OF PATHOLOGY OF THE SACROCOCCYCAL REGION

Kavishna Marini Leyendra Amarasinghe,
Mohamed Noufal Miras Ahamed,
Sanduni Thathsarani Samarakoon

Grodno State Medical University

Scientific supervisor: PhD, Assoc. Prof. Vasilevsky V. P.

Relevance. Relatively asymptomatic, simple tubular or cystic lesions, and in some cases a pathological process characterized by complex chronic or recurrent purulent inflammation cavities with multiple fistulas in the sacrococcygeal region, are

accompanied by prolonged postoperative discomfort and prolonged disability with conventional surgical treatment.

Target. Optimization of operational technical approaches in surgery and improvement of treatment results for pathology of the sacral-coccygeal based on the intraoperative use of laser technologies for operative treatmentsurgical diseases of this localization.

Research methods. Over the past 15 months (January 2024–March 2023), 58 patients with pilonidal cysts or epithelial coccygeal tracts underwent laser surgery at the Purulent Surgery Department of the University Clinic of Grodno State Medical University. Among the patients with purulent-fistulous pathology of the sacrococcygeal region, there were 49 (84.5%) men and 9 (15.5%) women aged 19 to 59 years. The majority of patients were under 30 years of age. The next largest group, in quantitative terms, included patients aged 31 to 40 years.

Results and their discussion. Recent experience of the university surgical clinic elements of tubular and cavity structures of the sacrococcygeal region shows that laser technology (SiLaC method – sinus laser closure) is becoming a routine procedure for all patients suffering from pilonidal disease [1]. Laser exposure in the 1.56 nm 10 W mode after revision and curettage of fistula tracts and cavities in 50 patients was primary, accordingly, in 8 clinical observations the intervention was repeated (two of these patients were after a relapse of laser vaporization in other medical institutions, and another two patients the minimally invasive technology was performed after two and three ineffective surgical procedures (radical tissue excisions are sufficient) [2]. Another feature of the laser procedures is that in half of the patients, at least three tubular or cystic structures were treated with fiber radiation and in 18 patients, an active purulent-inflammatory process was present in the area. Two patients with recurrence of the pathology after the initial attempts at laser. In addition to the elimination of repeated laser destructions, another currently relevant non-surgical option for stimulating wound healing and regenerative factors were used, which consists of regional application of autologous platelet-rich plasma (PRP- platelet-rich plasma). All patients underwent laser treatment under local anesthesia with local tissue inflammation. Five percent of patients were transferred to outpatient care within the first 24 hours after surgery, 92% were discharged from the hospital on the second day, and only 3% had a five-day postoperative hospital stay. During our observation period, no patients returned to the hospital for recurrence of the disease.

Conclusions. Monotubular and pilonidal lesions with single additional tracts in the intergluteal fold and sacrococcygeal zone are very promising options for minimally invasive laser closure of these structures [2].

LITERATURE

1. Denisenko, V. L. Analysis of the use of laser technologies in the treatment of fistulas of the sacrococcygeal region / V. L. Denisenko // Coloproctology. – 2022. – Vol. 21, № 3. – P. 27–32.
2. Shakhrai, S. V. Application of minimally invasive laser technologies in the treatment of pilonidal disease / S. V. Shakhrai M. Y. Cherepenin, M. Y. Gain [et al.] // Coloproctology. – 2022. – Vol. 21, № 3. – P. 92–98.