

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ УЗБЕКИСТАН  
САМАРКАНДСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ ИНСТИТУТ  
ОБЩЕСТВО РАДИОЛОГОВ УЗБЕКИСТАНА



Международная научно-практическая  
конференция

# НОВЫЕ ТЕХНОЛОГИИ ЛУЧЕВОЙ ДИАГНОСТИКИ И ЛЕЧЕНИЯ

СБОРНИК МАТЕРИАЛОВ

5-6 мая 2022г., Самарканд

$^{125}\text{I}$   
 $^{99\text{Tc}}\text{Co}$   
 $^{223}\text{Ra}$   
 $^{177}\text{Lu}$



UJCR  
UZBEK JOURNAL OF CASE REPORTS  
2022, VOLUME 2, ISSUE 2

VOLUME 2  
ISSUE 2  
2022



Samara State Medical Institute, a petal method of hernioplasty has been developed. A significant difference from traditional methods is the method of fixing the endoprosthesis in the anterior abdominal wall.

**Purpose of the study:** To analyze the results of using the petal method of hernioplasty in the treatment of hernias of the anterior abdominal wall.

**Materials and methods:** During the period from 2015 to 2020, in the 1st clinic of the Samara State Medical Institute, the petal hernioplasty method was performed in 22 patients with hernias of the anterior abdominal wall. For plasty of the hernia orifice of the anterior abdominal wall, mainly domestically produced polypropylene endoprostheses Lintex were used, and a light and standard Esfil mesh was used. In 15 (68.2%) cases, sub lay hernia repair and 7 (31.8%) in lay repairs were performed. There were 17 women (77.3%) and 5 men (22.7%). The mean age of the patients was 52.3 years. At the same time, postoperative ventral hernias were noted in 15 (68.2%) patients, hernias of the white line of the abdomen — 5 (22.7%), paraumbilical — 2 (9.1%). Of these, 13 (59.1%) patients were operated on in a planned manner, 40.9 (35.7%) in an emergency (incarcerated hernia). By localization, upper median — 11 (50.0%), lower median — 3 (13.6%), paraumbilical — 7 (31.8%), lateral — 1 (4.6%). In terms of size, small hernia — 1 (4.6%), medium — 13 (59.1%), large — 5 (22.7%), giant — 3 (13.6%). Recurrent hernias were observed in 9 (40.9%) cases. The mean hospital stay was

11.6 bed-days. The average duration of the operation was 1 hour 59 minutes. The JP Chevrel et AM Rath classification (SWR classification 1999) was used to determine the size, location, and recurrence rate of incisional ventral hernias.

**Results:** In all cases, the hernial sac was opened and excised, followed by closure of the aponeurosis defect with single-row interrupted sutures. In strangulated hernias, the content of the hernial sac was revised. To fix the petal mesh implant, a polypropylene thread was used with the imposition of rare individual interrupted sutures along the edge of the petals of the endoprosthesis. The operation was completed by layer-by-layer suturing of the wound and “daily” drainage of the mesh area. From the first day of the postoperative period, compression of the wound area was provided with an elastic bandage and anesthesia with non-narcotic analgesics (ketorol and its analogues). Antibacterial therapy in the postoperative period is prescribed differentially. On the 3rd–5th day, ultrasonic control of the postoperative wound was mandatory. When fluid accumulation was detected, a single puncture was performed under ultrasound guidance. One patient, with grade 3 obesity, had a seroma of the postoperative scar, the other had deep vein thrombophlebitis of both legs. Hernia recurrence was not detected.

**Conclusions:** Thus, the initial experience of using the petal method of hernioplasty can improve the results of the treatment of hernias of the anterior abdominal wall.

## THE ROLE OF MRI IN THE DIAGNOSIS OF PELVIC CANCER

Elshibayeva E.S., Aubakirova A.G., Shigambekova N.S.

Astana Medical University, Kazakhstan

**Introduction.** According to statistical data in Kazakhstan in recent years, pelvic cancer ranks 5th, and 8th in the structure of mortality. In 2020, 1830 women were diagnosed with cervical cancer, 1100 cases of uterine cancer and 1120 cases of ovarian cancer. Preoperative diagnostics plays an important role in the verification of oncological diseases of the pelvic organs, especially malignant pathologies of the uterus and cervix. The further prognosis and treatment of the patient depends on the timing of the verification of the final diagnosis.

**Aim.** To assess the diagnostic significance of preoperative methods for detecting small pelvic pathologies and the role of MRI in future treatment tactics.

**Materials and methods:** The data of 54 women with pelvic pathologies of different ages were analyzed. Of these, identified: endometrial carcinoma — 3.7%; uterine carcinosarcoma — 1.8%; leiomyosarcomas — 1.8%; uterine body cancer — 14.8%; cervical cancer — 40.7%; endometrial cancer — 14.8%; ovarian cancer — 18.5%.

In the course of the analysis, one of the rare pathologies was revealed — uterine carcinosarcoma in a 58-year-old

patient, clinically with a predominance of bloody discharge from the genital tract in menopause. She was examined using a complex of methods: ultrasound, CT / MRI, PET CT. During treatment in the hospital, a radical treatment with histological confirmation was performed.

**Results:** The presented rare clinical case reflects the complexity of diagnosis at an early stage. MRI at the preoperative stage made it possible to determine the nature of the spread, possible invasion, rather than other instrumental research methods, which undoubtedly plays an important role in determining the upcoming treatment tactics.

**Discussion of the work:** In the course of the analysis of a rare pathology — uterine carcinosarcoma occurs in 1000 women (1.8%). Basically, only cervical oncology is performed during screening, therefore, uterine carcinosarcoma is detected with the advent of clinical data and in many cases is detected at later stages. One of the methods of visual diagnostics that reveals the initial signs of changes in the endometrium and the nature of the spread is MRI diagnostics.

## THE ROLE OF MSCT-CISTERNOFISTULOGRAPHY TO DETECT OF NASAL LIQUORRHEA

Ilkhamov D., Ismailova M.Kh., Khaydarova G.B.

Tashkent Medical Academy, Uzbekistan

Nasal liquorrhea is the leak of cerebrospinal fluid into the nasal cavity due to congenital, traumatic, non-traumatic causes leading to the formation of defects of the dura mater and bones of the base of skull. The rarity of this pathology and the similarity of the clinical picture with other ENT diseases leads to incorrect diagnosis, inappropriate treatment, which in turn can cause the development of local meningoencephalitis, brain abscesses and other dangerous complications. The success of the surgical treatment depends on the accuracy in location of the liquor fistula. Despite the widespread use of high-tech radiological research methods, it is not always

possible to visualize the fistula.

The aim of the research is to study the possibilities of MDCT-cisternofistulography in the diagnosis of nasal liquorrhea.

**Research methods.** To determine the efficiency of MDCT-cisternofistulography, 26 patients — from 14 to 61 years of age — were examined, who were on inpatient treatment at the Republican Specialized Scientific and Practical Medical Centre of Neurosurgery from 2016 to 2019. The research was conducted on a spiral CT scanner MX16EVOCT (“Philips”, The Netherlands). Contrast substance Unigexol — 350 was

injected endolumbally at the rate of 0.3 ml per 1 kg of body weight. The scanning was performed in an axial plane with a 1 mm thick cut. Multiplanar reconstructions and image enhancement filters were used to identify and study in detail the liquor fistula.

**Results of the research.** Single fistulas were found in all cases. In 18 (69.2%) cases the liquor fistula was localized in the projection of the anterior cranial fossa, parasagittally. In 5 (19.2%) cases the defects of the inner wall of the frontal sinus were visualized. In 1 case, the contrasted liquor flowed into the cavity of the frontal sinus cyst through the defect of its posterior wall. In 3 cases, the liquor fistula was visualized in the projection of the sella turcica's floor. In 1 case, an irregularly shaped bulky mass was visualized in the pineal area of the brain, with a concurrent marked enlargement of the lateral and third ventricles of the brain. The presence of liquor fistula in the projection of the anterior cranial fossa in the case described above was considered as compensation for intracranial hypertension. In 1 case, a bone defect was detected in the projection of a cribriform plate of the ethmoid bone on the right, 10x12 mm in size, with the presence of meningoencephalocele. In 6 cases there were severe traumatic brain injuries in the anamnesis. In 4 cases, the subjects linked the occurrence of nasal liquorrhea with

previous colds. In 8 cases, the occurrence of nasal liquorrhea was spontaneous. In 1 case, the nasal liquorrhea occurred after transnasal-transsphenoidal removal of the bulky mass in the chiasm-sellar region. In the other two cases of nasal liquorrhea with liquor fistula in the projection of the sella turcica's floor, there was a tumor destruction of the latter. In all patients, the diagnosis was confirmed during the surgical intervention. The tactics to the choice of approach during a surgical intervention depended on the localization of the liquor fistula. At localization of the liquor fistula in the projection of the sella turcica's floor, surgical intervention was performed by transnasal-transsphenoidal approach. Liquor fistulas, which were located in the projection of the anterior cranial fossa, were removed by cranial bifrontal approach or frontal craniotomy on the lesion side.

**Conclusions of the research.** MDCT-cisternofistulography is a highly accurate method of research in the diagnosis of nasal liquorrhea. Accurate localization of liquor fistula allows us to determine the optimal approach in the surgical intervention. Visualization possibility of liquor spaces allows to prognose changes in liquorodynamics after the treatment of nasal liquorrhea and choose the right tactics of surgical treatment.

### *TO THE USE OF ULTRASOUND AND COMPUTED TOMOGRAPHY OF THE ANTERIOR ABDOMINAL WALL IN THE DIAGNOSIS AND TREATMENT OF PATIENTS WITH HERNIATION OF THE ABDOMINAL LINEA WHITE*

Mardonov B.A., Makhmudov S.B., Isamiddinova S.B.

Samarkand State Medical University, Uzbekistan

The paper presents the results of a study of the anterior abdominal wall of 51 patients with a hernia of the white line of the abdomen using the ultrasound method and computed tomography. The value of ultrasound and computed tomography in the diagnosis and treatment of such patients has been proven. The obtained data were used for preoperative classification of hernia defects and were used in choosing the method of surgical intervention.

**Introduction.** In the literature, many authors indicate the need to use ultrasound (ultrasound) and computed tomography (CT) in a comprehensive examination of patients with hernias of the anterior abdominal wall (ABS).

The purpose of the study was to study the possibilities of using ultrasound and CT of the LBP in the diagnosis and treatment of patients with hernia defects (HD) of the white line of the abdomen (LVH).

**Materials and methods.** Surgical treatment of 51 patients with LVH hernia was analyzed. The mean age was  $52.7 \pm 13.56$  years. LVH and HD in all patients before surgery were examined using ultrasound, in 18 patients — using CT, which was performed to exclude pathology of the abdominal organs.

**Results of the study and their discussion.** Among the patients who were operated on for LVH hernia, women prevailed (54.9%). Most of them were aged 51–60 years (16). According to ultrasound and CT data, small HDs were detected in 45.09% of patients, medium-sized ones in 49.01%, and large ones in 5.9% of patients. In 41 (80.4%) patients, the HD did not exceed the dimensions of the LV, in 7 (13.7%) patients, its dimensions corresponded to the width of the LV, and only in 3 patients, the HD was wider than the LV. Ultrasound showed that the LVH was wider in most patients (54.9%) at the level of the umbilicus ( $2.6 \pm 0.99$  cm). There is a significant narrowing of the LVH towards the hypogastrium. In patients with LVH larger than 3.5–4

cm, there were technical difficulties in measuring its width (due to the small size of the ultrasound probe). According to CT data, the LVH had the greatest width at the level of the umbilicus ( $3.4 \pm 1.27$  cm) and the smallest at l. bispinalis ( $1.9 \pm 1.51$  cm) ( $p < 0.05$ ). Intraoperatively, LVH hernias of medium size prevailed (58.8%), small and large hernias were respectively 16 (29.4%) and 6 (11.8%). In 4 patients, multiple HD LVH was observed, identified by ultrasound of the LVH. Most patients (68.6 %) underwent HD alloplasty with the location of the mesh implant (MI) preperitoneally (34) and in 1 patient retromuscularly. When choosing the size of the SI for HD repair, we relied on the results of ultrasound and CT. SI in the cranial-caudal direction was cut out 2.5–3 cm larger than the corresponding size of the HD. In cases where the dimensions of the HD corresponded to or exceeded the width of the LV, the dimensions of the SI were larger by 3–4 cm than the transverse diameter of the HD. If the diameter of the HD was narrower than the LVH, and there was also diastasis of the rectus abdominis muscles, the SI size protruded 3–4 cm beyond the edge of the LVH. When multiple HD LVH were detected in patients, one SI was used for several HD. The SI was usually fixed with 1 polypropylene interrupted suture at its cranial edge, and was also taken into the suture when the edges of the HD were sutured end-to-end. In the postoperative period, 1 patient had a gray postoperative wound. The average length of stay of patients in the hospital was  $8.53 \pm 2.27$  days.

**Conclusions:** Ultrasound examination and CT of the anterior abdominal wall allow it to be studied in detail before surgery. The white line of the abdomen at the level of the navel is wider than at other levels. Alloplasty of the hernial defect of the white line of the abdomen avoids the recurrence of the hernia.

Multiparametric mri in the staging and dynamics of cervical cancer <i>Artikbayeva D.D., Ismailova M.H., Ahmedov B.R.</i>	15
Multispiral computed tomography in the diagnosis of spontaneous nazal liquorrhea <i>Khamidov O.A., Abdullaev S.Q., Juraev K.D.</i>	15
Nefroblastoma kasalligi nur diagnostikasidagi muammolar <i>Xodjibekov M.X., Usmonova Z.I.</i>	16
New strategy for surgical treatment of liver echinococcosis <i>Rakhmanov K.E., Abdusamadov A.U., Anarboev S.A.</i>	16
Novel thrombosis diagnostic strategies: left lateral decubitus computed tomography before catheter ablation in patients with atrial fibrillation <i>Rakhimzhanova I.R., Dautov B.T., Bauyrzhan B.K., Bastarbekova A.L.</i>	17
O'choqli steatogepatoz va jigarni hajmli o'simtalarni differentsial tashxislashda exografiya imkoniyatlari <i>Rasulova M.M., Tursunxujaev M.M.</i>	17
Physiological, Clinical and Technical Aspects of Dynamic Myocardial Perfusion Measured by CT <i>Rienmueller T., Makarenko V.N., Rychina I.E., Bockeria O.L., Ourednicek P., Maksudov M., Turaev F.F., Rienmueller R.</i>	18
Possibilities of imaging methods in the early diagnosis of breast cancer <i>Yakubov D.Zh., Ametova A. S., Usarov M.S.</i>	18
Possibilities of sonoelastography in the diagnosis of thyroid nodos <i>Khamidov O.A., Ametova A.S., Khaidarova A.A.</i>	19
Prevention of postoperative hernias with fixation of endoprostheses with adhesive compositions in the experiment <i>Abdurakhmanov D.Sh., Suvonov Sh.Sh., Isamiddinova S.B.</i>	19
Radiation characteristics of prostate cancer <i>Rakhmanov Kh.A., Islamov S.E., Rakhimov N.M.</i>	19
Revealing synonasal cancer by computed tomography <i>Ismailova M.H., Khaydarova G.B.</i>	20
Surgical interventions for liver echinococcosis <i>Gozibekov J.I., Rakhmanov K.E., Anarboev S.A.</i>	20
The choice of the method for the treatment of postoperative and recurrent hernias depending on the dynamics of intra-abdominal pressure and the strength of muscle-aponeurotic structures <i>Abdurakhmanov D.Sh., Yuldashov P.A., Aliboev B.Zh.</i>	21
The first experience in the clinical application of the petal hernioplasty method for herniation of the anterior abdominal wall <i>Abdurakhmanov D.Sh., Yuldashov P.A., Sayinaev F.K.</i>	21
The role of mri in the diagnosis of pelvic cancer <i>Elshibayeva E.S., Aubakirova A.G., Shigambekova N.S.</i>	22
The role of MSCT-cisternofistulography to detect of nasal liquorrhea <i>Ilkhamov D., Ismailova M.Kh., Khaydarova G.B.</i>	22
To the use of ultrasound and computed tomography of the anterior abdominal wall in the diagnosis and treatment of patients with herniation of the abdominal linea white <i>Mardonov B.A., Makhmudov S.B., Isamiddinova S.B.</i>	23
Treatment of hernias in the emergency hospital <i>Abdurakhmanov D.Sh., Isomiddinov S.B., Suvonov Sh.Sh.</i>	24
Ultrasonic elastography in the differential diagnosis of thyroid cancer <i>Ametova A.S., Muratova S.D., Saitkulova Sh.R.</i>	24
Ultrasonic semiotics of poplete cysts in gonarthrosis <i>Yakubov D.Zh., Gaybullaev S.O.</i>	24
Use of elastography to assess the degree of parenchymal fibrosis in patients with chronic hepatitis associated with tuberculosis <i>Khamidov O.A., Yakubov D.Zh., Solieva Z.M.</i>	25
Анализ показателей сцинтиграфии в диагностике опухолей щитовидной железы <i>Худаёров М.С., Абдурахмонов О.Б., Хотамов Ш.Н.</i>	26
Бесконтрастная ASL-перфузия, SWI/SWAN: применение методов в оценке ангиогенеза глиальных опухолей головного мозга и их взаимосвязь с результатами	