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THE QUALITY OF LIFE OF PATIENTS WITH THYROID PATHOLOGY AFTER SIMULTANEOUS AND ISOLATED OPERATIONS

Summary. Relevance. In connection with the wide spread of simultaneous surgical interventions, there is an insignificant number of works, indicating the deterioration of perioperative condition and subsequent rehabilitation of patients after such operations. The quality of life of patients after simultaneous and isolated surgical interventions is an important aspect of a comparative assessment.

Purpose of research. To conduct a comparative assessment of the quality of life of patients after simultaneous and isolated operations by means of a survey using a standardized questionnaire "SF – 36".

Materials and methods. The main group included 35 patients with combined pathology of the thyroid gland (TG) and cholelithiasis (GL) / gallbladder polyposis who underwent simultaneous operations. The comparison group included 35 patients with thyroid disease who underwent isolated interventions. Six months following the surgery, the patients of both groups were interviewed using a standardized questionnaire "SF-36 Health Status Survey".

Results. The level of physical health of patients of the main group was estimated as 49.4 ± 4.1 points. In patients of the comparison group, who survived isolated operations on TG, the physical health index was 47.9 ± 3.8 points, $U = 461.0$; $p = 0.076$. Mental health index in patients of the main group was at the level of 46.9 ± 3.5 points; comparison group - 45.4 ± 3.9 points, $U = 587.0$; $p = 0.769$.

Conclusions.

1. The level of physical health of patients after simultaneous surgical interventions in postoperative period, statistically does not differ from the same indicator in patients who underwent isolated operations: $U = 461.0$; $p = 0.076$.

2. The indicator of mental health in patients of the main group does not differ statistically from its level in the comparison group: $U = 587.0$; $p = 0.769$.

3. Simultaneous surgical interventions in patients with thyroid pathology do not worsen the quality of life of patients compared with isolated operations.

Relevance

The pathology of TG has been ranked first among endocrine diseases with an incidence of 9.9 – 11.3 cases per 100 thousand population for many years [5], [6], [9], [12]. At the same time, in 20 – 30 % of patients there is a combined surgical pathology of other organs [8], [10], [11].

Due to the fact that simultaneous surgical interventions have been widely performed, isolated works on the topic start to appear, in which the deterioration of the perioperative state and subsequent rehabilitation of patients after such operations are being described [1], [2].

Given the fact that simultaneous interventions tend to gain popularity increasingly popular among surgeons, it is important to assess the quality of life of patients after such operations and compare these results

with the data received after isolated surgical interventions.

Purpose of research

To conduct a comparative assessment of the quality of life of patients after simultaneous and isolated operations by means of a survey using a standardized questionnaire "SF – 36".

Materials and methods

The main group included 35 patients with combined pathology of TG and CL / gallbladder polyposis. The comparison group consisted of 35 patients with isolated pathology of the TG.

All patients were examined and operated on the basis of "Zaporizhzhia City clinical hospital of emergency and ambulance".

The gender structure of both groups was dominated by women - 32 (91.4 %), men was 3 (8.6 %), $U = 620.0$; $p = 1.0$.

The main age of patients in the main group was 58.8 ± 9.9 years; in the comparison group - 56.5 ± 10.9 years, $U = 536.0$; $p = 0.372$.

The main pathology was similar for the main and the comparison groups: $U = 581.0$; $p = 0.641$, Fig. 1.

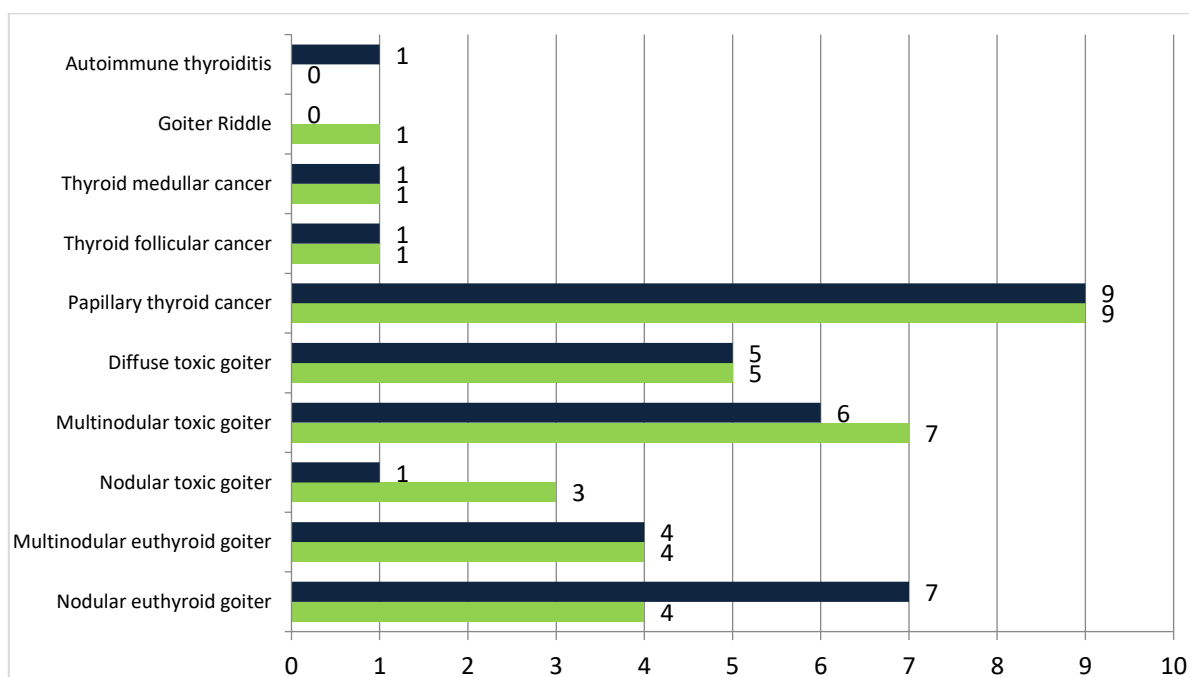


Figure 1. - Structure of the main pathology in patients of the main and comparison groups, $U = 581.0$; $p = 0.641$

All patients of the main group – 35 (100 %) comparison group - 35 (100 %) underwent isolated or simultaneous operations. Patients of the thyroid interventions, tab. 1.

Table 1

THE STRUCTURE OF SURGICAL INTERVENTIONS IN PATIENTS OF THE MAIN AND COMPARISON GROUPS

Operation	Main group, n = 35		Comparison group, n = 35		Total, n = 70	
	Num.	%	Num.	%	Num.	%
Hemithyroidectomy	0	0	9	25,7	9	12,9
Thyroidectomy	0	0	15	42,9	15	21,4
Thyroidectomy with lymphodissection	0	0	11	31,4	11	15,7
Hemithyroidectomy + laparoscopic cholecystectomy	9	25,7	0	0	9	12,9
Thyroidectomy + laparoscopic cholecystectomy	15	42,9	0	0	15	21,4
Thyroidectomy with lymphodissection + laparoscopic cholecystectomy	11	31,4	0	0	11	15,7

All operations were performed as planned, under general anesthesia with tracheal intubation and artificial lung ventilation.

The average length of stay of the patients of the main group in the hospital was 9.6 ± 1.6 days; comparison group - 8.5 ± 1.2 days, $U = 393.5$; $p = 0.0073$.

6 months following the surgical intervention the patients of the main and comparison groups participated in a survey based on a standardized questionnaire "SF-36 Health Status Survey" (Ware J. E. et al., 1993).

Statistical processing of the results was carried out with the help of application software packages STATISTICA 13.0, TIBCO Software inc. (License JPZ804I382130ARCN10-J) and MICROSOFT EXCEL 2013 (License 00331-10000-00001-AA404) using nonparametric analysis methods: Mann-Whitney (U) test for related groups.

Indicators of quality of life of patients on the scales of the questionnaire "SF-36", 6 months after simultaneous and isolated surgery, demonstrate statistically similar values, tab. 2.

Table 2

INDICATORS OF QUALITY OF LIFE OF PATIENTS OF THE MAIN AND COMPARISON GROUPS ON SCALES OF THE QUESTIONNAIRE "SF-36»

Indicator of scale	Main group, n = 35	Comparison group, n = 35	Statistic
Physical functioning (PF)	81,3 ± 7,2	80,7 ± 8,1	U = 564,0 p = 0,127
Role functioning (physical) (RF)	63,2 ± 11,3	64,1 ± 12,3	U = 581,0 p = 0,314
Bodily pain (BP)	87,2 ± 7,8	87,7 ± 9,4	U = 474,0 p = 0,701
General health (GH)	68,3 ± 6,1	66,2 ± 6,7	U = 467,0 p = 0,498
Vitality (VT)	69,5 ± 9,8	67,7 ± 10,1	U = 521,0 p = 0,597
Social functioning (SF)	79,4 ± 6,7	78,1 ± 6,8	U = 546,0 p = 0,781
Role functioning (emotional) (RE)	76,9 ± 5,9	77,1 ± 5,2	U = 414,0 p = 0,476
Psychological health (MH)	51,1 ± 4,5	52,0 ± 4,8	U = 621,0 p = 0,864

The level of physical health of patients of the main group was 49.4 ± 4.1 points. In patients of the comparison group, after isolated operations on TG, the physical health index was 47.9 ± 3.8 points, $U = 461.0$; $p = 0.076$.

Mental health index in patients of the main group was at the level of 46.9 ± 3.5 points; comparison group - 45.4 ± 3.9 points, $U = 587.0$; $p = 0.769$.

Discussion

Many authors note that the evaluation of long-term results in patients after surgery is one of the main indicators of the effectiveness of the chosen method of treatment of a pathology [4], [7]. The quality of life of the patient after surgery is the criterion that objectively indicates the advantages or disadvantages of surgery. Many different methods have been developed for its evaluation, but it is the survey that takes the leading place among them [1].

Using the questionnaire "SF-36 Health Status Survey" (Ware J. E. et al. 1993) allows to assess fully both physical and mental health of the patient at any stage of his treatment [3].

The the survey of literature shows that the issue of simultaneous operations in patients with combined diseases of the endocrine and other organs remains very relevant and debatable due to the lack of amount of accumulated experience in this area. Assessment of the quality of life of patients who survived these kinds of surgeries is presented only in rare works, and results obtained are quite contradictory.

Conclusions

1. The level of physical health of patients after simultaneous surgical interventions in the postoperative period, statistically does not differ from the same indicator in patients who underwent isolated operations: $U = 461.0$; $p = 0.076$.

2. The indicator of mental health in patients of the main group does not differ statistically from its level in the comparison group: $U = 587.0$; $p = 0.769$.

3. Simultaneous surgical interventions in patients with thyroid pathology do not worsen the quality of life of patients compared with isolated operations.

Conflict of interest: none.

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ОСОБЛИВОСТІ СПОЛУЧНОТКАНИННОГО СИНТЕЗУ NF-KB-ЗАЛЕЖНИХ ПРОТЕЇНІВ У СТАДІО РЕМОДЕЛЮВАННЯ ОПІКОВОЇ РАНИ ШКІРИ ЩУРІВ

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SPECIFICS OF CONNECTIVE TISSUE NF-KB-DEPENDENT PROTEIN SYNTHESIS IN REMODELING STAGE OF BURN WOUND HEALING IN RATS

Анотація. Проведені дослідження динаміки (3,7,14,21 доба) гоєння опікової рани (площа термічного ушкодження шкіри складала 18-20 % поверхні тіла), шкіри білих статевозрілих щурів-самців лінії Вістар масою 180-210 г. Було вивчено в тканині регенерату вміст фосфорильованої за Ser 311 субодиниці р65 ядерного фактору каппа В (NF-κB) субодиниці ІκВ-α, фактору росту судинних ендотеліальних клітин