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The Role and Place of Minimally Invasive Intervent Ions in The Management of Patients with Obstructive Jaundice of Various Origins

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The analysis of results of treatment of 186 patients with obstructive jaundice of various origins, in medical-therapeutic algorithm that minimally invasive interventions applied. Percutaneous perhepetic drainage duct system of the liver with the installation of external-internal stent and cholecystostomy under ultrasound guidance is the method of choice in patients where the cause of jaundice are the pancreatic head tumors, papillary, cancer defeat biliary tract, the primary gallbladder cancer, metastatic liver disease. Medical approach was to perform endoscopic papilosphincterotomy with lithoextraction, lithotripsy lithoextraction with control performing ERCP in patients where the cause of jaundice were cholelithiasis or choledocholithiasis with gepatico-, choledocho- and residual cholelithiasis, strictures of the common bile duct after cholecystectomy, edematous form of acute pancreatitis, constrictive papillitis large duodenal papilla, pseudotumor form of chronic pancreatitis.

Keywords: obstructive jaundice, minimally invasive intervention.

Biography

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Accepted Abstracts

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Fetal and neonatal modified myocardial performance indices in preeclamptic versus normotensive pregnancies: A prospective cohort study

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Objective: To compare fetal and neonatal cardiac functions in term of global, systolic and diastolic function between the preeclampsia and normotensive blood pressure of pregnancies.

Methods: A prospective cohort study was conducted at a university hospital in Northeast Thailand. Twenty-nine pregnancies diagnosed as preeclampsia with or without severe features were compared with 29 normotensive pregnancies. Global cardiac, systolic and diastolic function were assessed at prenatal and postnatal period, by a professionally trained Obstetrician and Pediatric cardiologist, respectively.

Results: Fetal left modified myocardium performance index (Mod-MPI) in preeclampsia and normotensive blood pressure were 0.60 ± 0.08, and 0.59 ± 0.08 (p value = 0.341), respectively, while fetal right Mod-MPI were 0.57 ± 0.16 and 0.54 ± 0.21 (p value = 0.861), respectively. There were no statistically significant differences in terms of fetal isovolumic contraction time (ICT), isovolumic relaxation time (IRT), ejection time (ET), aortic peak systolic velocity (Ao PSV), pulmonary artery peak systolic velocity (PA PSV), mitral valve (MV) E:A ratio and tricuspid valve (TV) E:A ratios between the two groups. Neonatal mitral valve E peak systolic velocity (MV-E PV) in preeclamptic and normotensive blood pressure groups were significantly different at 51.1 ± 8.02 cm/sec and 43.56 ± 5.21 cm/sec (p value = 0.036), respectively whereas neonatal left Mod-MPI, mitral valve A peak systolic velocity (MV-A PV), MV E:A ratio and Ao PSV were not significantly different (p value = 0.436, 0.119, 0.379 and 0.709), respectively.

Conclusions: Neonatal MV-E PV of the preeclampsia group was significantly higher than the normotensive blood pressure group while no statistically significant differences in term of global cardiac and diastolic functions during the fetal period between two groups.

 Keywords: fetal Mod-MPI, neonatal Mod-MPI, preeclampsia, normotensive.

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Completion of maternity continuum of care among women in the post-partum period

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Background: Labor companionship is a human interactive process that provides social support during the childbirth process. Despite it is one component of respectful maternity care that is used to quality assurance to achieve the sustainable goal of maternal and neonatal mortality reduction there is limited evidence about the current status of birth companionship. The study was aimed to assess labor companion and its associated factors at Debremarkos town public health facilities.

Methods: An institution-based cross-sectional study design was conducted. The study was conducted at Debremarkos town from February 1/2021 to March 30/2021. From the 559 sample size, 548 women participated in the study. A systematic random sampling technique was used. A pretested interviewer-administered questioner was used, data were entered and analyzed with Epi-data version 4.60 and SPSS version 25.0. Bivariable regression was done and variables with p-value ≤ 0.20 were analyzed with multivariable logistic regression. Variables with p-value ≤ 0.05 were considered significantly associated with labor companionship. Hosmer- Lemeshow goodness of fit was checked and all Multi-collinearity of variables with variance inflation factors up to 10 was tolerated.

Results: A total of 548 participants were involved in the study with a 98.03% response rate. The magnitude of labor companionship was found to be14.6% (11.7-17.5). Women who had complicated pregnancy (Adjusted Odds Ratio (AOR) = 5.53; 95%CI: 3.09-9.92),women desire for labor companion(AOR=3.63; 95%CI: 1.51-8.69), being Primipara (AOR=3.49; 95%CI: 1.93-6.35), labor followed by female skill birth attendant (AOR= 0.37;95%CI: 0.17-0.82), and women's perceived busyness of skilled birth attendant (AOR=0.13;95%CI: 0.07-0.23) were significantly associated with labor companionship.

Conclusions: Labor companionship was found to be low. Giving emphasis on the desire, primipara, complicated pregnancy, sex of skill birth attendant and women perceived busy skill birth attendant were suggested for the improvement of labor companionship.

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One in ten Women who visited Health Facilities for Various Reasons had Pelvic Organ Prolapse in Harari Regional State, Eastern Ethiopia

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Background: Pelvic organ prolapse (POP) remains neglected a public health problem in developing countries. The burden of pelvic organ prolapse varies by region and ranges from 9% to 20%. It poses an impact on women's quality of life and affects their role at the community and family level. Although it has negative consequences and extensive burden, the true feature of pelvic organ prolapses have not been well known among ever-married women in the study area. We aimed to estimate predictors of POP among ever-married women in Eastern Ethiopia.

Methods: A facility-based cross-sectional study was conducted from March 4th to April 5th, 2020 among 458 ever-married women at public Hospitals in Eastern Ethiopia. The study participants were approached through face-to-face interviews using a standardized questionnaire. Data were analyzed using SPSS version 22. The prevalence was reported by proportion with 95% Confidence Interval (CI) and summary measures. Predictors were assessed using a multivariable logistic regression analysis model and reported using adjusted odds ratio with 95% CI. Statistical significance was declared at p-value <0.05.

Findings: Of 458 women enrolled in the study, 48 [10.5%, 95%CI (7.6, 13.5)] of them had pelvic organ prolapse based on women's reporting of symptoms. Predictors such as: History of lifting heavy objects [AOR=3.54, 95%CI (1.51, 8.31)], history of chronic cough [AOR=2.94, 95%CI(1.32, 6.53)], maternal age of$\geq$55years[AOR=3.81,95%CI(1.08, 13.47)], history of chronic constipation (AOR=2.85, 95%CI(1.08, 7.56), multiparity [AOR= 5.41, 95%CI (2.36, 12.36)], and history of prolonged labor [AOR=3.44, 95%CI(1.62, 7.34)] were statistically associated with pelvic organ prolapse.

Conclusion: In this study, one in ten women suffers from pelvic organ prolapse. Modifiable and non-modifiable risk factors were identified as predictors. This result provides a cue to give due consideration to primary and secondary prevention through various techniques. The study shows how a staggering number of women suffering from pelvic organ prolapse in Ethiopia.