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The significance of the works of Professor A.S. Slepykh for modern gynecology

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Abstract

The article is devoted to the outstanding obstetrician-gynecologist of the twentieth century, Professor Alexey Semyonovich Slepykh. His life history, professional development, main achievements and contribution to the development of obstetrics and gynecology are described.

Keywords: professor A.S. Slepykh, obstetrics and gynecology, surgery, atypical gynecological operations.

Alexey Semyonovich Slepykh was born on March 27, 1924 in Essentuki, Stavropol Territory, the eighteenth child in the family. The humanity instilled in childhood led A.S. Blind to the Medical University of the city of Kislovodsk [3].

Figure 1. A.S. Slepykh (1924-1984)

With the outbreak of war in 1941, the peaceful course of student life ceased. The University was transferred from Kislovodsk to Chisinau, Moldavian SSR. In addition to studying, which requires hard work, new worries have appeared. Senior students passed on their knowledge to the younger ones along with the teachers, everyone tried to contribute to the organization of the educational process. In addition, medical students saved orphaned children from starvation by nursing them at the university. Alexey Semyonovich grew up in the frontline zone, this made him a strong and courageous man, which is undoubtedly very important for a surgeon [2].

After graduating from the Institute in 1948, A. S. Slepykh worked as an obstetrician-gynecologist in the city of Lipkany, Moldavian Republic, but soon returned to Chisinau for admission to the clinical residency of the Chisinau Medical Institute. After graduation, Alexey Semyonovich became an assistant at the Department of Obstetrics and Gynecology, where in 1955 he brilliantly defended his PhD thesis on "The development of innervation of the fallopian tubes" [8]. Soon after the defense of the dissertation from the pen of A.S. A monograph dedicated to the same topic is published for the blind: "We believe that in order to obtain a sufficient therapeutic effect from the use of various means, it is necessary to have an accurate knowledge of the nerve conductors and receptors of a particular organ. This will make it possible to find in each individual case ways of influencing the nervous apparatus of the diseased organ in order to eliminate strong irritations going to the cerebral cortex from the pathological focus, and eliminate the temporary pathological connections that have arisen" [8].

In 1956, Alexey Semyonovich was elected to the post of chief obstetrician-gynecologist of the Moldavian SSR, heading the Department of obstetrics at the Ministry of Health of the Republic. Three years later, the young doctor became an associate professor of the Department of Obstetrics

and Gynecology of the Altai Medical Institute. He worked in this position for six years, having defended his doctoral dissertation on the topic "Abdominal caesarean section in modern obstetrics". In 1965, Alexey Semenovitch left for Leningrad at the invitation of the head of the Department of Operative Gynecology of the Leningrad Research Institute of Obstetrics and Gynecology of the USSR Academy of Medical Sciences, which he held for three years. A.S. Slepikh quickly gained authority as a talented surgeon and an excellent teacher [3].

In 1968, Alexey Semenovitch became the head of the Department of Obstetrics and Gynecology of the Leningrad Sanitary and Hygienic Medical Institute (now the I.I. Mechnikov Northwestern State Medical University of the Ministry of Health of the Russian Federation), and worked in this position until the end of his days [1].

In 1974, at the I.I. Mechnikov Hospital, Alexey Semenovitch, with the help of his wife, Professor A.S. Gordeladze, opened a gynecological clinic for training students and practicing doctors. For 16 years of work at the Institute, under the leadership of A. S. Slepikh, more than 500 obstetricians and gynecologists and more than 200 students from the teaching staff of different cities and universities of the country have been trained [2].

The scientific activity of Professor A.S. Slepikh covered a wide range of interests, which he reflected in writing books: "Acute renal failure in obstetric and gynecological practice", "Hemorrhagic shock in obstetrics", "Obstetric resuscitation", "Birth trauma of mother and fetus" [1].

The professor paid special attention to the problem of abdominal delivery. His monographs "Abdominal delivery in modern obstetrics" (1968), "Abdominal delivery" (1984) [4] are currently in demand manuals for Cesarean section. In the course of studying this problem, Alexey Semenovitch proposed a fundamentally new method of cesarean section - in the lower uterine segment, retrovesically, with the opening of the vesico-uterine fold and with the separation of the bladder, which, in his opinion, could significantly reduce the risk of postoperative complications. The method proposed by him allows for better peritonization, which affects the reproductive function of a woman. Here, the innovative qualities of the professor also manifested themselves: the cosmetic suture after cesarean section was put into practice by him, the so-called "Slepakov suture" [3].

Alexey Semenovitch has published more than 120 scientific papers, including 9 monographs. Particular attention should be paid to the work "Atypical gynecological operations" [5], published by him in 1981 [1].

By the time this work was published, the professor had been engaged in surgical treatment of gynecological patients for more than 30 years, and in this book he shares his experience on atypical operations [2].

❖ Malformations of the genitourinary organs.

While still working at the Research Institute of Obstetrics and Gynecology of the USSR Academy of Medical Sciences, Alexey Semenovitch devoted himself to the study of the operation of sigmoid colpoptosis for vaginal aplasia: "The vagina created from a segment of the sigmoid colon practically does not differ from the natural one in functional terms" [5].

He has published several articles on this topic: "Pregnancy and childbirth after sigmoid colpoptosis" [6], "Operation of colpoptosis from the sigmoid colon in chromatin-negative subjects with a female phenotype" [7].

❖ Genital fistulas.

During operations for this pathology, Alexey Semenovitch adhered to the rule: the organs that the fistula connects should be widely separated by suturing holes in each of them while maintaining sufficient vascularization [2].

"Cases of repeated suturing of the same fistula should become a thing of the past and not be considered a consequence of the specific features of the disease" [5].

❖ Atypical fibromyomas of the female genital organs.

Alexey Semenovitch developed a technique of radical myomectomy with preservation of menstrual function [3].

❖ Neurosurgery in gynecology.

Professor A.S. Slepykh proposed a number of new methods of neurosurgical operations on the organs of the female reproductive system, such as radical resection of the upper submandibular plexus [2].

❖ Infertility.

The issues of treatment of tubal infertility are being raised. During plastic surgery on the fallopian tubes, the professor suggests using tubes made of heterogeneous peritoneum, which pursues the following goals: creating a frame to hold the operated organ in a position close to physiological, and stimulating regenerative processes in the damaged area [2].

A.S. Slepykh died in a car accident on April 16, 1984 at the age of 60. He was buried at the Bolsheokhtinsky Cemetery in St. Petersburg [3].

Alexey Semyonovich Slepykh made an invaluable contribution to the development of gynecology. His works are still professionally recognized today.

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Nutritive correction after extensive combined intestinal resection

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Abstract

The purpose is the tactics of nutritional rehabilitation after extensive intestinal resection. The metabolic characteristics of the short intestine syndrome and the consequences of combined fine-binding resections, as well as the adaptive and regenerative possibilities of the intestine. The optimal scheme of nutritional correction is given in consequences of intestinal combined resection.

Keywords: nutritional rehabilitation, tonduglutide, intestinal resection.

To stimulate adaptive regenerative processes in the intestine, it is advisable to use teduglutide (analog GLP-2), surgical rehabilitation can be recommended for ineffectiveness.

The urgency of the subject is associated with epidemiological, etiopathogenetic, regenerative reasons. Epidemiological reasons indicate that the current level of development of surgery, anesthesiology-resuscitation and nutritiology ensures the survival of patients even with the minimum residual intestinal culture after resection. However, the metabolic correction of the effects of such operations requires efforts due to loss of body weight, a decrease in the concentration of albumin of blood plasma less than 30g/l, electrolyte disorders, organ failure, etc. The consequences