

IIa – 45 (30,8%), IIб – 33 (22,6%), III – 13 (8,9%), IV – 10 (6,9%).

Диагностика заболеваний артерий НК включала клинические, инструментальные, лабораторные исследования. Реовазография была выполнена 82 больным (46,3%) на амбулаторном этапе, доплерография – 19 (13%) больным, дуплексное ультразвуковое ангиосканирование – 28 (19,2%) больным, МР – ангиография – 19 (13%) больным, рентгеноконтрастная ангиография в сосудистом отделении КД – 35 (24%) больным. Исследования липидного профиля крови включали определение общего холестерина, б-липопротеидов, триглицеридов, ЛПНП, ЛПВП, коэффициента атерогенности – КА (рис. 2). У 49,3% больных наблюдали повышение общего холестерина, у 37,2% повышение б-липопротеидов, у 26,5% повышение триглицеридов, у 39,5% повышение ЛПНП, у 14,5% – снижение ЛПВП, у 40,7% повышение коэффициента атерогенности. Исследования реологических свойств крови включали определение протромбинового индекса (ПТИ) у 41 (23,2%) больного, активированного времени рекальцификации (АВР) – 23 (13,0%) больных, активированного частичного тромбопластинного времени (АЧТВ) – 22 (12,4%) больных, фибриногена А – 20 (11,3%) больных, фибриногена В – 25 (14,1%) больных, тромбоцитов – 49 (27,7%) больных, Д-димера – 12 (6,8%) больных, антитромбина 3 – 11 (6,2%) больных, этанолового теста – 12 (6,8%) больных, междунардного нормализованного отношения (МНО) – 14 (7,9%) больных.

Немедикаментозные методы лечения включали назначение низкокалорийной диеты, тренировочной ходьбы, отказ от курения, физиотерапевтическое (44 больных – 24,9%) и санаторно-курортное лечение (12 больных – 6,8%). Медикаментозные методы включали на-

значение дезагрегантов (147 больных – 83,1%), трентала (83 – 46,9%), спазмолитиков (71 – 40,1%), препаратов никотиновой кислоты (38 – 21,5%), улучшающих метаболические процессы в тканях (46 – 26,0%), витаминотерапии (122 – 68,9%), гиполипидемических препаратов (25 – 14,1%). В дневном стационаре поликлиники лечились 55 больных (31,1%) от одного (32 больных – 18,1%) до четырех раз (двое больных – 1,1%) в год. На диспансерном учете у хирургов состояли 88 больных (49,7%), поддерживающую терапию в течение года получали 67 больных (37,9%). Оперативное лечение проведено 52 (29,4%) больным, в том числе реконструктивные операции 21 (11,9%) больному, поясничная и грудная симпатэктомию пяти (2,8%) больным, эндоваскулярные операции восьми (4,5%) больным, тромбэктомию пяти (2,8%) больным, ампутации 13 (7,3%) больным.

Таким образом, наиболее часто среди болезни артерий нижних конечностей встречался облитерирующий атеросклероз сосудов нижних конечностей (82,5% больных), у 49,3% больных наблюдали дислипидотемию, 92,7% больных удалось сохранить кровообращение в артериях нижних конечностей. Улучшение результатов лечения предполагает раннюю диагностику, устранение факторов риска, немедикаментозные, медикаментозные и своевременные оперативные методы лечения.

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Minaeva N.K.

### LOW-LIMB ARTERIES DISORDERS OF ELDERLY AND OLD-AGE POPULATION IN THE NORTH

*Komi affiliation of Kirov State Medical Academy, Syktyvkar, Russia*

#### ABSTRACT:

*The article presents the analysis of examination and treatment of 177 elderly patients with low-limb arteries disorders. The analysis was performed according to the specifically developed investigation scheme. Obliterating atherosclerosis constitutes 82.5% of the overall low-limb arteries diseases. 49.3% of the patients revealed dyslipoproteidemia. 70.6% of the patients received conservative treatment/ 29.4% underwent surgery. We managed to maintain low-limb circulation in 92.7% of the patients. The scope and the stages of the conservative and surgical treatment are presented.*

**Keywords:** low-limb arteries disorders, elderly population in the North

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### A.Zenelaj, M.Brati, \*V.Zenelaj, † A.Idrizi, ‡ A.Strakosha PREVISION IN PATIENTS WITH CHRONIC RENAL FAILURE IMPROVES THEIR OF LIFE

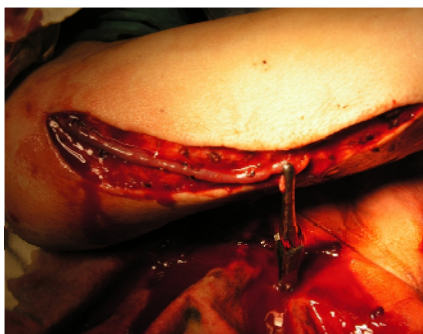
*Department of Surgery. Central Military University Hospital.*

*\*Department of General Medicine. "Mother Teresa" University Hospital.*

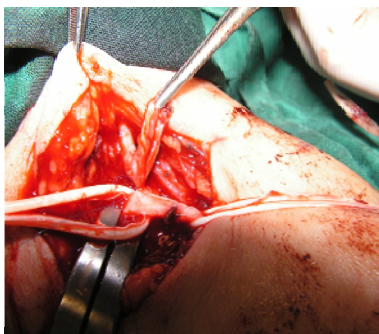
*‡Dialyses-Transplant Service. "Mother Teresa" University Hospital.  
Tirana/Albania.*

#### ABSTRACT:

*With the aim to improve quality of life in patients with end stage kidney insufficiency we studied the results of arteriovenous fistula and possible factors of their failure. Our study includes 74 patients were vascular access for hemodialysis was necessary. The period of the study is May 2005-September 2008.As it will come in the results a better selection of the patients who will need hemodialyses will result in better avf creation results which will improve patient's quality of life.*



Basilic vein transposition



Intima hyperplasia of cephalic vein



Patient with good venous net

## INTRODUCTION

The earliest vascular access was achieved by the introduction of intravenous glass cannulae in the early 1990; these were replaced in the 1950s by plastic cannulae which allowed prolonged intravenous infusion. Attempts to extend the duration of infusion and to use more concentrated solutions for intravenous feeding in the 1950s led to the development of central venous cannulation, made possible by the development of longer catheters and less thrombogenic plastics. This technology advanced in the 1970s with the introduction of Teflon and Silastic coated catheters.

The advent of haemodialysis, pioneered by Kolff in 1944, introduced a new requirement for repeated high volume blood flow both into and out of the circulation. Cannulation of the arteries resulted in early thrombosis. A major advance was the realization that the formation of an artificial arteriovenous fistula [avf] resulted in massive enlargement of veins sufficient to allow repeated cannulation and the Brescia-Cimino forearm fistula, first described in 1966, remains the mainstay of haemodialysis access today.

**Aim of the study** is to have the attention of all medical team toward patients under haemodialysis in order to better follow their disease advance, in order to improve patients' quality of life.

**Material and Methods:** This is a study done in 74 patients that underwent the operation for arteriovenous fistula creation. All patients were in end stages of chronic renal insufficiency [CRI]. Median age is been 40 years old, 30 patients were males and 33 females. In 100% of the cases high stage of secondary anemia and blood hypertension were present as associated disease. In 95 % of patients a central venous catheter was inserted before arteriovenous access creation. In 28 cases radio-cephalic, 40 cases brachial-cephalic, 6 cases ulno-basilica fistulas were created.

All patients had a blood creatinine level ranging 7.5-13 mg/dl. No one of the avf exceeded 6 weeks till in the first puncture. Study is of the retrospective character.

## Results:

In 50 patients avf continue to work. In 24 patients reoperation is needed.

Reoperations have consisted:

New avf 2 procedures, angioplasty 16 procedures, hemostasis due to wound bleeding 4 cases.

Reoperated cases suffered also: Diabetes mellitus, kidney abscess, phlebothrombosis, colostomy, exhausted vascular net.

Arteriovenous fistula patency is: 1 month 97%, three months 95, 6%, six months 90.2 %, one year 80 %, and two year 78,7 %.

## Discussion:

In comparison with results referred to serious studies our results are worse. In such studies the one year patency is about 90%, in our cases is 80 %.

What we should improve?

Following the Recommendations of Dialysis Outcomes Quality Initiative [DOQI].

A patient CRI should be referred for avf creation when:

1-Creatinine clearance is < 25 ml/min.

2-Blood creatinine > 4 mg/dl.

3-Tha patient will need hemodialyses within one year.

A part of the above mentioned, preservation of the venous net, a better study of the limb vascular net, are necessary. Also a better preparation of the patient who will undergo operation is needed. It is important that patients are neither fluid neither overloaded nor dehydrated. Postoperative care is important too. The patients must take care of the wound, inadvertent local pressure, dehydration, hypotension and accurate their health in proper time.

## Conclusions:

The patency of avf can improve if:

1-The patient has no associated disease.

2-Have good vascular net.

3-The patients have their best clinic and biochemical parameters.

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## Contact Information:

Dr. Arben Zenelaj

E-Mail: valbona.zeneli@yahoo.com