

Conclusions. Magnesium-containing 2-Aminoethanesulfonate compounds protected rat's liver against ischemia/reperfusion damage. They impacted TNF- α -dependent pathway of the organ injury, prevented hepatic cytolysis via IL-10 activation, weakened liver tissue inflammation, and stimulated cells' regeneration.

DEPARTMENT OF OPERATIVE SURGERY AND TOPOGRAPHIC ANATOMY OF THE SECHENOV FIRST MOSCOW STATE MEDICAL UNIVERSITY (SECHENOV UNIVERSITY) — 150TH ANNIVERSARY

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Key words: *Department of operative surgery and topographic anatomy, Sechenov University, history, anniversary*

The Department of operative surgery and topographic anatomy of the medical faculty of Moscow University was established in 1868. The First head of this Department was Alexander Petrovich Rasvetov (1825–1902). In 1885, Alexander A. Bobrov (1850–1904) was elected as a head of the Department — an outstanding surveyor and surgeon, an active follower of N. I. Pirogov. A. A. Bobrov made a new program of teaching of operative surgery and topographic anatomy. For the first time topographic anatomy was presented as a whole course. A. A. Bobrov left a deep mark in the domestic and world surgery as a Topographer, Experimenter and Clinician. In 1923–1927 the Department of operative surgery and topographic anatomy was headed by Professor Nikolay Nilovich Burdenko (1876–1946). In 1947, head of the Department was elected a student of N. N. Burdenko Professor Vladimir Kovanov (1909–1994). Under his leadership, studies have been conducted ended the protection of the 37 doctoral and 85 master's theses. A huge role in the formation of the scientific school V. V. Kovanov played scientific student circle and postgraduate students. The traditions of the scientific student circle have been preserved. For example, the basis of the student team, successfully organizing and performing at the Moscow (all-Russian) Olympiade named after academician M. I. Perelman are students-members of the Department. From 1988 to 2013 head of the Department of operative surgery and topographic anatomy of the I. M. Sechenov First MSMU was a student of V. V. Kovanov, Professor, corresponding member of RAS Anatoly V. Nikolaev. From 2013 to the present time the Department of operative

surgery and topographic anatomy of the Sechenov First Moscow State Medical University, is headed by doctor of medical Sciences, Professor Sergey S. Dydykin.

ORGAN-PRESERVING AND EXTENSIVE PANCREATIC SURGERY FOR VON HIPPEL-LINDAU DISEASE. SIX CASES OF 45 PATIENTS UNDER SURVEILLANCE

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Key words: *organ-preserving and extensive pancreatic surgery, VON HIPPEL-LINDAU disease*

Background. Pancreas is involved in 15% of patient with von Hippel–Lindau disease (VHL). Pancreatic surgery for VHL is recommended for pNENs >2 or >3 cm.

Aim. To assess results of pancreatic surgery for VHL NENs.

Material and Methods. Retrospective analysis of 6 pancreatic resections from 42 VHL patients under surveillance (2013–2018).

Results and Discussion. First case: total duodenopancreatectomy for head and tail pNENs on the background of total pancreatic involvement by serous cystadenomas of different size was performed to the 54-year old woman, who 6 years ago was treated by right-sided nephrectomy performed for clear-cell cancer. 8 months later she had died due to dissemination of renal cancer. A 45-year old woman with multiple cerebellar and spine hemangioblastomas, pNENs in the head and body and tail, 5 years after right adrenalectomy for pheo, centre-preserving pancreatectomy and left adrenalectomy for pheo. Central pancreatic resection was performed to a 36-year old man for 2 cm NEN.

A 47-year old man with multiple spine hemangioblastomas, large (5–6 cm) pNENs in the head and 10 years after bilateral adrenalectomy for pheo was successfully treated by pancreaticoduodenectomy. One case of distal pancreatectomy (DP) for NENs combined with bilateral adrenalectomy and left renal resection and another case of DP combined with left adrenalectomy, triple left kidney and double right kidney resection after cranial hemanangioblastoma removal. All the patients were discharged and at the moment they are functional, working and fully compensated.

Conclusions. Timely and possibly parenchyma-sparing pancreatic resections are the operations of choice for pNENs on the background of VHL.