

patients with primary melanoma, surgical excision is preferred.

Aim. Those with malignant melanoma, metastasizing into the gastrointestinal mucosa, can benefit from complete endoscopic resection.

Material and Methods. A 57-year-old man had a cutaneous femoral melanoma excised in 2008. Three years later he underwent subtotal pancreatic resection and splenectomy for a pancreatic tail neuroendocrine tumor. In 2013 a metastasis of the melanoma into the lower third of the gastric mucosa was discovered, the complete endoscopic mucosal resection was performed. In 2015 the neoplasma metastasized into the soft tissues of the back.

Results and Discussion. The recurrence-free period after the endoscopic mucosal resection for metastatic malignant gastric melanoma lasted more than 2 years (27–29 months). For patients with metastatic melanoma surgery remains the method of choice combined with neoadjuvant therapy, or the salvage treatment. Endoscopic resection offers an effective treatment of mucosal malignant tumors. Currently complete surgical resection with intact margins is the first-line treatment of malignant melanoma in patients with one or few solitary metastases. In some studies of sequential complete resections for recurrences the 5-year survival was about 19%. Complete resection shows much better results than the incomplete one (a 75 vs 25% 1-year survival).

Conclusions. Complete endoscopic mucosal resection can be an effective minimally invasive method of metastatic malignant melanoma treatment in the presence of solitary metachronous metastases into mucosa.

MODIFIED RADIOFREQUENCY ABLATION TECHNIQUE IN VARICOSE VEIN TREATMENT

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Key words: radiofrequency ablation, varicose veins, VNUS ClosureFast

Aim. Of this research is to improve the results of radiofrequency ablation (RFA) for patients with varicose veins (VV), to optimise the number of cycles on different segments of the pathologically changed vein.

Material and Methods. The study involved 74 people, both sexes (40% women, 60% men), ages from 22 to 83 years. The clinical stage of the disease was determined by C-component of the international CEAP classification (1994): 80% — C2, 16% — C3, 4% — C4. All patients underwent preoperative ultrasound examination to determine the presence

of veno-venous reflux, to evaluate the diameter of the target great saphenous vein (GSV). According to the standard operation protocol of the VNUS ClosureFast device (VNUS Medical Technologies, San Jose, California), two cycles of treatment are applied on the vein segment closest to the sapheno-femoral junction and one for each other target vein segment. However, if the diameter of the GSV is more than 10 mm and up to 12 mm two cycles of treatment are not enough. 20.3% (n=15) patients underwent modified RFA technique: three cycles of treatment for proximal (sapheno-femoral) segment, two cycles for the next 7-cm segments and one cycle for the distal segment.

Results and Discussion. If the diameter of the GSV is more than 10 mm and up to 12 mm the usage of multicycle RFA is justified.

Conclusions. The RFA method is effective in VV treatment of the lower limbs. The number of cycles applied to the target vein segment depends on the diameter of the latter.

ANATOMICO-HISTOLOGICAL STUDY OF THE CONTENTS OF CANALS OF THE MENTAL SPINE

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Key words: anatomico-histological study, contents, canal, mental spine

Aim. To examine the anatomical and radiological features of mental area of the mandible.

Material and Methods. In the course of this anatomical study was made craniometric measurement of 50 corpses, aged 18–70 years without maxillofacial pathology. For histological research were taken neurovascular bundle length of 0.1–0.2 cm of the channel region of mental spine (MS). The material was impregnated with silver nitrate by Christensen.

Results and Discussion. As a result of anatomical and radiological examinations were found 3 types of mental spine channels. I type: a narrow channel having a main direction of the mouth opening and MS down the center of the mandible projection falling into the channel of intraosseous part of the mental nerve; II type: channel having a wavy line from the mouth of the hole MS and down to the center of the mandible, perforating channel of intraosseous part of the mental nerve; III type: crumbly channel having a main direction from the MS foramen and chin pronounced curvature in the lower third, projecting