total value of the index above 47,3% is a good prognostic sign, suggesting a low degree of probability of infectious complications development in these patients.

Conclusion: a method of early prediction of infectious complications development in patients with severe trauma and severe hypoxia, which includes the identification of integration index (the percentage of apoptotic DNA-comets, necrotic DNA-comets and DNA single-, double-strand breaks of leukocytes) by DNA comet assay was suggested.

RECONSTRUCTIVE SURGERY FOR TUMOURS OF THE BONE SHOULDER AND KNEE JOINTS

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Over the past 50 years in orthopedic oncology the concept of organ-treatment of bone tumours was introduced. All this was made possible due to improvements in surgical techniques, the use of new schemes of chemotherapy, radiation therapy, hormone therapy and immunotherapy and. The use of grafts and stents allowed some patients to perform organ-surgical treatment for tumour localization in the long bones.

The aim of the work. To show the advantages of organ-surgical treatment of tumours of long bones.

Material and methods. 17 patients (21.5%) with tumours of the proximal humerus underwent surgical treatment. If it affects the bones of the shoulder girdle after resection Tihova-Limberg a reverse shoulder prosthesis in 13 patients was performed and arthrodesis of the shoulder joint using vascularized fibular autograft — in 4 patients. Knee arthroplasty was performed in 62 (78.5%) patients, of which after resection of the distal femur in 40 proximal tibia tumour — 22.

Results and Discussion. After resection of the proximal humerus and shoulder joint arthroplasty of the shoulder joint function restored in 13 patients with arthrodesis with vascularized fibular autograft from the shoulder joint function restored in 3 patients. After knee replacement, joint function restored in 59 (95,2%) patients. Postoperative complications were observed in 14 (22,6%) patients with a median follow-up of 36 months. Of these, in 8 patients infectious complications were identified, in 2 — broken leg prosthesis, in 4 — aseptic loosening of the prosthesis stem. In 11 cases revision cases were performed. In 3 cases, the prosthesis was removed and knee arthrodesis using external fixation devices was performed. Length regenerate formed from 10 to 25 cm. After knee arthrodesis limb supporting ability restored in 2 patients. Amputation were performed in 2 patients with recurrent tumours.

Findings. Each type of reconstruction should be preceded by a thorough analysis of the particular case and selection of patients with the cancer and orthopedic aspects, as well as emotional and psychological status of the patient. Organ-surgical treatment for tumours of the bone helps to restore function and support ability of limbs and therefore improve the quality of life of these patients.

THE ANALYSIS OF MORTALITY CAUSES IN PREHOSPITAL AND HOSPITAL PERIODS IN SEVERE TRAUMATIC BRAIN INJURY

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Traumatism in people of young and active adult age has particular social significance among numerous problems of modern clinical medicine. According to the data of Konovalov AN et al., 2001, Klevno et al., 2001 and Sabirov DM et al., 2011, severe traumatic brain injuries (STBI) are 40 up to 50% of all injuries and is in the leading position in the structure of general