pathicotonia and increasing EI on the average to 72.9±6.1%. At the same time quantity of compensatory reactions because of tension reaction which became in 2 times more. It means that in patients with GERD had vegetative dysadaptation and less unfavorable outcomes than patients in control group.

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THE APPLICATION OF LASER PNEUMOLISIS IN COLLAPSOTHERAPY OF PULMONARY TUBERCULOSIS

Pneumolisis is a very important prossedure in effective collapsotherapy of pulmonary tuberculosis. The most used kind of pneumolisis is thoracoscopy with dissection pleural adhesions. In this article the analysis of 32 cases carried out in contingent patients with pulmonary tuberculosis. Comparison of pleural dissection with laser and electrosurgical generator was developed. Most universal surgical diode lasers are 0,97-1,064 wave-lengths. Radiation delivers by optic fiber. We used 1064 nm because the bland sort of it proved by morphomethry of wounds. Necrosis zone after contact influece is 12,5 mkm, after electrosurgical – 29,6 mkm. There were no articles about 1064 nm diode laser pneumolisis found in literature. Effectiveness evaluated in such indexes that listed below. Possibilities and advantages of diode laser 1064 nm wave-length determined in that cases with following collapsotherapy. They are foolproof hemostasis, effective aerostasis, low quantity of distant complications and best results of lung expanding after 6 months collapse. Laser pneumolisis imperfection is too long duration which is more in 1,5 times than in cases of electrosurgical pneumolisis. Very useful quality of laser emanation is forming elastic scarring. This difference gives positive overpatchings in all stages of collapsotherapy. Pneumolisis using diode laser 1064 nm wave-length in not-urgent situations is recommended.