

**Conclusion:** The management of patients with trophic ulcers and their consequences is difficult not only because it is a recurrent and recalcitrant problem but also because the pathogenesis of the ulcer

may be different in each case. If the patient understands that changing habits and making a few lifestyle changes could help in preventing the progression of disease, the prognosis are good.

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## THE CASE OF PRIMARY – PLURAL MALIGNANT TUMORS OF FOUR LOCALIZATION

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**Actuality.** The frequency of primary multiple cancer (PMC) or polyneoplasia in humans ranges from 3.4% to 11%. According to various authors heredity, age, sex, addictions and therapy, carried out at the first tumor (radiation and chemotherapy) are considered to be the most frequent causes of PMC. Most often develop 2 tumors, rarer 3, and 4-7 tumors are very rare. Depending on the time of PMC appearance they can be synchronous (that develop simultaneously) and metachronous that develop in succession with a time interval.

**Materials and methods.** We conduct surveillance of metachronous PMC having our locations. 47 year old patients ch. consulted with the physician for the first time regarding tumor in the right breast in 2004.

In the study cancer of the right breast T2N1M0 was diagnosed with. Radical mastectomy, according to

Peity, a course of distant gamma therapy and chemotherapy were made.

**Results.** Melanoma in the retina of the right eye was diagnosed in 2011. Enucleation of the right eye was made. A made third tumor - renal - cell carcinoma of the right kidney in the same 2011 was diagnosed right nephrectomy. Cancer of the left breast. T3N1M0 was in 2013 diagnosed. A 3-course neoadjuvant chemotherapy, radical mastectomy of the left breast, and the postoperative course of gammaterapy 3 courses of adjuvant chemotherapy were made. The patient was observed by the local oncologist. In 2016 established The generalization of the process in the form of metastases in the lungs, liver and left adrenal gland was in 2016 established chemotherapy was started carrying out. The longest interval was observed between the 1 st and 2 nd tumor and it lasted for 7

years. The period between the first and the 4 tumor was 9 years.

**Conclusions.** Study of PMC is current because it allows to identify

a group of patients with increased risk of recurrent malignancies.

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## THE OPTIMIZATION OF TREATMENT OF THE RETINOPATHY OF PREMATURITY

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**Introduction.** The retinopathy of prematurity (ROP) is serious disease of the retina due to its unfinished development, which leads to vascular proliferation and retinal detachment. Currently, humanity has the ability to birth prematurely-born babies (gestational weeks 28-40), weighing from 700 grams. However, the full development of the retina occurs to 40 weeks of gestational age. Therefore, actual task for ophthalmologists is to reduce disability due to this disease and to prevent pathological changes of posterior segment of the retina.

**The aim.** the optimization of treatment of ROP by developing an algorithm of activities, depending on the stage of the disease.

**Materials and methods.** A retrospective analysis of medical records of the perinatal center and children's ophthalmology department of Kharkiv Regional Clinical Hospital, Center of Emergency Medical Care and Disaster Medicine. We have studied

579 medical histories of infants with gestational age more than 29 weeks and birth weight more than 700 grams for the period 2013 - 2016.

**Results.** Following results are obtained: treatment for ROP depends on the stage of the condition. Stage 1 and 2 usually require nothing more than observation.

The treatment of stage 3 disease involves laser or cryotherapy to burn the avascular retina. Laser therapy (transpupillary diode laser therapy) is first-line treatment. If this is unavailable, cryotherapy or argon laser treatment may be used. Cryotherapy requires conjunctival incisions. Intravitreal VEGF injections show some promise for zone I but not zone II disease. Steroid, antibiotic and mydriatic eye drops are used afterwards. For stage 4-5 disease: vitreoretinal surgery is required to re-attach the retina. Lens-sparing vitrectomy for early degrees of retinal detachment results in good outcomes for lens clarity and vision in the majority of