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**THE MEDICAL MYSTERY OF PROGERIA**

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Progeria or Hutchinson-Gilford syndrome is the disease of very rapid aging. Progeria was first described by R. Hutchinson about 100 years ago. The scientist Guildford studied this condition in children in 1897. In Russian medical literature the first case of progeria was described in 1926 by M. S. Margulis. In 1904 an ophthalmologist O. Werner found its new symptoms such as cloudy lenses ([cataracts](https://ghr.nlm.nih.gov/art/large/cataract.jpeg)) in both eyes. Guildford-Werner syndrome is a hereditary disease. It occurs between the ages of 20-30 years old, more often in men. Patients are born without visible changes and demonstrate normal development in their childhood. At the age of 13-18 years old the symptoms of aging usually manifest.

Skin findings are often apparent as initial signs of progeria. These are variable in severity and include areas of discoloration, stippled pigmentation, tightened areas that can restrict movement, and areas of the trunk or legs where small (1-2 cm) soft, bulging skin is present. Tightened skin and a paucity of subcutaneous fat around the eyes forces most patients to sleep with eyelids partially open, resulting in corneal dryness and eye tearing. Patients can develop exposure keratopathy and/or corneal ulcers, which can compromise the vision. Aberrant development of bone structure and bone density represents a unique skeletal dysplasia which is not the result of malnutrition. Acro-osteolysis of the distal phalanges, distal clavicular resorption and thin, tapered ribs are early signs of progeria. An ominous symptom of the syndrome is premature generalized arteriosclerosis. Calcification of the walls of the large vessels can be identified radiologically [Robert M. Kliegman,Bonita Stanton, Joseph St. Geme, Nina FeliceSchor,Richard E. BehrmanNelson Textbook of Pediatrics-Elsevier Health Sciences, 2015, v. 1.-р.753-754].

No treatment has proven to be effective. Most treatment focuses on reducing complications (such as cardiovascular disease) with coronary artery bypass surgery or low dose aspirin. Regular medical care and some kinds of treatment can help to reduce symptoms and slow down the progression of the disease. Medical aid for people with progeria is aimed at minimizing symptoms and maximizing life expectancy and quality of life. Plans for treatment are made individually and may include physiotherapy, occupational therapy to minimize joint stiffness and increase their activity. Premature arteriosclerosis reduces the life of patients; they usually die on the fourth or fifth decades of their lives, rarely live to 60 years or more. The average life expectancy of patients is 47 years.