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«МЕДИЦИНА ТРЕТЬОГО ТИСЯЧОЛІТТЯ»
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Теоретична та експериментальна медицина





креатинина (0.56 ммоль/л). На 7-е сутки лабораторно в крови в 6:00: мочевина - 27,3 ммоль/л, креатинин – 0,62 ммоль/л; в 16:30: мочевина - 26,7ммоль/л, креатинин - 0,67 ммоль/л. Симптомы дыхательной, почечной и печеночной недостаточностей нарастали. Несмотря на проведенные реанимационные мероприятия, наступила биологическая смерть.

Вывод. Таким образом, у пациента с ИЗПФ развилось тяжелое состояние, обусловленное параличом дыхательной мускулатуры, формированием ПОН и неблагоприятным исходом.

Ajayi J., Polyvianna Y.

RISK FACTORS FOR MALARIA SPREADING IN NIGERIA

Kharkiv National Medical University

Department of Epidemiology

Scientific supervisor: professor Chumachenko T.

Actuality. Malaria is a mosquito born disease in humans that is caused by one of four species of *Plasmodium*: *P.falciparum*, *P.vivax*, *P. ovale* and *P.malaria*. Malaria caused by *P.falsiparum* account for 99.7% of all cases of malaria in the African region. Although *P.falciparum* is the most prevalent in Nigeria and the mosquitoes which act as vectors are the female Anopheles mosquitoes. In Nigeria malaria mortality rate has infants, children and pregnant women as the highest number of the population affected. In May 2015 the World Health Organization (WHO) developed a Global Technical Strategy for malaria control for 2016 - 2030, which goal is to eradicate of malaria. Despite all the interventions, about 90% of all deaths from malaria occur in the African region. One of the causes of the spread of malaria in these countries is due to insufficient international and domestic funding.

Aim of this work is to study conditions of life in poverty districts in Nigeria and show that this factor adversely affects malaria control in this country.

Materials and methods. An analysis of the scientific literature, official data of the Centers for Disease Control and Prevention in USA (CDC) and WHO on malaria cases



was conducted, and the factors that influence the occurrence of malaria cases in Nigeria were studied.

Result. The incidence of malaria worldwide has dropped from 72 cases per 1000 people in 2010 to 59 cases per 1000 people in 2017. Thus, 219 million cases of malaria were detected in 2017 and 239 million cases of malaria in 2010. But data for the period 2015 - 2017 show that there is no decrease in the number of malaria cases in the world: 212 million cases of malaria were detected in 2015 and 217 million cases in 2016. In 2015 malaria was the second most severe public health issue in Nigeria and it made up 29% of malaria cases and 26% death from this disease in the world making Nigeria the country with the highest number of malaria cases. Despite the curable, preventive measures of malaria and presence of WHO Malaria Prevention Campaign in Nigeria, the numbers of people affected and death occurrences are still high. Risk of contracting malaria is 97% for population of Nigeria, other part of population in this country (3%) are less at risk because they live in highlands. The most affected group of people in Nigeria is children with a whopping 50% of the cases. The prevalence of malaria among children in this country was higher among children in the lower social class than those in the higher social class with a prevalence of 42.9% and 4.4% respectively in 2015. And prevalence in pregnant women with no education was 37.7% which is 10 times more than those with an educational background. Such factors like the tropical climate (which is the most conducive conditions for mosquito breeding), lack of enough access to health care in the rural areas, negligence of the government and population towards this disease, poverty and environmental influence are most importantly in spreading malaria in Nigeria. As we cannot do anything about the climate, the environmental influence (like the cleanliness and proper building plans of houses) especially in areas with higher percentage of poor people should be next option. Study showed that from 2010 till 2017 people of the lower social class had more exposure to those in higher social class. House type (location where they live) also plays a big role in malaria cases in Nigeria. As a poor population build their homes in slums where they do not have access to enough water, lead to the fact that people are forced to store water in reservoir, where mosquitoes find the necessary conditions



for reproduction. The type of house in respect to building plan also matters. Some houses are built so close to one another in places without proper ventilation and without mosquito nets. There are many people can live in the same house in slums, which leads to great difficulty in using mosquito nets. All these factors ball down to increase in mosquito manifestation in these areas. These classes of people cannot afford to buy everything what is necessary for performance prophylactic measures and can not pay for proper health care when they fall ill. In the rural parts of Nigeria, there is not easy access to health care, as people have to walk very long distances to get to a health care center.

Conclusion. For prevention of malaria in Nigeria it is necessary to perform such measures: using of mosquito nets and insecticides, cleaning of environment, making sure there is no stagnant water in environment (as it is a good conditions for mosquitoes' multiplication), using of antimalarial drugs during the slightest exposure to mosquitoes. Enforcement of these prophylactic measures by the Nigerian government, educating the population about the disease, providing better and more affordable health care access for all people will drastically reduce the amount of cases of disease and deaths caused by malaria.

Daschuk A. Derkach Y.

POST-ACNE AND PLASMA THERAPY

Kharkiv National Medical University

Department of Dermatology, Venereology and AIDS

Scientific adviser: as. Pochernina V.

Acne is a chronic inflammatory disease of the sebaceous glands, resulting from their blockage and increased production of sebum, which occupies a leading place among chronic dermatoses. Recently, a new promising direction in the treatment of acne and post-acne - plasma therapy, that is, the use of autologous blood plasma enriched with platelets - PRP (Platelet Rich Plasma), is gaining popularity. It is established that PRP has a bacteriostatic potential with respect to methicillin-resistant *St. aureus* and *St. epidermidis* by increasing the protective properties of the skin through effects on the



ФОРМИРОВАНИЕ ПОЛИОРГАННОЙ НЕДОСТАТОЧНОСТИ НА ФОНЕ ИНФЕКЦИОННОГО ЗАБОЛЕВАНИЯ ПОЛИОМИЕЛИТОПОДОБНОЙ ФОРМЫ	405
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