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Materials and methods. 53 HIV-infected patients with clinically and laboratory confirmed encephalitis/meningoencephalitis and 15 – without signs of CNS involvement were examined. 15 practically healthy individuals were control group. The MBP content in CSF and serum was determined with using a diagnostic kit "MBP ELISA" (Ansh Labs, USA) by ELISA in first days of admission.

Results. In HIV-infected patients with encephalitis/meningoencephalitis CSF MBP level –  $13,27 \pm 1,76$  ng/ml was significantly higher compared to control –  $2,13 \pm 0,15$  ng/ml ( $p < 0,001$ ). Significant changes in serum MBP level were also detected. In HIV-infected patients with encephalitis/meningoencephalitis it was  $0,95 \pm 0,31$  ng/ml compared to HIV-infected patients without it –  $0,16 \pm 0,03$  ng/ml ( $p < 0,05$ ). In control group its level was  $0,011 \pm 0,002$  ng/ml which was significantly lower than both HIV-infected patients with CNS involvement ( $p < 0,001$ ) and without it ( $p < 0,01$ ). A direct correlation between CSF MBP level and size of white matter lesions detected by MRI ( $\rho = 0,49$ ;  $p < 0,05$ ), as well as between CSF MBP and serum MBP ( $\rho = 0,5$ ;  $p < 0,05$ ) were found.

Conclusions. Our findings suggest an important value of myelin-breakdown in development of neurologic complications in HIV-infected patients with encephalitis/meningoencephalitis and determination of MBP in both CSF and serum can be a useful for its diagnosis and prognosis.

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## **AWARENESS OF YOUNG MALDIVIANS (MEDICAL STUDENTS) ABOUT $\beta$ -THALASSEMIA**

Studies show that Maldives has one of the world's highest thalassemia carrier rate (F. Waleed et al., 2016). Professor Calogero Vullo (Italy) in 1992 estimated that 1 out of every 5 to 6 persons in Maldives is a carrier for  $\beta$ -thalassemia. Approximately 28 new  $\beta$ -thal cases are recorded annually. Poor awareness and not fully knowing the devastating consequences of the condition are main reasons for this high number of new cases (F. Waleed et al., 2016). The main primary prevention strategy is awareness with premarital screening and genetic counseling. However, the solution of this problem has ethical aspect. Gender, education level, age, being single, income level (Al-Farsi et al., 2014) and fear of stigmatization (Fahad et al., 2012) contribute to unwillingness to participate in premarital screening. Besides, religion plays a vital role in all decisions. In our opinion, medical education must help to raise people's awareness.

The purpose of this study was to assess the initial degree of awareness of young Maldivians (medical students) about  $\beta$ -thalassemia disease and their personal attitude to solution of the problem existing in the country.



The survey has been undertaken among Maldivian students that study in Kharkiv National Medical University (KNMU), Ukraine. Twenty-three students aged 19 to 29 years old participated in the survey (18 females and 5 males).

The anonymous questionnaire had four groups of questions about: (i) personal data (place of living in Maldives, gender, age, education level, marriage status); (ii) if a respondent has been informed about  $\beta$ -thalassemia situation in Maldives and disease consequences; (iii) young Maldivians' awareness about premarital screening and The Thalassemia prevention law of Maldives; (iv) students' attitude to amniocentesis in Maldives and possibility to terminate pregnancy legally.

According to obtained results, 48% of Maldivian students represent Male' while 52% are from different atolls. Assessment of the degree of young Maldivians awareness about  $\beta$ -thalassemia disease shows that 30% of students do not know that Maldives has one of the world's highest  $\beta$ -thal carrier rate and they are not informed about the disease devastating consequences. 100% of all respondents know where they can do premarital screening for carrier status. 35% of KNMU Maldivian students have undergone premarital screening. The main reasons why students did not undertake premarital screening are: 1) being single; 2) lack of time; 3) difficulty to access the services; 4) lack of knowledge about thalassemia. Majority of students (78%) have heard about The Thalassemia prevention law of Maldives, but only 48% understand meaning of this law. The study of young Maldivians' personal attitude to solution of the problem existing in the country shows that 78% of students believe that amniocentesis should be allowed in Maldives, 17% of them think that it should not be allowed and 5% hesitate.

To sum up, the study demonstrates that more than 50% of young KNMU Maldivians are not ready to accept some possible medical intervention to prevent birth of  $\beta$ -thal children. The main reasons of that are religion and culture.

Our task for future is to conduct activities to raise awareness of young Maldivians who study at KNMU about  $\beta$ -thalassemia, because being doctors they may contribute to the solution of the tremendous problem posed by thalassemia in the country.

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## **THE FEAUTERS OF HORMONE METABOLISM IN PATIENTS WITH CHRONIC HEPATITIS C**

**Aim.** Study of the content of hormone metabolism in blood serum in patients with chronic hepatitis C.

**Materials and methods.** The content of hormone metabolism was determined in 33 patients with chronic hepatitis C. From them men 27 (81,8%), women 6 (18,2%). Middle age of patients was  $39,27 \pm 1,53$ . The comparison group consisted of 30 healthy subjects who were matched for age and sex with the patients of the studied groups. The