МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ ХАРКІВСЬКА МЕДИЧНА АКАДЕМІЯ ПІСЛЯДИПЛОМНОЇ ОСВІТИ РАДА МОЛОДИХ ВЧЕНИХ

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ХРОНІЧНІ ТОНЗИЛІТИ В ДІТЕЙ, ІНФІКОВАНИХ ВІРУСОМ ББШТЕЙНА-БАРРА	
Александрова К.В., Журавльова П.В., Ольховський Є.С.	11
РАЗВИТИЕ И ПРОГРЕССИРОВАНИЕ АТЕРОСКЛЕРОТИЧЕСКИХ КАРОТИДНЫХ СТЕНОЗОВ У ПАЦИЕНТОВ С ИШЕМИЧЕСКИМ ИНСУЛЬТОМ ПОСЛЕ ОПЕРАЦИЙ КАРОТИДНОЙ РЕВАСКУЛЯРИЗАЦИИ Анисенкова В.Ю., Слончакова В.Э., Красюк Д.А.	12
АНЕМІЇ ВАГІТНИХ – ПІДХОДИ ДО КЛІНІЧНОЇ ТАКТИКИ У ПРАКТИЦІ СІМЕЙНОГО ЛІКАРЯ Аралова В.О., Іванченко С.В.	13
ЕЛАСТОГРАФІЯ ЗСУВНОЇ ХВИЛІ ПЕЧІНКИ У ПЕДІАТРИЧНІЙ ПРАКТИЦІ: РІДКІСНІ ЗАХВОРЮВАННЯ Безкровна А. С., Колотілов О. В., Тиркін Д. Д., Безкровний Б. О., Муратова К. Г.	15
ВПЛИВ КАРБОКСИПЕРИТОНЕУМУ НА РІВЕНЬ ЦЕРЕБРАЛЬНОЇ ОКСИГЕНАЦІЇ У ПАЦІЄНТІВ ПОХИЛОГО ТА СТАРЕЧОГО ВІКУ ПРИ ПРОВЕДЕННІ ЛАПАРОСКОПІЧНОЇ ХОЛЕЦИСТЕКТОМІЇ В УМОВАХ ЗАГАЛЬНОЇ АНЕСТЕЗІЇ Бєлих О.В.	15
ОБІЗНАНІСТЬ ПАЦІЄНТІВ ПРО МОЖЛИВОСТІДИСТАНЦІЙНОГО КОНТРОЛЮ АРТЕРІАЛЬНОГО ТИСКУ <i>Бердник І.О., Богомаз В.М., Хомченкова Н.І.</i>	17
РІВНІ ІНТЕРЛЕЙКІНІВ В ГОСТРОМУ ПЕРІОДІ ШИГЕЛЬОЗУ У ДІТЕЙ, ІНФІКОВАНИХ ЦИТОМЕГАЛОВІРУСОМ <i>Букій С.М., Ольховська О.М.</i>	19
ЗМІНА БІОХІМІЧНИХ ПОКАЗНИКІВ У SHR ЩУРІВ ПРИ ПЕРЕЛОМАХ ПРОКСИМАЛЬНОГО ВІДДІЛУ СТЕГНОВОЇ КІСТКИ <i>Валільщиков М.В., Бабалян В.О., Кумечко М.В., Павлов С.Б</i> .	20
СОВЕРШЕНСТВОВАНИЕ ДИАГНОСТИКИ ОРГАНИЧЕСКОЙ И ФУНКЦИОНАЛЬНОЙ ПАТОЛОГИИ БОЛЬШОГО ДУОДЕНАЛЬНОГО СОСОЧКА ПРИ ПОСТХОЛЕЦИСТЭКТОМИЧЕСКОМ СИНДРОМЕ Велигоцкий Н.Н., Арутюнов С.Э., Алексанян К.А.	22

ЛУЧЕВОЕ ПОРАЖЕНИЕ МАКУЛЯРНОЙ ОБЛАСТИ СЕТЧАТКИ. КЛИНИЧЕСКИЙ СЛУЧАЙ	
Хайдар Мохамед, Пастух И.В., Козинец М.И., Гончарова Н.А., Пастух У.А.	77
КЛІНІКО-МЕТАБОЛІЧНІ ОЗНАКИ, ЩО АСОЦІЙОВАНІ З ФОРМУВАННЯМ ФІБРОТИЧНИХ ЗМІН ПЕЧІНКИ У ПІДЛІТКІВ, ХВОРИХ НА ОЖИРІННЯ <i>Хоменко М. А</i> .	78
ПРЕДИКТОРИ ПОРУШЕНЬ ГЛЮКОЗНОГО ГОМЕОСТАЗУ У ЖІНОК З ГІПЕРУРИКЕМІЄЮ, ХВОРИХ НА ЦУКРОВИЙ ДІАБЕТ 2 ТИПУ <i>Черняєва А.О</i> .	79
SCREENING DIAGNOSTIC OF BOWEL DISEASES IN CHILDREN Philip Sedem Dankwah, Kostiantyn Voloshyn	81
EVE VENOUS REFLUX SYNDROME AS A FACTOR OF CHRONIC VENOUS DEFICIENCY OF THE LOWER EXTREMITIES <i>Davydenko E., Lupaltsov V.I.</i>	82
ANTIBIOTIC SENSITIVITY OF RESPIRATORY INFECTIONS PATHOGENS IN CHILDREN WITH CHRONIC BRONCHOPULMONARY PATHOLOGY <i>Drobova N.M., Utkarsha U.</i>	83
ANATOMY OF THE LIVER IN THE SYSTEM OF TOPOGRAPHIC COORDINATES <i>Garbuz A., Nikitin G., Liubomudrova K.</i>	84
REGENERATION OF PALATINE TONSIL: AN ADVENT POTENTIAL SOURCE OF MESENCHYMAL MULTIPOTENT PROGENITOR CELLS <i>Kuye Adesegun Jacobs</i>	85
OPTIMIZATION OF ANTIPLATELETS THERAPY OF PATIENTS WITH CORONARY HEART DISEASE IN COMBINATION WITH TIPE 2 DIABETE MELLITUS BASED ON THE STUDY OF P-SELECTIN AND GALECTIN-3 <i>Khvysiuk M., RudenkoT., Godleyska O., Lipakova K.</i> ,	ËS
Matiashova L., Yeskova K.	87
DISTRIBUTION OF EXCRETORY SECTORS IN A TWO-SECTOR HUMAN KIDNEY WITH VARIOUS OPTIONS FOR ITS BLOOD SUPPLY <i>Liubomudrova K., Vlasenko O., Hordienko V., Radionova D.</i>	88

facilities, untimely treatment of the patient, and ignoring the symptoms of the disease. One way to accomplish this is through active screening diagnostics using non-invasive methods such as questioning patients and identifying fecal markers of intestinal inflammation.

Aim of the research: a comparative analysis of the condition of the mucous membrane of the large intestine of schoolchildren with the results of questioning and determination of fecal markers of intestinal inflammation.

Materials and methods. 40 children aged 6 - 18 were examined and questioned. All patients were verified by endoscopic examination of the colon. Fecal markers of intestinal inflammation were determined using CITO TEST Calprotectin-Lactoferrin. The SIBDQ (Short IBD Questionnaire) questionnaire was used for the questioning.

Results and Discussion. Comparison of the results of the endoscopic examination with the results of questioning and determination of fecal markers of intestinal inflammation indicates a reliable degree of coincidence (95%, p <0,05) of positive results of Cito Test Calprotectin-Lactoferrin with the obtained score in the questionnaire and with revealed endoscopically signs of inflammatory process (from marked catarrhal changes to the presence of mucosal destruction).

Conclusion. It is shown that the proposed combination of screening diagnostics and determination of fecal markers of intestinal inflammation is sufficiently sensitive and can be used at pre-hospital and primary diagnostic stages in schoolchildren, including the selection of a group of patients for further endoscopic examination.

EVE VENOUS REFLUX SYNDROME AS A FACTOR OF CHRONIC VENOUS DEFICIENCY OF THE LOWER EXTREMITIES Davydenko E. Research advisor: corresponding member of NAMS of Ukraine, MD, Professor Lupaltsov V.I.

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Objective: to evaluate the effectiveness of prevention of evening venous reflux (VVR) among students based on the study of ultrasound, anatomical and physiological characteristics of the lower extremities.

Materials and methods: In order to identify VVR, 30 girls aged 18 to 24 years were examined. All participants were asked to undergo a study of ultrasound of the veins of the lower extremities in the morning before and in the evening after a working day. We studied the diameter of the great saphenous vein, in the area of the safeno-femoral anastomosis and the small saphenous vein, in the area of the safeno-popliteal anastomosis, studied the presence of blood reflux during a Valsalva test in these areas and in the area of large perforants. In 18 students, the initial stage of varicose veins in stage C0-C1 was determined according to the CEAP classification. The etiological factors affecting the venous pump and the formation of chronic venous insufficiency were studied.

Lifestyle plays an important role in our study of VVR; the tight linen compressing the venous arteries at the level of inguinal folds had an adverse effect; high heels that worsen the functioning of the muscle pump.

According to a comparative analysis of the results of non-surgical treatment of evening venous reflux syndrome in 18 students with the initial stage of varicose veins in stage C0-C1 according to CEAR classification, clinical observations were made to identify symptoms of chronic venous insufficiency, which was manifested by the severity of the legs increasing by evening -9 people (50%), pain in the calf muscles - 11 respondents (61.1%), night cramps - 10 girls (55.5%).

The average diameter of the vein in the zone of safeno-femoral anastomosis was 0.62 + 0.05 cm)

Within 2 months, this group of girls was recommended not to wear high-heeled shoes above 3-5 cm and tight clothing. After that, the state of the venous system of the lower extremities was assessed (repeated duplex scanning). After 2 months, a decrease in the number of patients with evening reflux of the saphenous vein by 75% was noted, so in 8 patients out of 11 reflux was not detected, while a decrease in the evening diameter of the saphenous vein to 0.45 + 0.05 cm was noted. All patients in this the study noted a significant decrease in symptoms such as heaviness in the legs by 52%, pain by 63%, night cramps by 76%.

Conclusions: VVR as a complex of treatment and prophylactic measures, including the elimination of risk factors for chronic venous insufficiency in women, in order to improve the function of the muscle venous pump, it is recommended to use heeled shoes less than 3-5 cm in the daytime, moderate walking, periodic use of exercises for feet and lower legs (flexion of the feet, lifting on the toe) improves the functioning of the muscle pump and thereby contributes to both the elimination of VVR and the reduction of symptoms of CVI.

ANTIBIOTIC SENSITIVITY OF RESPIRATORY INFECTIONS PATHOGENS IN CHILDREN WITH CHRONIC BRONCHOPULMONARY PATHOLOGY Drobova N.M., Utkarsha U. Kharkiv National Medical University

Department of Fundamentals of Pediatrics № 2

Purpose. To improve medical care for children with chronic bacterial infection of the respiratory system.

Task. To determine pathognomonic pathogens sensitivity of respiratory infections to antibiotics in children with chronic bacterial infection of the respiratory system.

Materials and methods. The research was conducted in the pulmonology department of the Kharkiv Regional Clinical Children's Hospital No 1 in 2015-2018. Mathematical processing of the results was carried out using the IBM SPSS 23. The study was conducted according to human rights and ethical norms.

Results. Forty-seven children with cystic fibrosis were examined. The chronic inflammatory process of the bronchopulmonary system was determined in 100% of children. The main pathogens were Staphylococcus aureus (53.2 %), Candida albicans (46.8 %), Pseudomonas aeruginosa (42.5 %), Acinetobacter lwofii (14.2 %), Klebsiela pneumoniae (12.8 %), Bulkholderiacepacia complex (8.6 %), Pseudomonas alcaligenes (6.4 %), Stenotrophomonas maltrophilia (4.3 %), Alcaligenes xylosoxidans (4.3 %).