



vomiting - 30 (88%), absence of stool and gas discharge - 34 (100%), weight loss - 12 (35%) , bloating - 29 (85%). Features of the life history: previous operations on the abdominal organs - 11 (32%) patients; closed injuries of the abdominal cavity - 5 (15%), inflammatory diseases of the abdominal cavity (Crohn's disease, ulcerative colitis) - 2 (6%).

All patients underwent an objective assessment of their status using palpation, percussion and auscultation methods.

Research results. According to the pathophysiological classification of AIO, the stage of acute disturbance of the passage through the gastrointestinal tract (up to 12 hours) was diagnosed in 13 (38%) patients. They had the following symptoms: Schlange's symptom - 6 (18%), Valya's symptom - 13 (38%).

The second stage (hemodynamic disorders) was diagnosed in 15 (44%) patients. They had symptoms: Valya's symptom - 5 (15%), Sklyarov's symptom - 15 (44%), Kivul's symptom - 2 (6%).

The third stage of AIO (stage of peritonitis) - 6 (18%), they had symptoms of Spasokukotsky - 6 (18%), Loteyshin symptom - 5 (15%), Shchetkin-Blumberg symptom - 6 (18%).

Ultrasound and X-ray methods were used to verify the symptom complex of AIO.

Conclusions. The earliest symptoms of AIO are the symptoms of Shlange and Valya, sensitivity - 28%. Sklyarov's symptom was detected in 44% of patients, indicating a transition to the second stage. The development of peritonitis was evidenced by the symptoms of Kivul and Shchetkin-Blumberg.

Hlushko Svitlana, Sloz Diana, Dzyza Alla

DISTINCTIVE FEATURES OF ANOSMIA IN ACUTE RESPIRATORY VIRAL AND CORONAVIRAL INFECTION

Department of Otorhinolaryngology
Kharkiv National Medical University
Kharkiv, Ukraine
Scientific advisor: ass. prof. Andrii Lupyr

Introduction. Currently, coronavirus infection remains one of the most significant problems in the world. Therefore, it is recommended to recognize the distinctive



manifestations of anosmia in the case of coronavirus and other acute respiratory viral infections.

Object and methods. In order to understand this issue, we created a survey and interviewed different years students of the Kharkov National Medical University, who had been ill with Covid-19.

The survey involved: fifteen (30%) first-year students, seven (14%) second, fourth and sixth years, nine (18%) third-year students, three fifth-year students (6%) and two interns (4%). Forty-five respondents are female (90%) and five (10%) are male.

Research results. With regard to the question of the incidence of acute respiratory infections, the following information was obtained: twenty-two students get sick 1-2 times a year, twenty-two people (44%) 3-4 times a year and four (8%) students 5-6 times. Thirty-nine respondents (78%), ARVI was not accompanied by a loss of smell, the remaining eleven students (22%) had no sense of smell. Among them, seven people (64%) had no sense of smell for less than a week, three (27%) lost their sense of smell for a week, and one person (9%) lost for 2-3 weeks. Twenty-seven people (54%) report nasal congestion and twenty-two people (44%) have nasal discharge during ARVI disease. Also, symptoms such as headache, sore throat, weakness, sneezing, coughing were noted. Loss of taste is a less common symptom - nine people (18%).

As for the coronavirus infection, forty students were ill once (80%), the rest (20%) two times. The majority of respondents, in contrast to acute respiratory infections, had a loss of smell (85.7%). However, in the case of coronavirus infection, anosmia is rarely accompanied by nasal congestion and discharge, but dryness of the mucous membrane is appeared. There are also differences in the duration of anosmia. Seven (16%) people the duration was less than a week, in thirteen people (29.5%) a week, ten people (22.7%) 2-3 weeks, in seven people (15.9%) a month, six people (13.6%) up to three months, one person (2.3%) did not recover. Also, twenty-seven people noticed a distorted sense of smell. In addition to anosmia, students noted pain in the muscles (30 people - 60%), cough without phlegm (19 - 38%), loss of taste (31 students - 62%) and difficulty breathing (20-40%).

Conclusions. Thus, it can be noted that there are distinctive properties of anosmia. In case of acute respiratory viral infections, the cause of anosmia is mucosal edema, nasal



congestion and discharge from the nasal passages are noted. In case of coronavirus infection, on the contrary, there is no nasal congestion and discharge, and anosmia is associated with damage to the nerve structures of the nose. Also, it was noticed that in the case of coronavirus infection anosmia has longer duration (a month or more).

Lutska Svitlana

THE DYNAMIC OF KINETIC PARAMETERS DEPENDING ON THE TREATMENT IN POLYTRAUMA PATIENTS WITH CONCOMITANT CARDIAC PATHOLOGY.

Department of Emergency Medicine, Anesthesiology and Intensive Care.

Kharkiv National Medical University

Kharkiv, Ukraine

Scientific advisor: prof. Mykhnevych Konstantin

Introduction. In economically developed countries, injuries rank third among the causes of death. According to WHO, up to 12 million people die per year from injury. In 70% of cases, the main cause of death is severe combined trauma. In Ukraine, at least 40,000 people die annually as a result of injuries, and 250,000 become disabled. In such conditions, among injured patients, a significant part belongs to people with cardiac history. Thus, according to various data, coronary heart disease, hypertension, arrhythmia, heart failure is found in 44-62% of victims in our country.

The purpose of the study. Optimization of diagnosis and therapy in polytrauma patients with concomitant cardiac pathology without acute myocardial injury.

Materials and methods. The study analyzed the results of intensive care in 95 patients with polytrauma an average of 60.6 ± 9.3 years. All patients were divided into 3 groups. Group K included 29 patients without chronic heart failure (CHF), groups C and E - 33 patients each with CHF. Patients of groups K and C received standard intensive care, patients of group E received ethylmethylhydroxypyridine succinate. The study was carried out at three stages: during admission to the hospital, on the 3rd and 7th days.

Results. Kinetic indicators of patients group K. The stroke index (SI) was up 24.7 ± 4.8 ml/m², on the 3rd day, authentically increased to 32.8 ± 5.0 ml/m², ($p < 0.001$), and by 7th day - to 39.1 ± 6.0 ml /m², ($p < 0.001$). The ejection fraction (EF) varied during