



**Спеціальний
випуск
№ 2 (102)
2017**

ISSN 1996-353X

**Міністерство охорони здоров'я України
Національний медичний університет імені О.О. Богомольця**

НАУКОВО-ПРАКТИЧНЕ ВИДАННЯ

УКРАЇНСЬКИЙ НАУКОВО-МЕДИЧНИЙ МОЛОДІЖНИЙ ЖУРНАЛ



Засновник – Національний медичний університет імені О.О. Богомольця МОЗ України

Періодичність виходу
4 рази на рік.

Журнал внесено до переліку фахових видань.

Галузі наук: медичні, фармацевтичні.
(наказ МОН України 09.03.2016 № 241)

Ресстраційне свідоцтво
КВ № 17028-5798ПР.

Рекомендовано
Вченою Радою
НМУ імені О.О. Богомольця
(протокол № 19
від 26 січня 2017 р.)

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Адреса для кореспонденції:
Редакція Українського науково-медичного молодіжного журналу, науковий відділ НМУ, бул. Т. Шевченка, 13, м. Київ, 01601

www.mmj.com.ua
E-mail: usmj@ntmu.ua

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www.ntmu.ua

Видавець
ТОВ "Видавництво "КІМ"
Свідоцтво ДК № 2888
від 03.07.2007 р.

Підписано до друку
14.09.2017 р.
Формат 60x84/8
Друк офсетний.
Папір офсетний
Тираж 500. Зам. № 024-17.

Видається за наукової підтримки Національної академії наук України та Національної академії медичних наук України

Представлений в Ulrich's International Periodicals Directory

Видання індексується CiteFactor, General Impact Factor, Google Scholar, Index Copernicus, Index Science, InfoBase Index, Open Academic Journals Index, ResearchBib, Scientific Indexing Services, WorldCat OCLC

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Заступники гол. редактора: Дінець А.В., Мороз В.В., Приступюк Л.О.

Відповідальні секретарі: Костюк І.А., Сергієнко М.С.

ISSN 1996-353X

Ministry of Health of Ukraine
Bogomolets National Medical University



THEORETICAL AND PRACTICAL EDITION

UKRAINIAN SCIENTIFIC MEDICAL YOUTH JOURNAL

Спеціальний
випуск № 2 (102)
2017

*Published by scientific support of the National Academy of Sciences
and National Academy of Medical Sciences of Ukraine*

Introduced in Ulrich's International Periodicals Directory

*Journal's indexing: CiteFactor, General Impact Factor, Google Scholar,
Index Copernicus, Index Science, InfoBase Index, Open Academic Journals
Index, ResearchBib, Scientific Indexing Services, WorldCat OCLC*

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Founder – Bogomolets
National Medical University
Ministry of Health
of Ukraine

Publication frequency –
4 times a year.
The Journal is included in
the list of professional
publications in Medical and
pharmaceutical Sciences
(order MES Ukraine
09.03.2016 № 241)

Registration Certificate
KB № 17028-5798ПР.

Recommended by the
Academic Council of the
Bogomolets National Medical
University, Kyiv
(protocol № 19
of January 26, 2017)

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consent of the
editorial board and reference.
Research materials accepted
for publishing must meet the
publication requirements
of this edition.

Correspondence address:
Editorial board of the
Ukrainian Scientific Medical
Youth Journal
Research Department of NMU,
13, T. Shevchenka blvd.
Kyiv, 01601

www.mmj.com.ua
E-mail: usnyj@nmu.ua

© Bogomolets National
Medical University, 2017
www.nmu.ua

Publisher
"KIM" Publishing house" Ltd.
Certificate ДК № 2888
from 03.07.2007

Signed in print on 14.09.2017
Format 60x84/8 Offset print.
Offset paper.
Circulation: 500.
Order № 024-17.



Dear colleagues!

On behalf of Bogomolets National Medical University I would like to welcome the students and young scientists from all medical universities and medical faculties of Ukraine as well as our university!

Bogomolets National Medical University is actively developing institution aiming to improve their facilities and to implement novel teaching methods according to world standards. An important task is also to promote a science among students, which is obtained by grant support of students' research studies and promotion of academic mobility. I should emphasize that similar approach is also applied for organization of students conference. This year AYMSCONF is organized in English, which is international language for scientific communication. Furthermore, it is organized according to typical standards of international scientific forum, which is included keynote lectures, master-classes as well as presentations of original studies.

Bogomolets National Medical University is the Alma Mater not only for many Ukrainian and foreign doctors, but also for researchers who performed their first professional steps within the student scientific groups, including first presentations of results from their studies at conferences for students and young scientists.

Participation in any student conference, including AYMSCONF, is a good opportunity for scientific communication, allowing young researchers to share their experiences, to obtain new information, to present results from their studies, discuss it with moderator and other students at the sessions.

The main task of students is to study hard in order to become professional doctor. It should be noted that the performance of scientific work is also must be of a high quality. Before participating in the conference, the Organizing Committee conducted a peer-review of the submitted abstracts aiming to select original scientific projects.

I would like to stress that AYMSCONF is a part of the university system of scientific training. In brief, this system is dedicated to train students and post-graduate students within the fields of statistics, application of electronic library sources of biomedical information, protection of intellectual property, rules for writing and publishing research papers in journal indexed in Thomson Reuters and Scopus. Furthermore, All-Ukrainian student Olympiads in field of internal medicine, surgery, pediatrics, medical chemistry and hygiene are planned to be conducted in English in 2017.

I wish everyone good health, creative inspiration, new discoveries and achievements!

Sincerely

Kateryna Amosova
Rector, professor, D.Sc.

**«ANNUAL YOUNG MEDICAL
SCIENTISTS' CONFERENCE 2017»**

October 27-29, 2017

Kyiv, Ukraine

ACKNOWLEDGEMENT

The completion of the current issue could not have been possible without the participation and assistance of our colleagues from the Department of Foreign languages at Bogomolets National Medical University. Their contributions are sincerely appreciated and gratefully acknowledged. However, the editorial office of our journal would like to express our deep appreciation to the following:

Assoc. Prof. Ludmila J. Avrachova,
Assoc. Prof. Olena V. Holik,
Assoc. Prof. Olga V. Dunaievskaya
Senior teacher Lesya V. Lymar
Senior teacher Lyudmila K. Moskalenko
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Teacher Marina O. Pastukhova
Teacher Iya P. Kaminskaya
Teacher Valeriia O. Zakharova

Results. General number of patients, who required treatment, was 63 persons. There were 57 males (90,5%) and 6 females (9,5%). 30 patients (47,6%) had alcohol intoxication at the moment of injury. The etiology of trauma was as following: 12 patients (19,2%) were injured after falls, 43 (68,2%) after assault, 2 (3,1%) after motor-vehicle accident and in 6 patients (9,5%) the cause of the injury was unknown. 28 patients (44,2%) were treated with intermaxillary fixation, as a type of conservative treatment. Other, 35 patients (55,8%) were treated surgically. All 63 patients received antibiotic, painkillers, anti-inflammatory therapy and mouthwashes. During the observation period, in 14 cases (41,1%) such complications as fistula, inflammation, recurrent swelling, nonunion, malocclusion,

plate exposure were registered. In 8 cases (23,5%) patients were treated surgically, plate removal has been done. In other 6 cases complications were treated conservatively.

Conclusion. The main causes of the MAF are assaults (68,2%) and falls (19,2%).

1. Open reduction and internal fixation were indicated in (55,8%) cases.
2. Postoperative complications such as fistula, inflammation, recurrent swelling developed in (41,1%) of the patients.
3. There are no significant associations between the risk of complication development and treatment approach.

SURGERY

PALIIATIVE TREATMENT OF CANCER IN HEAD OF THE PANCREAS, WHICH IS COMPLICATED WITH MECHANICAL JAUNDICE AND GASTRODUODENAL PASSAGE DISORDERS

*Buryak N.A.
Supervisor: Shepetko E.M.
Professor, D.Sc.*

*Department of Surgery No 3
Head of Department: Fomin P.D.
Professor, D.Sc., Academician of the National Academy of Medical Sciences of Ukraine
O.O. Bogomolets National Medical University
Kyiv, Ukraine*

Introduction. Cancer in head of pancreatic gland is a severely diagnosed disease and in the later stages of tumor development, it is often complicated by mechanical jaundice or a malfunction of the gastroduodenal passage.

Objective. The aim is to study methods of operative interferences on the cancer in the head of pancreas, complicated by mechanical jaundice and a malfunction of the gastroduodenal passage.

Methods. Analysis of the undergone 125 operations in patients with malignant process in biliopancreatoduodenal zone. Among these were men – 64 (51,2%), women – 61 (48,8%) aged 19 to 88. About the cancer in the head of the pancreas were operated 119 (95,2%) patients, the large duodenal papilla – 6 (4,8%). Stage of the tumor process with palliative interventions and trial laparotomies: IA stage – 2 (1,6%), IV stage – 5 (4%), IIA stage – 13 (10,4%), IIB stage – 9 (7,2 %), stage III – 44 (35,2%), stage IV – 52 (41,6%).

Results. The main clinical symptoms in patients with tumors in the head of the pancreas and near ampular area were: jaundice – 84 (67,2%), pain in the upper abdomen – 62 (49,6%), fatigue – 49 (39,2%), weight loss – 75 (60%),

gastroduodenal obstruction – 7 (5,6%), ascites – 42 (49,6%). On the background of jaundice, palliative operations were performed in 84 (67,2%) patients. Palliative surgeries in the form of biliodygestive anastomosis (BDA) were performed in 87 (82,1%) of 106 patients, in the form of digestive anastomosis - in 39 (36,8%), including in combination with BDA - 20 (18,9%). Conditional-radical operations (papilectomy) - in 2 (1,6%), trial laparotomy – in 17 (13,6%). Of the 106 patients (84,8%), the BDA was performed in 87 (82,1%): cholecystojejunostomy + anastomosis by Braun

(CHCJA + BR) – 43 (49,4%), including cholecystectomy (CHCE) – 3 (3,4%), with drainage of choledochus by Picovsky (DrCHP) – 1 (1,1%), with nasal biliary drainage (NBDr) – 1 (1,1%); cholecystojejunostomy by Roux (CHCJA + RY) – in 5 (5,7%), including from CHCE – 1 (1,1%); choledochoduodenostomy (CHDA) - in 23 (26,4%), including with CHE – 7 (8,0%), with DrCHP – 3 (3,4%), by Vishnevsky (DrCHV) – 1 (1,1%), with NBDr – 1 (1,1%); choledochojejunostomy + anastomosis by Braun (CHJA + Br) – in 5 (5,7%) / + RY – 8 (9,2%); hepaticojejunostomy by Roux (HepJA + RY) – 3 (3,4%), including with CHE – 1 (1,1%). It was noted that CHCJA + Br and CHCJA + RY (48 or 55,2%) were 3 times more reliable than CHJA + Br / + RY and HepJA + RY (16 or 18,4%) ($p < 0.0001$, $XI = 25.184$), and 2.1 times more often than choledochoduodenostomy (CHDA) (23 or 26,4%) ($p = 0.0001$, $XI = 14.852$). For restoration of the passage through the gastrointestinal tract, the digestive was applied in 39 (36,8%) patients: the anterior gastroenteroanastomosis + anastomosis by Braun (AGEA + Br) – in 32 (82,1%), including with Strong operation - 1 (2,6%), with DrCHV-1 (2,6%); the posterior gastroenteroanastomosis by Hakker-Petersen (PGEA) was imposed at 7 (17,9%). A comparative analysis showed that AGEA + Br (32 or 82,1%) was significantly overlapped 4.6

Firstly, dynamics of temperature changes and volume changes of the formed ice-ball were determined using experimental models of 0.9% NaCl, 36% NaCl solutions and distilled H₂O. On the next phase of the experiment morphological changes of Heren carcinoma cells after their exposition in distilled H₂O during 5, 10 and 15 minutes were researched. Finally, dynamics of the temperature changes in tumor was specified on depth of 3mm, 8mm, 13mm and 18mm with and without cryopotentialization via distilled H₂O for the experimental model of not purebred rats (in vivo).

Results: distilled H₂O provides the biggest volume of an ice-ball formed as a result of the equal cryocycle compared to other solutions. Irreversible destructive changes of 100% Heren carcinoma cells (karyorrhexis, plasmolysis, oncosis) that were exposed in distilled H₂O appear in 5 minutes and progress with time. Injection of distilled H₂O into the solid malignant tumor 5 minutes before the local cryocycle allows to achieve 80-20°C temperature decreases on depth of 3mm, 8mm, 13mm and 18mm from the cryoapplicator's surface compared to the cryocycle of the same duration without cryopotentialization.

Conclusion: distilled H₂O is considered to be an effective method of potentialization of local cryoablation process on biological tissue.

After admission the patient underwent clinical, laboratory, biochemical and instrumental examinations (USD, CT of the cervical and thoracic area). Taking into account the critical patient's condition and the need for pre-operative preparation, a patient was referred to Intensive Care Unit. When the patient's health condition was relatively stabilized, surgery was performed. During the operation the signs of NCTF with its spread to the upper mediastinum were noticed. Thrombosis of the left subclavian vein in the left upper limb was diagnosed. Necrectomy, mediastinotomy and resection of the left subclavian vein were performed. During the post-operative period complex intensive therapy and three stages of necrectomy were performed. In order to close the large granulating surfaces, autodermaplasty was performed. The patient was discharged in a satisfactory condition.

Conclusions. 1. The clinical report clearly demonstrates the danger of NCTF. Furthermore, rapid spread of the process to thoracic cavity and mediastinum indicates aggressive characteristics of the disease. 2. Proper surgical treatment involves a wide exploration of tissues with revision of deep cervical areas and post-operative period requires necrectomy and intensive conservative therapy. 3. Early complex diagnostics, timely and adequate surgery, intensive medication therapy play the key role in reducing mortality rates in this pathology.

NECROTISING CERVICOTHORACIC FASCIITIS. CASE REPORT

Yevheniia Butovska - Horzov

*Supervisor: Melnykov V.A.
Associate Professor, D.Sc.*

*Department of General Surgery
Head of Department: Andriushchenko V.P.
Professor, D.Sc.
Danylo Halystky Lviv National Medical University
Lviv, Ukraine*

Introduction. Necrotising fasciitis is one of poorly known, though highly dangerous pathology among pyoinflammatory processes. The disease is characterised by severe toxicosis, septic complications and high mortality rates (50-90%).

Aim of the study is to determine clinical characteristics, diagnostic methods, and treatment and possible complications of the disease by analyzing the clinical case, as well as to develop a diagnostic-treatment plan for patients with necrotizing cervicothoracic fasciitis (NCTF).

Materials and methods. We have performed the retrospective analysis of NCTF clinical case. The patient was undergoing treatment in the Surgical Department No2 at Clinical Municipal Communal Emergency Hospital of Lviv. Based on the research findings we developed treatment specifics.

Results. A 44 y.o. patient was referred by the regional hospital to the general surgery clinic three days later after the incidence of the disease in highly critical condition with clinical signs of NCTF, suspected mediastinitis and sepsis.

THE EFFECTIVENESS OF INTRAOPERATIVE FLOWMETRY IN CASE OF ACUTE MESENTERIC THROMBOSIS

A. Babaeva, M. Semenyuk, K. Bortnik

*Supervisor: Lupaltsov V.I.
Professor, D.Sc.*

*Head of Department of Surgery No 3, Corresponding
Member of NAMS of Ukraine
Vander K.A.
Assistant Professor
Department of Surgery No 3
Kharkiv National Medical University
Kharkiv, Ukraine*

Introduction. Management of patients with mesenteric thrombosis (MT) is a challenge for specialists in emergency abdominal surgery. The number of patients with MT has been constantly increasing. Frequency of MT is 0,05 – 7,6% of all acute surgical diseases.

The aim of the study is to illustrate the possibility of improvement in surgical treatment results of patients with gangrene of the intestine by the use of intraoperative vascular flowmetry.

Materials and methods. The study of surgical treatment results in 29 patients with acute mesenteric thrombosis in the bowel gangrene stage was performed. The average age of patients was 72,3 years. All patients were divided into 2 groups: the control (in which routine methods of intraoperative diagnostics of viability of the small intestine were used) and the experimental (in which

the laser flowmetry was used to diagnose the viability of the small intestine). The patients' quality of life was estimated by the Short Form 36 Health Survey (SF-36) scale.

Results of research. The statistical processing of the data was performed with the help of the Chi-square test. Acute arterial obstruction was caused by atherosclerosis of the aorta and its abdominal branches. It was complicated by thrombosis (74%) or thromboembolism of the superior mesenteric artery (26%).

In 28 cases acute occlusion occurred in the basin of the superior mesenteric artery; in 1 case total occlusion in the basin of the superior mesenteric artery was combined with occlusion in the basin of the inferior mesenteric artery.

For all patients, surgical treatment was performed. Flowmetry enabled to determine precisely the borders of resection of the intestine and enteral tube feeding was used for correction of metabolism in the early postoperative period. In 3 cases patients underwent resection of 70-80% of the small intestine and in 2 cases resection of 60-70% of the small intestine in combination with right-sided hemicolectomy was performed in one case the patient needed resection of the sigmoid colon. Total postoperative mortality was 22%: in the control group – 50%, in the experimental group – 11%.

Conclusions. The application of intraoperative vascular flowmetry allows to determine the optimal borders of resection of the intestine much more accurately and to improve surgical treatment results.

MASSIVE GASTROINTESTINAL BLEEDING AS THE FIRST SIGN OF DUODENAL CARCINOMA

Di Nardo Nicola, Bogdan Borz

Supervisor: Cristian Borz

*University of Medicine and Pharmacy of Targu Mures
Targu Mures, Romania*

Introduction: The primary malignant tumours of the duodenum are rare and represent approximately from the 0.3% to 1% of all gastro-intestinal tract tumours. Malignancies of the duodenum must be differentiated from malignant tumours of the ampulla, the pancreas and the common bile duct. Due to nonspecific symptoms diagnosis is often delayed.

Objective: The aim of this study is to reveal the importance of non specific signs such as gastrointestinal bleeding in diagnosing duodenal carcinoma.

Methods: We present a case of duodenal carcinoma diagnosed in emergency for massive gastrointestinal bleeding. Gastroduodenoscopy and biopsy revealed a hemorrhagic D2 duodenal carcinoma. After resuscitation in ICU, the patient underwent surgery: pancreatoduodenectomy (Whipple procedure). The postoperative course was uneventful. The patient was referred to the Department of Oncology for further treatment.

Results: Duodenal carcinoma is a rare malignancy and diagnosing of which is difficult due to nonspecific signs. The first sign of duodenal carcinoma is massive

gastrointestinal bleeding which is an uncommon reason for admission through the emergency.

Conclusion: Carcinoma of the duodenum is a rare type of cancer and diagnosis is often delayed. In case of gastrointestinal bleeding we have to keep in mind the possibility of duodenal cancer. Gastroduodenoscopy with biopsy helps to establish the diagnosis.

THE RELATIONSHIP BETWEEN TROPHOLOGICAL STATUS OF PREGNANT WOMEN AND SEVERITY OF EARLY GESTOSIS

*Benyuk V.O., Kovalyuk T.V., Lastovetskaya L.D.,
Ramazanova D.M.*

*Supervisor: Benyuk V.O.
Professor, D.Sc.*

*Head of the Department of Obstetrics and Gynecology
No 3*

*O.O. Bohomolets National Medical University
Kyiv, Ukraine*

Introduction. According to the medical literature, about 80% of pregnant women suffer from nausea, hypersalivation and morning vomiting. Early gestosis (nausea and vomiting of pregnancy, NVP) significantly impairs the quality of a pregnant woman's life and her relatives, reduces labor efficiency, increases the number of days of disability and can result in other obstetric and perinatal pathologies (fetal hypotrophy). The trophological status is the state of the nutritional maintenance of the organism in the given period of time, which determines the functioning of organs and metabolic systems of the body. About 40% of patients in hospitals have trophological disorders of varying degrees of severity. Costs for the treatment of a patient with normal trophological status are 1.5-5 times less than that of the altered.

Aim. To evaluate the trophological status of pregnant women with varying severity degrees of NVP.

Materials and methods. 120 pregnant women with manifestations of NVP in the first trimester of pregnancy were examined, among them there were 54 patients with mild, 36 with moderate and 30 with severe NVP. The trophological status was assessed according to the WHO recommendations based on the body mass index (BMI) before pregnancy.

Results. Among pregnant women with a mild degree of NVP, 59.3±2.2% had an eutrophy according to BMI, in 20.4±1.4% malnutrition was observed, 12.9±1.2% were overweight and 1 stage of obesity were diagnosed in 7.4±1.0% of pregnant women.

38.9±2.6% of patients with a moderate NVP were overweight, 16.7±1.5% had I stage of obesity, 8.3±1.0% had II stage of obesity, 30.5±2.3% - malnutrition, 5.6±1.5% - normal BMI.

In the group with hyperemesis gravidarum, overweight was found in 26.7±1.8% of pregnant women, insufficient nutrition – in 36.7±2.1%, malnutrition I stage – in 26.7±1.2%, hypotrophy II stage – in 6.6±1.0%, eutrophy – in 3.3±0.5% of women.