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Харківський національний університет імені В. Н. Каразіна  
Медичний факультет

**XVI МІЖНАРОДНА НАУКОВА КОНФЕРЕНЦІЯ  
СТУДЕНТІВ, МОЛОДИХ ВЧЕНИХ ТА ФАХІВЦІВ**

# **АКТУАЛЬНІ ПИТАННЯ СУЧАСНОЇ МЕДИЦИНИ**

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MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE

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молодих вчених та фахівців

## **АКТУАЛЬНІ ПИТАННЯ СУЧАСНОЇ МЕДИЦИНИ**

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tightness and hardening; mask-like facial features, expressionless, radial furrowing around the mouth, incomplete opening of the mouth, voice hoarseness; pallor, cyanosis, thickening, swelling and induration of the skin of the fingers, smoothness of the contours of the wrist joints, pain on palpation, decreased range of movements in the hands, pitted scarring of fingertips, defect of the distal phalanx of the left thumb; hypothermia, cyanosis, swelling, thickening, hardening of the skin of the toes. In laboratory investigations: leukocytosis ( $14.8 \cdot 10^9/L$ ), increased ESR (17 mm/hour); increased titers of ANA, Ig G to chromatin, SS-A 52/60, Sm/RNP, RNP; instrumental investigations: reovasography - reduction of upper extremities blood supply; X-ray of hands - defect of the distal phalanx of the left thumb, shortening of the adjacent interphalangeal joint plates of the left thumb, cystic restructuring of the heads of the metacarpal bones, patchy osteoporosis of the carpal bones; upper GI radiography - gastroesophageal, duodenogastric reflux, esophagitis, sliding axial hernia of I degree. Diagnosis: systemic sclerosis, stage II (generalized), chronic course, activity stage I, with skin lesions (edema, induration), vessels (Raynaud's syndrome, stage III ischemia), joints (polyarthritis with predominant lesion of the hands, wrists, feet, Rø-change II degree, FN I st.), esophagus (gastroesophageal reflux with esophagitis, duodenogastral reflux, sliding axial hernia of I degree). Treatment: methylprednisolone (8 mg/day), pentoxifylline, naphthidrofuryl, amlodipine, aspirin, omeprazole.

**Conclusion.** This clinical case illustrates that week medical vigilance in detection of systemic sclerosis leads to late diagnosis, untimely prescribed treatment and, as a result, to the disability of such patients.

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### **EFFECT OF THE SESSION ON THE PSYCHOEMOTION STATE OF KNMU STUDENTS**

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**Introduction.** The students take the exams every six months and it results very often in the malfunction of organism systems, in particular overfatigue and nervous breakdown. It is conditioned not only by a high tension during the revising for exams but also by the pathological fear of the exams that is rather spread in all the countries across the world. It should be noted that many reasons for having fears are available, in particular a possibility to lose social status; personal frustration, disappointment of friends, parents, the loss of their love, waste of time for the repetition of the examination. Hence, this investigation is topical from the standpoint of the prevalence of the problem of a sense of fear and nervousness before the exams among the students.

**The aim of the study.** The objective of this research was to analyze the psychophysiological state of students during the pre-session period and define the level of fear of taking the exams.

**Materials and methods.** Forty four second-year students of the medical department at the age of 18 to 19 participated in the experiment. The investigation was carried out using the Taylor manifest anxiety scale and ISAS test.

**Results.** It was established that according to the Taylor manifest anxiety scale the three groups of the level of anxiety can be marked out. The group with a high level of anxiety includes 29% of the total number of experiment participants. young women make up 25% and young men make up 4%. The group with the average level of anxiety that had a tendency to a high level of anxiety counts 46% of the total number of tested students in which young women make up 32% and young men make up 14%. The group with the average level of anxiety and the tendency to a low level makes up 25 % of the total number of tested students in which young women make up 7% and young men 14%. It should be noted that the groups with a very high level of anxiety and a very low level of anxiety were not revealed. Based on ISAS test data that were correlated with the data obtained using the Taylor scale we can draw the following conclusion. For the group with a high level of anxiety the integral index of fear for young women was equal to  $122.62 \pm 2.5$  and  $88.5 \pm 4.7$  for young men. For the group with the average index of anxiety and the tendency to a high level of it the integral index of fear shown by young women was  $108.13 \pm 2.5$  and that shown by young men was  $82.25 \pm 4.7$ . It should be noted that the norm of the integral index of fear for young women was  $104.0 \pm 2.5$  and  $77.9 \pm 4.7$  for young men.

**Conclusions.** 1. A number of students with a high level of anxiety exceeded that of the students with an average level of anxiety and the tendency to a decrease in that level and it is also indicative of the unfavorable emotional background.

2. Most students from all the three groups noted that they sense a high level of fear before taking an exam. Especially, it was peculiar for the female portion of experiment participants, which may be indicative of the pathological ground of their fear.

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#### COMPARATIVE EVALUATION OF RESULTS OF SURGICAL TREATMENT OF ACUTE ADHESIVE INTESTINAL OBSTRUCTION

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**Introduction.** Discussions are currently undergone on the use of laparoscopy in the treatment of acute adhesive intestinal obstruction (AAIO) (Catena F., Di Saverio S., Kelly M.D., Biffi W.L. et al., 2010). There is a direct relationship between the percentage of open access operations and the risk of developing of adhesions of the abdominal wall. (Agregta F., Paolo De Simone, Natalino Bedin - 2004). There is currently no general opinion on the indication of laparoscopy for the treatment of this pathology, because in the audit of the abdominal cavity and the separation of adhesions, the surgeon might face with a massive adhesion process, and iatrogenic organ damage is not excluded.