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Programm Abstracts

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Programm Abstracts

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criteria of inclusion and an exception. Statistical processing is made by means of a package of applied programs for processing of biomedical data STATISTICA v.7.0 (StatSoft, USA, 2001).

Results: We observed 135 patients with PD, including the urban population - 131/135 (97%) persons and rural - 4/135 (2.9%) persons. Thus, city dwellers prevailed (97% vs 2.9%, $p \leq 0.05$). Women were 89/135 (65.9%), including city dwellers - 88/89 (98.8%) persons, countrywomen - 1/89 (1.1%) persons. Mean age of women was 72 ± 10.7 [95% CI: 42-82] ye. o. Men were 46/135 (34%), including city dwellers - 43/46 (93.4%) persons, countrymen - 3/46 (6.5%) persons. Mean age of men - 67.3 ± 7.0 [95% CI: 49-85] ye. o. Thus, women prevailed ($p \leq 0.05$). Mean age of women was above, than at men (72 ± 10.7 vs 67.3 ± 7.0 , $p \leq 0.05$). It reflects a demographic situation in Krasnoyarsk region and in the Russian Federation, as a whole. The highest age-specific prevalence rate was recorded among women 70-75 ye. o., among men 65-70 ye. o. (0.36 per 1000 vs 0.17 per 1000 general population, $p \leq 0.01$). Mean age of debut PD was 65.4 ± 9.54 [95% CI: 18-80] ye. o., including women - 65.7 ± 12.2 [95% CI: 18-80] ye. o., men - 65.0 ± 7.8 [95% CI: 45-76] ye. o. Patients had hypokinetic rigid syndrome and tremor (mixed form of PD) in 119/135 (88.1%) cases. Hypokinetic rigid syndrome without tremor (hypokinetic rigid form of PD) was in 12/135 (8.8%) cases and prevail among men ($p < 0.01$). Patients had only tremor (early stage of PD) in 5/135 (3.7%) cases. It was transformed to the mixed form of PD in 4/5 (80%) cases. Disability group was in 82/135 (60.7%) persons. PD was the cause of disability in 15/82 (18.2%) cases. Accompanying somatic pathology - 67/82 (81.7%) cases. Patients had the first disability group in 18/82 (21.9%) cases, the second - 56/82 (68.2%) cases, the third - 8/82 (9.7%) cases. Thus, the second disability group as a result accompanying somatic pathology prevailed ($p < 0.01$).

Conclusion: Prevalence of PD in CITF Zheleznogorsk varied from 0.92 per 1000 population in 2009 till 1.25 per 1000 population in 2012. The overall prevalence of PD in CITF Zheleznogorsk was 1.16 per 1000 general population, 2.87 per 1000 population over the age of 40.

N.A. Scherbina
O.G. Gradil

ASSESSMENT OF AGE-DEPENDENT CHANGES IN OVARIAN RESERVE IN WOMEN WITH INFERTILITY

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Female infertility is an urgent problem of modern medicine and preserving fertility is main task at present. Despite rapid development of assisted reproductive technology (ART), there is a need to improve the procedures which have been used today. In addition, it is also necessary to consider age-related fertility physiological functions decline which required an accurate evaluation of reproductive potential for the purpose

to determine the tactics and predicting of success by infertility treatment.

Materials and methods. We present the data of 98 women of reproductive age who were divided into two categories. The study group included 68 women aged 24 - 45 with a long infertility (over 5 years), mainly of tubal-peritoneal origin. The control group consisted of 30 healthy women. The functional state of the hypothalamic-pituitary-ovarian system was evaluated by the level of the pituitary hormones (luteinizing hormone - LH, follicle stimulating hormone - FSH, prolactin - PRL) and sex steroid hormones (estradiol, testosterone) in serum. Ovulation was confirmed by ultrasound. Medical diagnostic laparoscopy was done in 45 patients of study (main) group (due to salpingoovariolizis, resection of ovaries). In 30 cases biopsies of ovarian tissue were obtained for pathologic study. From 1 to 4 sections of ovarian tissue were taken from each patient. All biopsy samples were processed using 5% formalin fixation, paraffin embed, staining according Romanovsky-Giemsa and studied by a pathomorphologist. Assessment of ovarian reserve was done for all patients on day 2-4 of spontaneous or induced menstruation by combined oral contraceptive. Menstrual - like reaction, were evaluated by transvaginal ultrasound. Using Pie Medical Equipment BV "Picus" and 6,5 MHz in a transvaginal transducer in the scan mode. All measurements were made in the first half of the day (12.00). For each ovary the following parameters were determined: ovarian volume, the average diameter of the largest follicle. Ultrasound scan at baseline was carried out in the early follicular phase of the cycle and during the follow-up - if indicated.

Results. The findings allowed to identify the characteristics of normal, reduced and very low ovarian reserve and to study the correlation between ovarian reserve and insufficient ovarian response (IOR). Ovarian reserve was identified as an important component of the reproductive capacity of women, characterized by the functional state of the reproductive system and was evaluated using biochemical and ultrasound parameters. According to our data the normal ovarian reserve recorded in the patients by presence of the following parameters: regular menstrual cycle of 28-31 days, FSH levels less than 9 U / L, ovarian volume not less than 5 cm, the number of antral follicles at least 5 in each ovary. Reduced ovarian reserve was characterized by shortening of the menstrual cycle for 2-3 days, the episodes of increase of FSH > 15 IU / L, ovarian volume of 3 to 5 cm, the number of antral follicles less than 3 in each ovary. Extremely low ovarian reserve: was characterized by persistent menstrual irregularities, persistent elevation of FSH > 15 IU / L, ovarian volume < 3 cm, the number of antral follicles is not more 2 in each ovary. On the basis of the pathological studies of the patients with infertility, we studied pathomorphogenesis of ovarian dysfunction, in which dystrophic-atrophic alteration of follicular apparatus associated with the development of organ fibrosis, direct by correlating with the age of the patients plays a key role. In women over 35 reduction of follicular unit to decrease in the number and size of primordial and mature follicles, fibrosis of the cortex associated with fibrosis of vessel walls, cystic

atresia mature forms. We perform biopsy of histological samples of the ovary only in cases when the patients are indicated therapeutic-diagnostic laparoscopy as a part of the complex therapeutic measures.

Conclusions. It was estimated that the status of ovarian reserve correlated with the age of patients. In women under 34 normal ovarian reserve was present in 76%, between the ages from 34 to 38 years, only 30% of cases, and in all patients over 38 reduced or very low ovarian reserve was found. At very low ovarian reserve which is characterized by persistent menstrual irregularities, persistent elevation of FSH more than 15 IU / L and less 3 cm³ ovarian volume, and number of antral follicles not more 2, getting oocyte impossible, and the patient should be oriented to the use oocyte donors. We consider that pathological assessment of ovarian reserve is the most accurate predictor of IOR; its implementation is appropriate for women over 35 with prolonged infertility, as a complex of medical and diagnostic procedures measures.

Jörg Schulz

DEMENZ

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Weltweit nimmt die Anzahl von Demenzerkrankungen zu. Dabei beträgt der Anteil der degenerativen Formen (Morbus Alzheimer) bis zu 60 %. Gegenwärtig nimmt man an, dass in Deutschland 1,3 Millionen an Demenz erkrankt sind. Viel versprechende Untersuchungen über die Entstehung von neurodegenerativen Veränderungen haben noch nicht den therapeutischen Durchbruch ergeben. Während moderne bildgebende Verfahren eine Früherkennung zulassen (PET, MRT), sind Forschungen nach speziellen Indikatorproteinen, d.h. Biomarker, noch im vollen Gange.

Gegenwärtig werden in der klinischen Praxis die nichtmedikamentösen und medikamentösen Verfahren angewandt, wobei für die Behandlung der Alzheimer-Demenz zwei Medikamentengruppen zur Verfügung stehen. Das sind Memantine und Acetylcholinesterasehemmer. Die klinischen Studien zeigten auch Verbesserungstendenzen in der kognitiven Leistungsfähigkeit. Für die vaskuläre Demenz gibt es gegenwärtig kein zugelassenes Medikament.

Möglicherweise kann ein Krebsmittel – Bexaroten- typische Alzheimersymptome rückgängig machen. Diese Aussage kommt von US – Forschern, die im Tierversuch ein Rückgang der charakteristischen Eiweißablagerungen im Gehirn feststellen konnten. Inwieweit eine hoffnungsvolle Behandlung bei Menschen möglich ist, bleibt jedoch abzuwarten.