



***Abstract Book Of 19th International
Interdisciplinary Scientific Conference Of
Young Scientists And Medical Students***

***«Actual Problems Of Clinical And
Theoretical Medicine»***



BIOMEDICAL SCIENCES





Guz Elena, Al Bhadili Laith Mousen, Mabroad Aws Falah

CLINICAL SIGNIFICANCE OF PROSTAGLANDINS IN FORM OF COURSES OF BACTERIAL INTESTINAL INFECTIONS IN CHILDREN

**Research advisor: Dr.PhD Zharkova Tetyana
Kharkiv National Medical University
Department of children infection disiaes**

Actuality: Acute intestinal infections (II) are one of the most frequent infectious diseases for the children. Certainly, that clinical sings of any disease, including II, is determined by the reaction of mediators of inflammation, particular - interleukins and prostaglandins (PG). The PG are able to disturbs the dynamic balance of antioxidant activity of lipids and antioxidant system, change a peristalsis to the intestinal, vascular tone. However there are only single scientific works to the study of PG in forming of clinical variant of II.

The aim: to set the value of prostaglandin (PGE) and F2 α in forming of clinical variant of intestinal infections at children of early age

Materials and methods: We observed 198 children (1-3 years) with II, of which 131 - the smooth-like (SL) and 67-wavy-like (WL) course of the disease (98-shigellosis, 67-salmonellosis, 33-esherihiosis). The 25 healthy children were control group. All patients determined the levels of PGE and PGF2 α in the blood, on the 1-3 day after onset of the disease, then on 6-7 day and in case of WLII on 12-14 day. The levels of

PG of serum were investigated by Elisa test.

Results: We found that all patients had increased levels of PGE and PGF2 α in serum during disease that matches of activity inflammatory reaction of organism. In an acute period in patients with WLII the level of PGE (211,93 \pm 6,86) of blood is considerably higher and PGF2 α (65,69 \pm 2,07 pkg/ml) - below, than for children with SLII (PGE 206,38 \pm 4,79 pkg/ml, PGF2 α 74,73 \pm 3,74 pkg/ml). We consider that levels of PG of blood can be used as prognostic criteria of course of II on the early stage. In our opinion, exactly high level of PGE in a acute period of patients with WLII and weak activating of PGF2 α in blood is cause of development of more expressive inflammatory reaction in intestinal. This fact was confirmed by changes in caprological test.

On the 6 - 7 day we registered decline of levels of PGE and increase - PGF2 α in the serum for all patients, but for SLII was lowest level of PGE and highest level of PGF2 α in comparison with WLII. In our opinion, this fact shows to unfinished inflammatory reaction in the organism of children, this is impotent for stages rehabilitation and clinical



supervision of convalescents. At the period of early convalescent on 12-14 day of the diseases the levels of PG in patients with WLII were approached to the level of patients with SLII, but the time difference is 5-7 days.

Conclusion: In the acute period of II the levels of PG were increase, that conform the active phase of the system inflammatory reaction of organism. Determination

of concentrate of PG in blood of patients with II at the early stages and at the course of illness allows forecasting the variant of course. That will allow prescribing therapeutic tactics of patients more objectively. The high levels of PG in the convalescent period show to the unfinished inflammatory reaction in the organism. This fact we must consider on the stages of further rehabilitation.

Ilyukha S., Parkhomenko J.

THYROID STATE IN CASES OF PULMONARY TUBERCULOSIS

Research advisor: Matveyeva S., PhD, Candidate of Medical Sciences

Department of Phthysiology and Pulmonology

Kharkiv National Medical University, Kharkiv, Ukraine

Actuality. An epidemic situation on tuberculosis (TB) in Ukraine is characterized by the high level of relapses of the disease. Because TB is immunodeficient disease, and thyroid participates in forming of immunity, we made comparative study of thyroid state in new cases of TB and cases previously treated.

Aim. To study a thyroid state in patients with new cases of tuberculosis and previously treated cases.

Materials and methods. in 60 patients (30 persons with new cases of tuberculosis and 30 persons previously treated) echostructure of thyroid is studied, and also the levels of free thyroxine, thyroid stimulating

hormone are measured by immune-enzyme method in a blood stream.

Results. Pathology of echostructure of thyroid is diagnosed in 53, (33%) of new cases of tuberculosis and in 60 (66%) of cases previously treated. The level of free thyroxine was significantly lower and level of thyroid stimulating hormone was significantly higher in persons previously treated comparing with new cases. The percentage of autoimmune thyroiditis and the percentage subclinical hypothyroidism were higher in persons previously treated comparing with new cases.

Conclusions. The changes found is the ground for recommendation to screen thyroid



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