large number of published data on the negative impact of the learning process on the health of students, but these data are of one-sided, often contradictory, that makes it difficult to form objective representations of the dynamics of the emergence and development of health conditions of students.

Aim: to investigate the effectiveness of adaptation to learning activities information and under circumstances of psycho-emotional stress.

Methods and materials: the research was conducted with the first three years students of KhNMU in terms of the educational process that simulated the dynamic of information nature load. The structure of the experimental groups consisted of 52 first, 81 - second and 69 – third year students. Control group included 53 students who had just entered the first year. Study of the intersystemic integration of cardiorespiratory systems of the body and GNI was performed experimentally according to the specific pattern. For this purpose we developed the individual card research that reflected the parameters of functions that were investigated and recorded, as well as design parameters and anthropometric data of the patient at rest and after exercise. Dosed exercise was modeled on the 60Hz bicycle ergometer of 200W continuous power. An indicator of physical activity was the duration of the performance. The investigation parameters of the students hemodynamics are: heart rate, blood pressure (systolic, diastolic, pulse and average), systolic and diastolic blood volume were calculated. Respiratory function was assessed basing on indicators of functional samples inhale (Stange's test) and exhale (sample Ghencea). To evaluate the integrative brain function the duration of individual minute was defined. Intelligent load was modeled using the Ketel's test.

Results: the initial stages of studying are characterized by the formation of nonspecific emotional stress, which is manifested almost in all students and activates the formation of specific adaptive responses. After the 2nd - 3rd semesters there was a clear separation of students by implementing variants of adaptive responses: about 30% of students demonstrate adequate adaptation to educational process, 12-15 % of the students after nonspecific activation immediately transferred to the depletion of adaptive capacities, and more than 50% students demonstrate hyperadaptation that is the adaptation to the training load is excessive in nature. The last two groups of students eventually merge into one which is characterized by the depletion of adaptive capacities and the emergence of disorders of both mental status, and autonomic software.

Conclusions: 1. Thus, the giving data show that studying at the university in its present form combined with student's conditions, bear stressful characteristics and require express stress adaptation mechanisms. 2. The first three semesters of study are characterized by almost uniform increase in activity of adaptive processes in all medical students. Starting from the 3rd - 4th semester the part of polarization of adaptation process results is observed: the students go into adaptive optimum, and most demonstrate signs of adaptive mechanisms breakdown. 3. These phenomena require reforming of the higher education current system and the development of measures to prevent disorders of students health.

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MORPHOLOGICAL FEATURES OF SCOLIOSIS

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Introduction. Scoliosis is a medical condition in which a person's spine is curved from side to side. Although it is a complex three-dimensional deformity, on an X-ray,

viewed from the rear, the spine of an individual with scoliosis can resemble an "S" or a "?", rather than a straight line. Scoliosis is typically classified as either congenital (caused by vertebral anomalies present at birth), idiopathic (cause unknown, sub-classified as infantile, juvenile, adolescent, or adult, according to when onset occurred), or secondary to a primary condition. Secondary scoliosis can be the result of a neuromuscular condition or syndromes such as Chiari malformation.

Results. Recent longitudinal studies reveal that the most common form of the condition, late-onset idiopathic scoliosis, is physiologically harmless and self-limiting. The rarer forms of scoliosis pose risks of complications. The deformity may begin in the intervertebral discs producing distortions in the Epiphyseal cartilage which may influence the end of growth and therefore the deformity of the vertebrae, resulting in wedging and rotation of the vertebrae. People having reached skeletal maturity are less likely to have a worsening case. Some severe cases of scoliosis can lead to diminishing lung capacity, putting pressure on the heart, and restricting physical activities. The signs of scoliosis can include: •Uneven musculature on one side of the spine; • A rib prominence or a prominent shoulder blade, caused by rotation of the ribcage in thoracic scoliosis; •Uneven hips, arms or leg lengths; •Slow nerve action (in some cases). Adolescent idiopathic scoliosis has no clear causal agent, and is generally believed to be multifactorial, although genetics are believed to play a role. Congenital scoliosis can be attributed to a malformation of the spine during weeks three to six in utero It is a result of either a failure of formation, a failure of segmentation, or a combination of stimuli. Scoliosis secondary to neuromuscular disease may develop during adolescence, such as with tethered spinal cord syndrome. Scoliosis often presents itself, or worsens, during the adolescence growth spurt and is more often diagnosed in females than males. Scoliosis is defined as a spinal curvature of more than 10 degrees to the right or left as the examiner faces the patient (in the coronal plane). Deformity may also exist to the front or back (in the sagittal plane). Patients who initially present with scoliosis are examined to determine whether the deformity has an underlying cause. During a physical examination, the following are assessed to exclude the possibility of underlying condition more serious than simple scoliosis

Conclusions. During the examination, the patient is asked to bend forward as far as possible. This is known as the Adams forward bend test and is often performed on school students. If a prominence is noted, then scoliosis is a possibility and the patient should be sent for an X-ray to confirm the diagnosis.

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COMPARISON OF SURGICAL TECHNIQUES FOR PANCREATIC CANCER

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Introduction. Pancreatic cancer is a malignant neoplasm originating from transformed cells arising in tissues forming the pancreas. The most common type of pancreatic cancer, accounting for 95% of these tumors, is adenocarcinoma (tumors exhibiting glandular architecture on light microscopy) arising within the exocrine component of the pancreas. A minority arise from islet cells, and are classified asneuroendocrine tumors. The signs and symptoms that eventually lead to the diagnosis depend on the location, the size, and the tissue type of the tumor, and may include abdominal pain, lower back pain, and jaundice (if the tumor compresses the bile duct),