Azərbaycan Respublikası Səhiyyə Nazirliyi

Respublika Dövlət Elmi Tibb Kitabxanası

V.Y.AXUNDOVUN 100 İLLİK yubileyinə həsr edilmiş elmi-praktik konfransın tezislər toplusu

BAKI-2016

SBN-9952-8091-0-7

Azərbaycan Respublikası Səhiyyə Nazirliyi
Respublika Dövlət Elmi Tibb Kitabxanası

VƏLİ YUSİF OĞLU AXUNDOVUN

100 illik yubileyinə həsr həsr edilmiş

elmi-praktik konfransın tezislər

Elmi redaktor: prof.t.e.d. N.M.Kamilova

Redaktor müavini: Y.U.Pirəliyeva

Tərtibçi: K.R.Rəsulova

BAKI-2016

deformation of the walls of the bronchi according to X-ray computed tomography of the lungs, production of thick mucopurulent phlegm, contamination of the tracheobronchial tree by Pseudomonas aeruginosa to remission of the disease were specified. Interaction of clinical paraclinic predictors of chronic bronchitis, obliterating bronchiolitis, interstitial disease of the lungs with pathomorphological markers of remodelling of the lungs was proved.

Outcomes. The research findings have made it possible to enhance diagnosis of risk of development of bronchopulmonary dysplasia in premature children and have become the basis for introduction of effective suitable for application algorithms of prognosis and prevention of outcomes of bronchopulmonary dysplasia.

Shklyar A.S., Barchan A.S., Khomchenko M.A.,
Pchelnikova O.Yu., Omarova O.N.

Human body weight. anthropometric estimate at the stages of postnatal ontogenesis: osseous component

Kharkiv national medical university Health Ministry of Ukraine
Kharkiv Medical Academy Postgraduat Health Ministry of Ukraine

The purpose of the work was to increase the accuracy of body weight osseous component estimate while considering absolute amount of osseous tissues and ectomorphic component with the entry of regional age-sex indices.

The materials of the research were the results of the direct anthropometry, performed by means of specific program among more than 1300 individuals, stratified on the feature of ontogenetic period.

Our worked up methodology is based on the problem, which is solved by the following: the common way of estimation of component analysis of human body weight includes anthropometry according to linear and volumetric indices with further calculation of relative content of body weight osseous component. According to the methodology, the body length (H, sm) and its weight (BW, kg) is measured and the height-weight index (I_{HW}) is calculated, as well as the width of distal epiphysis of shoulder (s_1, sm), forearm (s_2, sm), thigh (s_3, sm), shin (s_4, sm). Having calculated its mean value according to the $\delta=(s_1+s_2+s_3+s_4)/4$ formula, the absolute mass of osseous tissues is designated (M_{AO}, kg) according to the $M_{AO}=\delta^2\times H\times 1,2/1000$ formula. Then the estimation of osseous component is made according to ectomorphic index (M_{OT}), which is calculated on the $M_{OT}= I_{BW}\times X_1-X_2$ formula, considering the appropriate regional age-sex coefficients (X_1-X_2) and variability (SD) of ectomorphic index $M_{OT}\pm SD_{OT}$ and absolute amount of osseous tissues $M_{AO}\pm SD_{AO}$ (Pat. №78523 U, Ukraine).

On each of the examined individuals, based on the data of their direct anthropometry, the absolute mass of osseous tissues (M_{AO}) and ectomorphic index (M_{OT}) have been calculated similar to the example, mentioned above, and by means of accumulated database in the EXEL software environment. It assisted in identification as for ontogenetic harmonicity of body weigh osseous component; relative and absolute indices of frequency of this phenomenon have been designated. The analysis of the data shows that sex differences are characterized by the reliable ($p<0,01$) higher prevalence of ontogenetic disharmony of body weigh osseous component among individuals of male sex in the VI and VII ontogenetic period, whereas in the preadult age, the frequency of disharmonic variants among individuals of male and female sex is not reliably different. High frequency of disharmony of body weigh osseous component among individuals of female sex is evident in the first period of the mature age (25,0±4,0% among women and 10,5±2,9% among men, respectively, $p<0,001$). Generally, among 1372 individuals the frequency of disharmony of body weigh osseous component varied from 8,0±2,1% (individuals of female sex in the period of the second childhood) to 25,0±4,0% (women of mature age). Among individuals of male sex the frequency of disharmonic types varied from 10,5±2,9% to 17,3±2,5%.

Conclusion. On he basis of the direct anthropometry the regularities of body weigh osseous component formation were detected at the stages of postnatal ontogenesis, which became apparent by different frequency of disharmony of body weigh osseous component due to osseous component, first and foremost, among individuals of female sex. Judging by the example and the results of generic implementation of accumulated anthropometric data, the development of traditional methodology of anthropometry, and the substantiated innovative methodology, in particular, it is possible to ensure determination of ontogenetically disharmonic body build due to body weigh osseous component , taking into account the ontogenetic features. Estimation of ontogenetic disharmony of body weigh osseous component is related to anatomy, topographic anatomy, multiple clinical disciplines and may be used while considering the ontogenetic features of the body build in estimation of component analysis of its weight. The findings explain the age-sex differences in the frequency of dysfunctions formation, prenosological and nosologically explained pathological state as manifestations of general process of growth and development in postnatal ontogenesis.

Shklar A.S., Danylchenko S.I.

Coordinate anatomy of kidney in ontogenesis: organometric characteristics at young age

Kharkov national medical university (Kharkiv)
**Petro Mohyla Black Sea State University (Mykolaiv)*

Research in the field of renal clinical and individual anatomic variability of the renal portal has recently became crucial in connection with the implementation of minimally invasive organopreserving techniques and current methods of pre-surgical imaging of kidneys into nephrology and urology therapy. Endoscopic interventions on kidneys have led to significant decrease in the frequency of postoperative complications and reduce in duration of the postoperative period. In addition, the organopreserving surgical interventions on kidneys remain the subject of choice in surgical treatment of squamous cell carcinoma in patients with only one kidney, as well as in the case of apparent contralateral or bilateral renal lesions. In this way individual studies have proved that oncospecific five-year survival rate accounts for 100% after organopreserving operations on kidneys and 97,3% in case of radical nephrectomy. The anatomic basis for the development of surgical interventions, including the cases of organopreserving operations, is the idea about anatomical variability and patterns of the kidney structure, particularly, the shape and location of the renal portal.

Purpose. The research is aimed to define the organometric renal parameters as well as morphometric indices of renal portal in human ontogenetic group of 20-29 years.

Object and methods. 23 kidneys, taken from the dead bodies, aged 20-29 years, of both gender, who died as a result of accidents or died for the reasons not associated with renal diseases served as morphological material for study of renal portal anatomy on the stages of postnatal ontogenesis. The cadaver specimens have been studied in conditions of postmortem morphometry, based on Poltava Regional Medical Examination Bureau. The background material and morphometric data related to the anatomy of renal portal organometry and somatometry, obtained at defferent stages of the study, have been examined, taking into conideration ontogenetic periods according to the scheme of age periods of human ontogenesis. At the same time, a standardized age distribution pattern has been used to implement the outcomes into clinical practise in compliance with WHO recommendations (WHO, 1978-2000). Renal organometry has been performed according to the parameters of kidney height (L_H, mm), width (D_H, mm), thickness (P_H, mm) with measurement of anatomical section plane (S_H, mm^2), using the point contact method, and kidney volume (V_H, dm^3); surgical micromere with measurement precision up to 0,1 mm, point contact method and renal volumetry according to M.P. Burykh has been used. Kidney length (L_H) has been measured in mm as the distanse from the most remote points between its upper and lower pole , and the width ($D_П$) has