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

# **АКТУАЛЬНІ ПИТАННЯ СУЧАСНОЇ МЕДИЦИНИ**

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імені В.Н. Каразіна



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молодих вчених та фахівців

# **АКТУАЛЬНІ ПИТАННЯ СУЧАСНОЇ МЕДИЦИНИ**

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# **TOPICAL ISSUES OF MODERN MEDICINE**

ABSTRACTS  
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well as in children with chronic health conditions. However, there has been a recent reduction of the PA levels among children for various reasons. Due to medical limitations and contraindications, some children don't have enough PA and intensity of exercise. It is important to assess the exercise tolerance of the child in order to recommend the intensity of exercise as healthy children as and those with chronic pathology. A generalized indicator of responses of the adaptive nature of the organism is the condition of the cardiovascular system, whose activity is provided by adequate reactions of the autonomic nervous system.

**The aim of this study** was to investigate tolerance to physical activity in children with chronic health conditions.

**Material and methods.** The 58 children (boys – 67,2 %; girls – 32,8 %) from 8-17 years with different somatic pathology were observed. The patients were divided into groups: 1 group (1 gr.) - 23 children with the endocrine pathology, the 2nd group (2 gr.) - 23 children with the cardiac pathology, and control group (CG) – 12 healthy children. The study was conducted by survey with the aim of finding risk factors and determination of cardiac activity and condition of autonomic nervous system (ANS) (Ruffier-test, Kerdo Index, orthostatic assessment). Statistical analyses were performed with a statistic package “Exel”.

**Results.** According to Ruffier test 69,5 % of children from the 1 gr. had unsatisfactory indexes (USI) and 30,5 % had well and satisfactory indexes (SI). 47,8 % of children from the 2 gr. had weak indexes and 8,7 % USI, the other 43,4 % children - SI and well indexes. In CG: weak – 25,1 %, SI and well - 74,9 % of children. According to Kerdo Index interpretation in patients of all groups were sympathetic predominance of ANS (1 gr. – 81 %, 2 gr. – 73,9 %, CG - 66,6 %). According to orthostatic assessment, in patients of 1gr. 27,6 % had hyperdiastolic reactions, that characterizes unsatisfactory adaptation reserves of organism; in 23,4% were asympathetic and 31,9 % were asthenosympathetic, that indicates insufficient vegetative providing; and just 10,6 % had normal response of ANS. In patients with cardiac pathology (2 gr.), the reaction of ANS was with the same frequency (33,3 %) - hyperdiastolic, asympathetic and asthenosympathetic reactions, normal response.

**Conclusion.** A significant part of children with both group found a decrease in the adaptive capacity of the cardiovascular system, as evidenced by the low results of Ruffie's test and inadequate vegetative activity. But in children with endocrine pathology, these disorders can remain undiagnosed. We recommend that in children with endocrine pathology should be considered an exercise tolerance and condition of ANS for early intervention to improve results of management.

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### A CASE OF UNEXPLORED DYSPEPSIA

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**Introduction.** Dypepsia is a chronic disorder of sensation and movement (peristalsis) in the upper digestive tract. Based on modern concepts, dyspepsia should be interpreted in two ways - both as a syndrome and as an independent nosological form. To designate dyspepsia as a preliminary diagnosis, that is, to describe a dyspeptic symptom complex in a primary patient, it is recommended to

use the term “unexplored dyspepsia”. This primary syndromic diagnosis requires either empirical symptomatic or anti-*Helicobacter pylori* treatment, or further examination of the patient, especially esophagogastroduodenoscopy (EGDS) in order to establish organic or functional causes of dyspepsia.

**Clinical case.** The man, 49 years old, with complaints of constipation up to 5 days, pain in the upper abdomen, persistent, decreasing after eating, feeling of bloating in the epigastric region after eating, 12 kg weight loss since April 2018. Was repeatedly examined, took treatment without a pronounced effect. Anamnesis vitae is unremarkable. Physical examination: BMI = 24 kg / m<sup>2</sup>. The tongue is wet, at the root is coated with white bloom. On palpation, the abdomen is soft, painless. On auscultation, the abdominal intestinal peristalsis saved. Stool - a tendency to constipation, last stool 2 days ago with a laxative. The rest of physical examination is unremarkable. EGDS (02.01.19) shows: Chronic superficial antrum gastritis. Papular antral gastropathy 1 degree. Colonoscopy (28.08.18): dolichosigma, hypomotor syndrome. CT scan of the abdominal organs (30.10.18): pathological lesions in the projection of the stomach and intestinal loops are not defined. Clinical diagnosis: Unexplored dyspepsia dyspepsia: postprandial distress syndrome, syndrome of epigastric pain. Irritable bowel syndrome with constipation with colon dyskinesia of hypomotor type.

Pharmacological treatment: Omeprazole 20 mg twice a day, domperidone 10 mg thrice a day.

Taking into account the presence of “red flag” such as significant mass loss in association with non-conclusive results of EGDS we highly recommend patient to undergo EGDS with biopsy and rapid urease test to confirm the diagnosis of chronic gastritis and clarify its type in order to prescribe optimal therapy.

**Conclusion.** Dyspepsia is a common, long-recognized condition with a number of upper abdominal symptoms. But diagnosing this condition requires exclusion of organic diseases of digestive tract.

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### **THE DEVELOPMENT OF ATHEROSCLEROSIS IN A PATIENT WITH DIABETES MELLITUS**

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**Introduction.** Numerous studies have shown that patients with diabetes mellitus have accelerated atherosclerotic vascular disease, and major advances in understanding its pathogenesis have made. Violation of glycemic homeostasis has a direct stimulating effect on the formation, increase in the number and size of atherosclerotic plaques. Factors that may play an important role in the more rapid progression of atherosclerosis in patients with diabetes mellitus: inflammation, neovascularization and hemorrhage inside plaques. As a result, patients with diabetes mellitus and coronary heart disease are subject to higher morbidity and mortality have compared with patients without diabetes.