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АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА ПРАКТИЧНОЇ МЕДИЦИНИ

Topical Issues of Clinical and Theoretical
Medicine

Збірник тез доповідей
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with using two standard methods: transvaginal sonography and transabdominal scanning techniques with full bladder. The ultrasonic sensor is introduced into the vagina, directing the front arch, while trying not to put pressure on the neck, so as not to cause her artificial extension. After receiving the sagittal cut cervical mucous echogenic used to determine the internal endocervical cells. To measure cervical length linear sliders placed on a triangular echogenic area external os and V-shaped slot inner eye. Each survey took about 2-3 minutes.

Statistical analysis of the data was performed using parametric methods of statistical computer programs

Results. The dynamics of the state of the cervix in multiple and singleton pregnancy using transvaginal sonography. Revealed distinctive feature state of the cervix with twins, that is more rapid reduction of cervical after 24 weeks compared with singleton pregnancy. Developed ultrasound cervical length criteria for early formation of an increased risk of preterm delivery among patients with twins. Developed standards cervical length for each gestational period in twins.

When analyzing the individual values of cervical length in patients with twins and preterm delivery, we found a clear correlation dynamics of the cervix in these terms for a period of spontaneous labor. By 22-24 weeks of gestation dynamic changes in the cervix was virtually identical. However, since this term (22-24 weeks) in patients who had labor to 32 weeks, the rate of cervical shortening was more pronounced: 5.53 mm / week. against 2.33 mm / week. in women who had labor in 32-35 weeks. In terms of labor in 32-35 weeks cervical length was $28 \pm 3,8$ mm in 25-27 weeks and preterm labor at 32 weeks cervix was 1.47 times shorter - $19 \pm 3,2$ mm. Thus, the earlier attacked at birth twins, the more important were changes in the cervix that manifested not only shortening it, but V- or U -shaped opening of the internal os. In patients with multiple pregnancy who had preterm labor, as in patients who have had a period, we found no significant differences in the length of the cervix of the women with first and second pregnancy and depending on the type of placentation (mono and double dyhorionic). The exceptions were 3 (2%) patients with monohorionic double sharp shortening of the cervix (up to 13-15 mm) in 25-27 weeks, which is not due to the type of placentation, and the presence of polyhydramnios expressed in one of the fetus of the syndrome fetofetal transfusion heavy degree, which makes it difficult to 15% monohorionic twins. Installed "critical" periods (22-24 weeks) when it is necessary to conduct research cervix to determine the degree of risk of preterm birth. With a length of cervix <34 mm in 22-24 weeks increased risk of preterm birth before 36 weeks; of the risk of preterm birth at 32-35 weeks is cervical length <27 mm, the criterion of risk "early" preterm birth (before 32 weeks) - <19 mm.

THE OSTEOTOMY OF THE KNEE DEFORMATION AFTER GONARTHROSIS (ARTHROSIS OF THE KNEE)

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The knee joint is comprised of three bones: the thigh bone (femur), the shin bone (tibia) and the kneecap (patella). In case of arthrosis, in most cases female had problem with the cartilage deteriorates and the bones start rubbing directly against each other. The result is joint pain, which worsens day by day, and limits motion.

AIM: the role of osteotomy of the tibia bone is to remove the bone syndrome and remove they deformity which was rubbing directly against each other and scratching cartilage .

Result:

in Sumy region In CMCH with we had 96 case during 2013-2015 of osteotomy of tibia bone and fixation of it with palate it is one of the good method with a good result we have done 85 women and and 9 men we had 99% good result with our patients.

Conclusion: Osteotomy is best method for controlling and not let to improve the pain syndrome and more deformities in patient with gonarthrosis or knee arthritis.

RELATIONSHIP BETWEEN ABNORMAL PLACENTATION AND PREVIOUS CAESAREAN SECTION

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Abnormal implantation of placenta *previa* is life-threatening condition. The increased incidence of placenta praevia in the last decade may be the result of increasing caesarean delivery rates during this period or the more widespread use of ultrasonography for detecting placenta praevia.

Aim: The purpose of this study was to assess relationship between previous Caesarean section and subsequent development of placenta praevia

Methods: This analytical study was conducted in the Sumy City Maternity Hospital №1 during 2010-2014 years. 252 pregnant women were included in this study, - 38 (15,1%) with history of previous Caesarean sections. These patients were divided into two groups. Group A with previous one Caesarean section, group B with previous, two Caesarean sections. The diagnosis is usually established by ultrasonography and occasionally supplemented by magnetic resonance imaging (MRI).

Results: Out of 252 cases placenta praevia was diagnosed in 14 cases (5,6%). All patients with abnormal implantation of placenta *previa* were analyzed prospectively. 11 (5,1%) from pregnant women without history of previous Caesarean sections were found to have placenta praevia. Group A included 28 patients and 2 (7,1%) were found to have placenta praevia. In Group B 10 patients were studied and placenta praevia was diagnosed in 1 (10%) of them.

Conclusion: It was confirmed that previous caesareans increase the risk of placenta praevia and the risk is proportional to the number of previous Caesarean sections.

CAUSES OF ACUTE UPPER GASTROINTESTINAL BLEEDING IN NIGERIA

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Upper gastrointestinal bleeding (UGIB) is one of the commonest gastrointestinal emergencies.

The aetiology of UGIB differs throughout the world, reflecting geographical differences in common disease states. In South and Central Africa, and in most of the developing world, a bleeding peptic ulcer is the commonest cause of bleeding from the upper intestinal tract, but there are parts of East Africa and India where bleeding varices as the result of portal hypertension are more common. They may be the result of cirrhosis of the liver, schistosomiasis causing noncirrhotic periportal fibrosis, or extrahepatic portal vein obstruction. Other causes of bleeding include stress ulcers, hiatus hernia, uraemia, gastric carcinoma, a tear in the lower oesophagus following a forceful vomit (the Mallory-JWeiss syndrome), and multiple shallow erosions following aspirin or some other drugs.

Aim This study was carried out to determine the aetiology and management outcome of patients with UGIB presenting at our facility located in Southwest Nigeria and compare them to the few studies done in the Northern part of the country and other parts of the world.

Materials and methods: 67 patients who presented with UGIB and underwent upper gastrointestinal endoscopy at the Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Southwest Nigeria, were retrospectively studied, relevant data extracted and analysed.

Results: The demographic data of the patients showed a mean age of 41.84± 12.81 years, (ages ranged from 17 to 75 years), 40 (59.7%) were males, while 27 (40.3%) were females giving a male to female ratio of 1.5:1. Clinical presentations included haematemesis and melena in 26 (38.8%), followed by haematemesis in 22 (32.8%) and melena in 19 (28.4%) of the patients. Antral mucosal erosions were the commonest cause of UGIB (49%) in this study, this finding was contrary to the earlier reports from the studies in the Northern part of Nigeria, Egypt and Tanzania where variceal