

МІНІСТЕРСТВО ОСВІТИ ТА НАУКИ УКРАЇНИ
СУМСЬКИЙ ДЕРЖАВНИЙ УНІВЕРСИТЕТ
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АКТУАЛЬНІ ПИТАННЯ
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ЗБІРНИК ТЕЗ ДОПОВІДЕЙ
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roentgenologic complex «OperaT» (General Medical Merate GMM, Italy). Dorso-plantar and profile projection images were evaluated for diabetic osteoarthropathy early diagnostics.

Results and discussions. According to obtained data about foot tilt angle (α), in the first group 81,7% patients had mild changes (I stage), 12,1% - moderate (II stage), 3,1% - severe (III stage of flatfoot). In the second group I stage of flatfoot was diagnosed in 70,6% of patients, II stage – in 23,6% and III stage – in 2,9%. In the 0 group only 23,3% patients had I stage of flatfoot and 76,7% - normal foot tilt angle. The calcaneus tilt angle (γ) was normal in 100% patients among 1, 2 and 0 groups. The arch height (h) was normal only in 3,1% of the patients in 1 group, 2,9% - in 2 group and 76,7% in 0 group. Only 3,1% patients in 1 group and 2,9% in 2 group had normal anatomical and structural characteristics compared.

Conclusions. According to the obtained data roentgenologic quantitative indexes, which include relation between height of the arch, foot length, width, foot tilt and calcaneus tilt angle, can be used as early criteria of screening diagnostics of Charcot osteoarthropathy in practice.

OPTIMIZATION OF ANTICOAGULATION IN PATIENTS WITH ATRIAL FIBRILLATION

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Introduction: Anticoagulation with vitamin K antagonist (VKA) has been an enduring gold standard for stroke prevention in AF as well as for the prophylaxis and long-term treatment of venous thromboembolism. But the potential for serious bleeding complications of the drug remains a problem for the safe use of drug.

Aim: Examine the prevalence of thromboembolic and bleeding complications in patients with non-valvular atrial fibrillation who were receiving warfarin in Ukraine (Sumy) and who were receiving apixaban in Italy (Foggia).

Metarials and methods. 35 Ukrainian patients were recruited between July 2015 and September 2016 and 25 Italian patients were observed during the period October 2016- February 2017. They were divided into two groups: firsts group of patients who were taking warfarin and second group of patients who were taking apixaban. We used the CHA2DS2VASc score to assess the risk of thromboembolic complications (TEC), scale HAS-BLED to assess the risk of bleeding, control of laboratory parameters (blood count, creatinine, glomerular filtration rate (GFR) by MDRD, coagulation).

Results. The majority of patients (82%) were aged from 65 to 70 years. Apixaban 5 mg twice daily reduced stroke or systemic embolism by 21% compared with warfarin, combined with a 31% reduction in major bleeding and an 11% reduction in all-cause. Rates of haemorrhagic stroke and intracranial haemorrhage, but not of ischaemic stroke, were lower on apixaban.

Conclusions. Both VKAs and NOACs are effective for the prevention of stroke in AF. Therefore, we recommend targeting the INR between 2.0 and 3.0 in patients on VKAs, maintaining a high TTR (e.g. $\geq 70\%$), and to consider switching to a NOAC when a high TTR cannot be sustained. Apixaban dosing should follow the dose-reduction criteria evaluated in the clinical trials, considering renal function, age, and weight. Patient information and empowerment, best delivered through integrated AF management, seem paramount to achieve this goal.