

информационного и коммуникационного пространства электронного здравоохранения в России.

## **СПИСОК ИСТОЧНИКОВ**

1. Паспорт национального проекта «Здравоохранение» (утв. президиумом Совета при Президенте РФ по стратегическому развитию и национальным проектам, протокол от 24.12.2018 N 16) // [https://www.consultant.ru/document/cons\\_doc\\_LAW\\_319209/](https://www.consultant.ru/document/cons_doc_LAW_319209/) (дата обращения: 11.01.2022).
2. Готовность населения к экономическому поведению в условиях электронной экономики: проблемы электронного здравоохранения / Т. Н. Беляцкая, О. М. Маклакова // Цифровая трансформация. – 2019. – № 2 (7). – С. 13-28.
3. Перспективы электронного здравоохранения в России // rostec.ru: ежедн. интернет-изд. 2017. 28 сен. URL: <https://rostec.ru/news/4519101/> (дата обращения: 27.02.2022).
4. Перспективы и риски телемедицины: результаты социологического опроса / И. В. Богдан, М. В. Гурылина, Д. П. Чистякова // Социология и общество: традиции и инновации в социальном развитии регионов. Сборник докладов VI Всероссийского социологического конгресса. – 2020. – С. 2543-2549.
5. Можно ли доверять телемедицине? Мнение россиян / anketolog.ru. 2020. 28 мая. URL: <https://iom.anketolog.ru/2020/05/27/telemedicina-2020> (дата обращения: 20.10.2021).
6. Временные методические рекомендации: профилактика, диагностика и лечение новой коронавирусной инфекции (COVID-19). Версия 14 (27.12.2021). URL: [https://static-0.minzdrav.gov.ru/system/attachments/attaches/000/059/041/original/BMP\\_COVID-19\\_V14\\_27-12-2021.pdf](https://static-0.minzdrav.gov.ru/system/attachments/attaches/000/059/041/original/BMP_COVID-19_V14_27-12-2021.pdf) (дата обращения: 20.02.2022).

## **Сведения об авторах**

С.Е. Савельева - студент

Л.А. Скороходова - кандидат экономических наук, доцент

## **Information about the authors**

S.E. Savelyeva - student

L.A. Skorokhodova - Candidate of Economic Sciences, Associate Professor

УДК: 616.591

## **СИНДРОМ СУХОЙ КОЖИ (ССК)**

Самохина Виктория Сергеевна<sup>1</sup>, Тимеева Лидия Владимировна<sup>2</sup>, Мусина Олеся Ракибовна<sup>3</sup>

<sup>1-3</sup>ФГБОУ ВО «Уральский государственный медицинский университет» Минздрава России, Екатеринбург, Россия

<sup>1</sup>S.Vika2003@yandex.ru

## **Аннотация**

**Ведение.** На сегодняшний день значительная доля внимания уделяется внешности, эстетике и красоте. Не стоит забывать, что красота начинается со здоровья, а за его внешнее состояние отвечает кожный фактор. Мы не столь часто следим за состоянием кожи, что приводит к ее истончению, шелушению, покраснению или более серьезным клиническим проявлениям проблем. Но любые проблемы становятся явными опосредованно состоянием поверхностного покрова тела человека.[3] **Цель исследования** - рассмотреть клинические аспекты сухости кожи, а также методы ее увлажнения и реабилитации кожных покровов в соответствии с международным методологическим стандартом дерматовенерологии и косметологии.

**Материалы и методы.** Теоретические методы: анализ литературы, представленной для исследования; обобщение; сравнение и систематизация эмпирических и теоретических данных. Эмпирические методы: изучение различных источников информации; анализ полученной информации.

**Результаты.** Оценка состояния кожи является важнейшим условием общей врачебной оценки состояния здоровья больного. Причинами Синдрома Сухой Кожи являются как экзогенные, так и эндогенные факторы (генетические).[5]

**Обсуждение.** Для сухой кожи характерно патологическое шелушение, наличие мелких трещин, утолщение кожи и ее шероховатость (лихенификация). При длительном зуде роговой слой может утолщаться и пигментироваться, что приводит к видимым поражениям кожи. Возрастные изменения также могут негативно сказываться на состоянии кожи как внешне, так и внутренне, являясь причиной синдрома.[2] Исследованиями установлено, что 75% людей старше 70 лет имеют сухую кожу, что приводит к образованию микротрещин.[4]

**Выводы.** Синдром сухой кожи — полиэтиологическое состояние, значительно ухудшающее качество жизни. Для предотвращения появления симптомов Синдрома Сухой Кожи необходимо тщательно следить за здоровьем, защищать нежную кожу от воздействия окружающей среды и болезнетворных микроорганизмов и увлажнять.[7]

**Ключевые слова:** сухость, кожа, симптомы.

## **DRY SKIN SYNDROM (DSS)**

Viktoria S. Samokhina<sup>1</sup>, Lydia V. Timeeva<sup>2</sup>, Olesya R. Musina<sup>3</sup>

<sup>1-3</sup>Ural State Medical University, Yekaterinburg, Russia

<sup>1</sup>E-mail: S.Vika2003@yandex.ru

### **Abstract**

**Introduction.** Today a significant proportion of attention is paid to appearance, aesthetics and beauty. Do not forget that beauty begins with health, and the skin factor is responsible for its external condition. We do not take care of the skin as often, which leads to thinning, flaking, redness, or more serious clinical manifestations of problems. But any problems become apparent indirectly by the state of the surface cover of the human body.[3] **The aim of the study** - to consider the clinical aspects of dry skin, as well as methods for moisturizing and rehabilitating the skin in accordance with the international methodological standard of dermatovenereology and cosmetology. **Materials and methods.** Theoretical

methods: analysis of the literature submitted for the study; generalization; comparison and systematization of empirical and theoretical data. Empirical methods: study of various sources of information; analysis of the received information. **Results.** Evaluation of the skin condition is the most important condition for the overall medical assessment of the patient's health status. The causes of Dry Skin Syndrome are both exogenous and endogenous factors (genetic).[5] **Discussion.** Dry skin is characterized by pathological peeling, the presence of small cracks, thickening of the skin and its roughness (lichenification). With prolonged itching, the stratum corneum may thicken and become pigmented, leading to visible skin lesions. Age-related changes can also negatively affect the condition of the skin both externally and internally, causing the syndrome. Studies have found that 75% of people over 70 have dry skin, which leads to the formation of microcracks.[4] **Conclusions.** The Dry Skin Syndrome is a polyetiological condition that significantly impairs the quality of life. To prevent the symptoms of the Dry Skin Syndrome, you need to carefully monitor your health, protect delicate skin from environmental influences and pathogens, and moisturize.[7]

**Key words:** dryness, skin, symptoms.

## **INTRODUCTION**

Today attention is paid to appearance, aesthetics and beauty. People strive to look good every day by wearing the best clothes and doing makeup. But one should not forget the beauty begins with the health and the skin is visually responsible for the manifestation of health.[6]

The skin is the outer covering of the human body, which acts as a barrier between the human body and the environment. This means that the protection of the body from various pathogens directly depends on its condition.[7]

We do not often monitor the condition of the skin, which leads to its thinning, peeling, redness or more serious clinical manifestations (frostbite, burns). But the problems, present inside the human body with a prevailing frequency, manifest themselves precisely through the condition of the skin (eczema, dermatitis, allergic reactions).[7]

**The aim of the study** - to consider the clinical aspects of dry skin, as well as methods for its moisturizing and rehabilitation of the integument in accordance with the international methodological standard of dermatovenereology and cosmetology.

## **MATERIALS AND METHODS**

To achieve the aim and its verification, the following research methods are considered:

Theoretical methods:

1. Analysis of the literature on the research problem;
2. Generalization;
3. Comparison and systematization of empirical and theoretical data.

Empirical methods:

1. Study of various sources of information;
2. Analysis of the information received

## **RESULTS**

Evaluation of the skin stipulation is the most important condition for the overall medical assessment of the patient's health status. No wonder the great Gebra said: "All therapy originated from dermatology." [5]

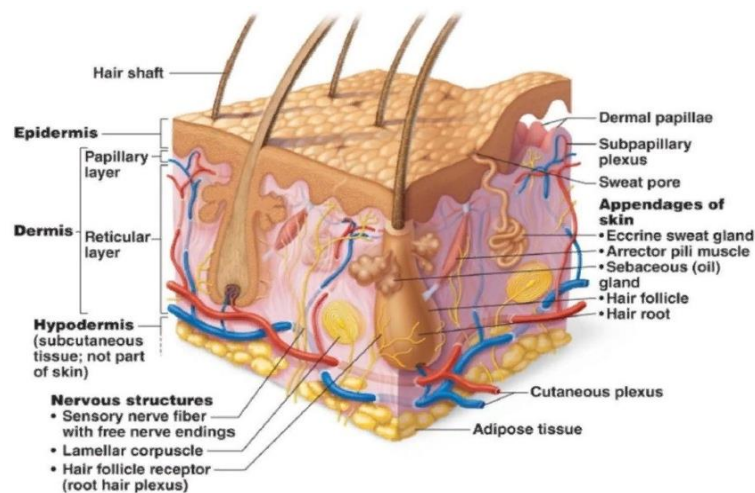
Dry skin is a common skin condition. There is function downgrade of the sebaceous and sweat glands and as a result decrease in moisture in the dermis and epidermis. The Dry Skin Syndrome can be result of exogenous factors (domestic and environmental conditions) or manifestation of endogenous disorders (genetic, hormonal and immune). [3]

Clinic of some malignant diseases (lymphomagranoelomatosis), infectious lesions (HIV / AIDS, viral hepatitis), mental disorders (psychogenic anorexia), the presence of parasites in the body (ascorids, worms), intestinal disorders (reduced levels of lactobacilli in the intestinal microflora), endocrine pathology (diabetes mellitus), renal failure, cholecystitis may be accompanied by acquired dry skin. And also the Dry Skin Syndrome is a consequence of the manifestation of side effects from using of certain pharmaceuticals. For example, externally or internally applied retinoids (roaccutane), benzoyl peroxide (effisel), azelaic acid (skinoklir, azelic) lead to severe dryness of the treated areas of the skin, and the use of vitamins (especially nicotinic acid), statins and diuretics leads to generalized dryness. [3]

Causes of the Dry Skin Syndrome. The most common of the acquired group: improper daily skin care (substances contained in soaps, shower gels and shampoos disrupt the functioning of the sebaceous glands) or the adverse effects of climatic conditions (insolation: UVA and UVB rays lose the ability to bind water to collagen and elastic fibers), contact of chemically aggressive substances with the skin (when swimming in a pool with chlorinated water, the protective substances that ensure the normal state of the epidermis are destroyed and washed out under the influence of chlorine). [3]

Constitutionally dry skin is caused by genetic mutations that lead to structural and functional disorders in the surface layers of the epidermis. These changes in the skin as a rule accompany patients from the moment of birth until old age and the influence of harmful environmental factors and poor lifestyle can exacerbate the degree of manifestation of dry skin. [6]

The surface barrier (stratum corneum) is formed by stratified keratinized epithelium. The plates of the epithelium are fastened, and its surface is lined with sphingolipids. Fatty acids stabilize the stratum corneum. Without the preservation of the lipid layer, the epidermis quickly loses moisture, easily dries out and collapses. Inflammation develops. In addition, the lipid layer ensures the preservation of the so-called "acid mantle" (Marchioni mantle) of the skin. Acid mantle - an additional barrier, there are live natural microbes of the skin (Staphylococcus epidermidis and lactobacilli), competing with pathogens. Drying of the skin and violation of the acid mantle is accompanied by the colonization of the skin by fungi and pathogenic microbes. [6]



Pic.1. Skin.

Often dry skin is a prerequisite for the development of various skin inflammatory diseases such as atopic pyoderma, eczema, diathesis. Dry skin is one of the conditions for the occurrence of atopic dermatitis (childhood eczema), folliculitis.[1]

### DISCUSSION

Clinical manifestations. Dry skin is characterized by pathological peeling, the presence of small cracks, thickening of the skin and its roughness (lichenification). With long-term itching, if it is accompanied by scratching and rubbing, the stratum corneum can thicken and become pigmented, which leads to visible lesions of the skin that affect the aesthetic appearance.[1]

Age-related changes can also adversely affect the condition of the skin both externally and internally, being the cause of the syndrome: at the age of 2 to 8 years old, there is a period of minimal activity of sex hormones (estrogen, testosterone, progesterone, cortisol) and reduced production of sebum by the sebaceous glands. Studies have determined that 75% of people over the age of 70 have dry skin, which leads to the formation of microcracks. Dryness of the skin is explained by involutive dystrophic processes occurring in the skin and a decrease in the level of sex hormones that are responsible for stimulating the sebaceous glands.[4]

### CONCLUSION

The Dry Skin Syndrome is a polyetiological condition that significantly worsens the quality of life. Even if the syndrome is determined not genetically and has developed as a result of violations of skin care, the sunlight exposure and other external factors, it can culminate in the formation of pronounced dermatitis. To prevent the onset of symptoms of the Dry Skin Syndrome health must be monitored carefully, delicate skin should be protected from environmental influences and pathogens and moisturized.[7]

### LIST OF SOURCES

1. Khabif T. (ed.) Clinical dermatology. 5th edition. – St. Louis, Mocby, 2009
2. Leiber B., Olbrich G. (Hrsg.) Die klinischen Syndrome. - Munich: Urban and Schwarzenberg, 1993. - Bd. one,

3. Vasilevsky I.V. Clinical and pharmacological approaches to the development of the disease in newborns and infants // Zdravookhranenie. - 2011. - No. 1. - P. 46–51.
4. Kotlukov V.K., Kuzmenko L.G., Antipova N.V. The use of external dermatological products of the Bepanthen series in children of the first years of life // Consilium Medicum. - 2010. - No. 2. - P. 64–67.
5. Ebner F., Heller A., Rippke F., Tausch I. Topical application of dexpanthenol in skin diseases // Amer. J. Clinic. Dermatol. - 2002. - Issue. 3. - S. 427-433.
6. Ivanova N.A., Kostrakina L.N. Experience with the use of Bepanthen and Bepanthen Plus in the treatment of atopic dermatitis in children // Consilium Medicum. - 2005. - No. 7. - P. 31–33.
7. Biro K., Thaci D., Oksendorf F. et al. The effectiveness of dexpanthenol in protecting the skin from irritation: a double-blind, placebo-controlled study // Contact dermatitis. - 2003. - Issue. 49. – P. 80–84.

#### **Сведения об авторах**

В.С. Самохина – студент

Л.В. Тимеева – доцент

О.Р. Мусина – доцент

#### **Information about the authors**

V.S. Samokhina – student

L.V. Timeeva – assistant professor

O.R. Musina – assistant professor

УДК 617.089

### **ВОЗМОЖНОСТИ УЛУЧШЕНИЯ РЕЗУЛЬТАТОВ АУГМЕНТАЦИОННОЙ МАСТОПЕКСИИ ПРИ МАСТОПТОЗЕ**

Сапакова Амина Камзаевна<sup>1</sup>, Волгина Ирина Владимировна<sup>2</sup>, Егоров Вадим Анатольевич<sup>3</sup>

<sup>1</sup>Новосибирский государственный университет, Институт медицины и психологии В.Зельмана, Новосибирск, Россия

<sup>2</sup>ФГБОУ ВО “Уральский государственный медицинский университет” Минздрава России

<sup>3</sup>Лечебно-диагностический центр “АвисМед” отделение Пластической хирургии, Новосибирск, Россия

<sup>1</sup>s.amina99@mail.ru

#### **Аннотация**

**Введение.** Аугментационная мастопексия выполняется при мастоптозе в сочетании с гипомастией, но частым осложнением является рецидивирующий птоз. **Цель исследования** - в статье рассматривается аугментационная вертикальная мастопексия в сочетании с укреплением нижней полусферы фасциальным лоскутом на верхней ножке, позволяющая осуществить стабилизацию имплантата в отдаленном периоде. **Материалы и методы.** Мы провели ретроспективный обзор 15 пациентов, которым была выполнена аугментационная вертикальная мастопексия с фасциальным лоскутом на