



Міністерство освіти і науки України
Харківський національний університет імені В. Н. Каразіна
Медичний факультет

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

АКТУАЛЬНІ ПИТАННЯ СУЧАСНОЇ МЕДИЦИНИ

**Тези
доповідей**

**28-29 березня
2019 року**

до 25-річчя від дня відродження кафедр
внутрішньої медицини, хірургічних хвороб,
загальної та клінічної імунології
та алергології медичного факультету
Харківського національного університету
імені В.Н. Каразіна



МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ
MINISTRY OF EDUCATION AND SCIENCE OF UKRAINE

ХАРКІВСЬКИЙ НАЦІОНАЛЬНИЙ УНІВЕРСИТЕТ ІМЕНІ В.Н. КАРАЗИНА
V.N. KARAZIN KHARKIV NATIONAL UNIVERSITY

XVI Міжнародна наукова конференція студентів,
молодих вчених та фахівців

АКТУАЛЬНІ ПИТАННЯ СУЧАСНОЇ МЕДИЦИНИ

ТЕЗИ ДОПОВІДЕЙ
(28-29 березня 2019 року, м. Харків, Україна)

16th International Scientific Conference of Students, Young
Scientists and Specialists

TOPICAL ISSUES OF MODERN MEDICINE

ABSTRACTS
(March 28-29 2018, Kharkiv, Ukraine)

ХАРКІВ – 2019

Шнейдерман С. І., Тараненко К. Є.	300
КОМПЛЕКСНЕ ЛІКУВАННЯ ХВОРИХ З ВАРИКОЗНИМИ ТРОФІЧНИМИ ВИРАЗКАМИ НИЖНІХ КІНЦІВОК	
Щепанський С. О., Душик А. О.	301
ВИВЧЕННЯ ФУНКЦІЙ УВАГИ У ДІТЕЙ МОЛОДШОГО ШКІЛЬНОГО ВІКУ З РІЗНОЮ ФУНКЦІОНАЛЬНОЮ АСИМЕТРІЄЮ ПІВКУЛЬ ГОЛОВНОГО МОЗКУ	
Щербак О. А.	303
ВМІСТ ГОМОНІВ ЩИТОПОДІБНОЇ ЗАЛОЗИ У СИРОВАТЦІ КРОВІ ХВОРИХ НА ХРОНІЧНИЙ ГЕПАТИТ С	
Юрко К. В., Соломенник Г. О., Христенко Н. Є.	304
ОЦІНКА ІНТЕНСИВНОСТІ ПІСЛЯОПЕРАЦІЙНОГО БОЛЬОВОГО СИНДРОМУ ВИШКРІБАННЯ ПОРОЖНИНИ МАТКИ, ВИКОНАНОГО В УМОВАХ РІЗНИХ ВИДІВ АНЕСТЕЗІЇ	
Юрченко О. М.	305
ПРОФИЛАКТИКА ТУБЕРКУЛЕЗА У ДЕТЕЙ В СОВРЕМЕННЫХ УСЛОВИЯХ	
Ярцева А. А., Новачук А. А.	306
РОЗРОБКА ПРОГРАМНОГО ЗАБЕЗПЕЧЕННЯ ДЛЯ ОБСЛУГОВУВАННЯ БАНКІВ ДНК, РЕЄСТРАЦІЇ ТА ЗБЕРІГАННЯ ГЕНЕТИЧНИХ ДАНИХ	
Яцків Я., Гайбонюк І., Макух Г.	307
FETAL AUTONOMIC MALFUNCTION AS A MARKER OF FETAL DISTRESS IN GROWTH RESTRICTED FETUSES	
Abebe Amudat	308
REPORT OF FATAL CASE OF LASSA FEVER IN PARAKOU IN 2018	
Abobeih M. D.	309
HYGIENIC ASSESSMENT OF NUTRITIONAL HABITS OF FOREIGN MEDICAL STUDENTS, CONSIDERING THE CHARACTERISTICS OF THEIR FOOD CULTURE	
Agwu Chigborum Charles	311
THE INFLUENCE OF THE VEGETATIVE NERVOUS SYSTEM ON THE ACTIVITY OF THE CARDIOVASCULAR SYSTEM IN ADOLESCENTS WITH MYOCARDIAL PATHOLOGY	
Akpofure E., Mulenga N.	312
THE QUALITY OF LIFE OF PATIENTS WITH A SICK SINUS SYNDROME DEPENDING ON THE PULSE BLOOD PRESSURE LEVEL ONE YEAR AFTER CARDIAC PACEMAKER IMPLANTATION	
Al-Mter Muhtadi Jabbar Abdulzahr.	313
CORRELATION BETWEEN ZINC LEVEL AND PHYSICAL DEVELOPMENT OF INFANTS	
Amash Anastasiia, Abubakr Aisha.	314
INFLUENCE OF LASSA FEVER ON THE NERVOUS SYSTEM	
Anigboro K. O.	315
QUALITY OF LIFE OF PATIENTS WITH POSTOPERATIVE VENTRAL HERNIA IN EARLY AND LATE POSTOPERATIVE PERIOD.	
Askerova K. I.	316
COMORBIDITY PATHOLOGY IN CHILDREN WITH DIABETES MELLITUS TYPE I	
Awobode Janet O, David Nsikak-Abasi M.	317
RISK FACTORS AND POSSIBILITIES OF PREVENTION OF GASTROESOPHAGEAL REFLUX DISEASE FORMATION IN SCHOOL-AGE CHILDREN	
Baburaj Sreelekha, Krishnan Lokavaya.	318
A CASE OF GASTROESOPHAGEAL REFLUX DISEASE WITH EROSIIVE ULCERATIVE REFLUX ESOPHAGITIS	
Ballout Merna	319

can be achieved by using, at the outpatient stage, the provision of medical care to an adapted children's GERDQ questionnaire which includes not only questions about typical esophageal clinical symptoms, but also extravascular and atypical GERD symptoms.

Conclusions. As a result of the study, the main risk factors that contributes to the formation of GERD in children of two age groups: 6-12 years old and 13-17 years were determined. Most of the risk factors and trigger factors are modified, so the control of the status of children at the stage of provision of primary care that is in the risk group for the formation of GERD, timely diagnosis and correction of risk factors, or reflux disorders that occur in the presence of these factors, will prevent the development of a disease or the appearance of a severe course that will improve the quality of life of the patient.

UDC 616.333-008.6-06:616.329-002

**A CASE OF GASTROESOPHAGEAL REFLUX DISEASE WITH EROSIVE
ULCERATIVE REFLUX ESOPHAGITIS**

Ballout Merna

*V. N. Karazin Kharkiv National University, School of Medicine, Kharkiv, Ukraine
Department of Internal Medicine*

Scientific supervisors: Zhuravka N. V., assistant; Bogun L. V., PhD, associate professor

Introduction. An interest in gastroesophageal reflux disease (GERD) is primarily determined by its high prevalence and the continuing increase in morbidity. GERD was recognized as an independent disease in October 1997 (Genval, Belgium). GERD is one of the most common diseases of digestive system which may cause such complications as esophagitis, esophageal strictures, ulcers, perforation, bleeding, Barrett's esophagus, esophageal adenocarcinoma. Over the past three decades the incidence of GERD and esophageal adenocarcinoma, as well as mortality from the latter, have increased markedly. In some regions, the incidence of GERD has reached almost epidemiological levels which is accompanied by a corresponding increase in the incidence of Barrett's esophagus.

The aim of the study. Consider the management of patients with gastroesophageal reflux disease with erosive-ulcerative reflux esophagitis.

Clinical case. A 48-year-old woman complains of heartburn, sour belching, aggravated in a horizontal position and leaning forward after eating. These symptoms appeared approximately three months ago, patient was not previously examined, did not take drugs. Smokes 8-10 cigarettes a day, consumes alcohol in minimal quantities. Physical examination: BMI - 32 kg / m². HR - 72 beats per minute, BP - 120/78 mm Hg. The abdomen is soft, painless to palpation. Liver and spleen are not palpable. The sign of tapping on the lumbar area is negative. Defecation and urination are normal. Laboratory test results are within normal ranges. ECG: sinus rhythm, HR 72 beats per minute, horizontal position of electric axis of heart, as a variant of norm. EGDS: multiple areas of hyperemia of mucous membrane and separate non-eroding erosions of distal part of esophagus up to 5 mm in diameter. On the basis of the patient's complaints of sour belching, aggravated in a horizontal position and by leaning forward after eating the diagnosis of

“gastroesophageal reflux disease” was made. The diagnosis of “erosive-ulcerative reflux esophagitis” was made on the basis of EGDS data (the presence of multiple areas of mucosal hyperemia and separate non-eroding distal esophageal erosions). The diagnosis of “obesity” was based on inspection data (the presence of a BMI of more than 30 kg / m²), stage 1 of obesity corresponds to the value of BMI of 32 kg / m². Clinical diagnosis: Gastroesophageal reflux disease. Erosive-ulcerative reflux esophagitis. Obesity grade 1.

Conclusion. We recommend 24-hour intra-esophageal pH-metry; X-ray examination of the esophagus, stomach; tests for determining the presence of H. Pylori; manometric study of esophageal sphincters. Patient management consists of life style modification and drug treatment. Life style modification includes diet, smoking cessation and weight loss. Patient should exclude large amounts of food, take it at a fast pace, eat food with a low fat content and high protein content, avoid taking foods that cause irritant effect on the gastric mucosa. We recommend an antacid to prevent irritation of esophageal mucosa by acid reflux and fast heartburn relief; a proton pump inhibitor to suppress the synthesis of hydrochloric acid and a prokinetic agent to stimulate the motility of the gastrointestinal tract, restore the normal physiological condition of the esophagus. In case of positive HP test result standard triple 14-days therapy for H. Pylori eradication (Maastricht-3) should be prescribed.

UDC 616.24-002-092-039:616.24-002.2

COMMUNITY-ACQUIRED PNEUMONIA ON THE BACKGROUND OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE: CLINICAL CASE

Boakye – Yiadom Valentina

V. N. Karazin Kharkiv National University, School of Medicine, Kharkiv, Ukraine

Department of Internal Medicine

Scientific supervisors: Skokova N. I., assistant;

Shevchuk M. I., PhD, associate professor

Introduction. Pneumonia remains one of the most actual problems for a practicing physician. Important pathogenetic significance in the development of pneumonia has preexisted structural and functional changes in the lungs, one of the most frequent one disorder is chronic obstructive pulmonary disease (COPD). Development of pneumonia in patients with COPD is the major components of the poorer prognosis and an increased mortality in such patients.

The aim of the study. This clinical case shows the features of pneumonia on the background of COPD.

Clinical case: Female patient, 48 years old, complains of dry cough of moderate intensity, difficulty in breathing, headache in the frontal and occipital region, rhinitis with yellowish mucus discharge, fever up 37.5C. COPD was first diagnosed in 2002, since then she is under supervision of pulmonologist. The occurrence of COPD patient associates with excessive smoking. Our patient is a smoker since 16 years, about 3 packs of cigarettes a days, after 2002 - she decreased amount of cigarettes till 1 pack per day. From 2002 patient is on continuous constantly glucocorticoid therapy and salbutamol inhalation. During past year had being hospitalized 2 times