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XIV Міжнародна наукова конференція студентів, аспірантів,
докторантів, молодих вчених та фахівців

**АКТУАЛЬНІ ПИТАННЯ
СУЧАСНОЇ МЕДИЦИНИ**

ТЕЗИ ДОПОВІДЕЙ

(30–31 березня 2017 року, м. Харків, Україна)

У 2 томах

Том 1

XIV Международная научная конференция студентов, аспирантов,
докторантов, молодых учёных и специалистов

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14th International Scientific Conference of Students, Graduate students,
Doctoral candidates, Young scientists and Specialists

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HEART RATE VARIABILITY IN PATIENTS WITH HYPERTENSION DEPENDING ON THE TYPE OF CIRCADIAN BLOOD PRESSURE PROFILE

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Arterial hypertension (AH) remains one of the most worldwide health and social problem due to its high prevalence, high risk of complications and the lack of adequate blood pressure (BP) control.

Violation of functioning of the autonomic nervous system, along with heredity and endocrine-metabolic imbalance is an important factor in the formation and progression of the AH. Therefore, the study of autonomic regulation may be the key to understanding the clinical and pathogenetic features of hypertension.

At the present time to assess the state of the autonomic nervous system is widely used study of heart rate variability (HRV). Studies in this area show that increasing the degree of hypertension reduces the overall HRV, increase low frequency (mainly sympathetic) influences, reduce high-frequency (vagal) effects on the heart rhythm.

In accordance with the results of recent studies lack of adequate physiological nocturnal BP reduction or excessive BP lowering at night regarded as an independent prognostic factor for cardiovascular complications in patients with hypertension. One of the possible factors that determine the violation of BP circadian rhythm can be imbalance of different parts of autonomic nervous system.

Aim. To study HRV in patients with AH, dependently of BP profile.

Materials and methods. 72 patients with AH were examined. The study involved 28 men (39%) and 44 women (61%). Average age 57 ± 11 years.

All patients underwent ambulatory BP (ABPM) and ECG monitoring. ABPM was performed using a computer system "Cardiosens" (HAI Medica, Ukraine) with the oscillometric method of blood pressure measurement. To define the daily profile the nocturnal BP dip was quantified and the following types of daily BP profile were defined: «dipper» - sleep-time relative BP decline 10-20%; «overdipper» - sleep-time relative BP decline > 20%; «nondipper» - sleep-time relative BP decline < 10%; «night-peaker» - sleep-time relative BP decline < 0.

Calculation of HRV was performed after exclusion of artifacts and arrhythmias. From the ECG recordings were isolated 5-minute intervals in the morning, during the rest according to the patient's diary.

For HRV evaluation the frequency analysis method was used, the following indicators were investigated: the total power (TP), the power of the frequency components in the low range (LF) (0.04-0.15 Hz), very low (VLF) (0.003-0.04 Hz) and high (HF) (0.15-0.4 Hz) frequencies, the LF / HF ratio (vagosympathetic balance index).

In each group the average value (M) and standard deviation (Sd) were calculated for each HRV index. The pathological types of circadian blood pressure profile - nondipper, night-picker and overdipper - were compared with physiological type -

dipper - according to the selected index of BPM, as well as pairs of profiles in groups of SBP and DBP, and with normal ranges of HRV in healthy. Software STATISTICA 10.0 was used for data analysis. The significance of differences between groups was calculated using non-parametric test for independent groups - Mann-Whitney U-test. Differences between obtained results and the recommended norms was calculated using t-test for the case of 2 different samples with known standard deviation (TP, HF, LF) and for the case of known population average (L/H).

Results. SBP daily profile type "dipper" was set in 39% of the patients, "nondipper" type - 43%, "night-peaker" type - 10%, "overdipper" - 8%. DBP daily profile type "dipper" was defined in 36% of cases, type "nondipper" - 29%, type "night-peaker" - 4%, "overdipper" - 31%. When comparing HRV in pairs of profiles in groups of SBP and DBP significant differences were not found. When comparing the HRV in groups of various types of daily profile within the selected index ABPM in subgroups of dippers and night-peakers spectral HRV parameters, except the index of vagosympathetic balance were slightly higher in DBP groups, and the values of LF / HF ratio, on the contrary, were higher in SBP groups. When compared HRV with the standards most of the indicators in all groups was significantly different from standard values.

Conclusion. HRV in patients with hypertension with different types of circadian blood pressure profile was significantly different from the recommended standards for healthy population. Existing differences in HRV in hypertensive patients with different types of SBP and DBP daily profiles must be taken into consideration in the diagnosis and management of patients with hypertension.

URINARY BLADDER CANCER AND A REVIEW OF 786 CASES OF BLADDER TUMOR OVER 24 YEARS IN BENGHAZI\LIBYA

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Bladder cancer is a common urologic cancer with high survival rate especially if it discovered during the first stages, as it has a high survival rate it also has the highest recurrence rate of any malignancy.

According to the statistics Bladder cancer is the most common tumor of the urothelium, it is the 4th common malignancy in males and 8th most common cancer in females and 2.9% of all cancers deaths in man and 1.5% in women.

There are many types of bladder cancer:

Transitional Cell Carcinoma: the most common type of bladder cancer and it develops from the cells of the bladder lining. These are called transitional cells.

Squamous Cell Carcinoma: is the second most common cell type Squamous cells are flat cells that make up the moist, skin like tissues lining your body organs. This type of bladder cancer develops from these cells.