МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ
РЕСПУБЛИКИ УЗБЕКИСТАН
САМАРКАНДСКИЙ ГОСУДАРСТВЕННЫЙ
МЕДИЦИНСКИЙ ИНСТИТУТ

70

МАТЕРИАЛЫ НАУЧНОЙ КОНФЕРЕНЦИИ
СТУДЕНТОВ-МЕДИКОВ С МЕЖДУНАРОДНЫМ
УЧАСТИЕМ

АКТУАЛЬНЫЕ ПРОБЛЕМЫ СОВРЕМЕННОЙ МЕДИЦИНСКОЙ НАУКИ

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МАТЕРИАЛЫ 70 НАУЧНОЙ КОНФЕРЕНЦИИ СТУДЕНТОВ-МЕДИКОВ С МЕЖДУНАРОДНЫМ УЧАСТИЕМ

Под редакцией проф. А.М. ШАМСИЕВА

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of each diagnostic method is having a great practical value in health care. **The purpose** of our research is to study the comparative effectiveness of diagnostic methods of giardiasis. **Materials and methods:** We observed 120 patients who admitted to the clinic of epidemiology, microbiology and infectious diseases with gastrointestinal symptoms during the period of 2013-2014 yy. The age of patients varied from 15 to 47 years, 66 of them were males and 54 females. All patients were screened for parasitic diseases by triple coproscopy by using Turdyev solution. Besides these patients were examined for presence of Giardia lamblia antigen in stool samples by ELISA and specific serum IgG antibodies to Giardia lamblia. **Results and discussion:** During examination of 120 patients by using triple coproscopy the following types of parasites were identified. Giardiasis was diagnosed in 44.1% of cases, for all that Giardia cysts were found in at least one portion of sample. Analysis of the data after the first stool sample survey revealed Giardia cysts only in 24 (20%) patients. In the literature, there is still no clear indication of the required number of coproscopy for patients suspected for giardiasis, but it is clear that more amounts of fecal samples enhance the opportunity of parasite finding. In determining Giardia lamblia antigen in fecal samples by using ELISA positive results were reported in 62 patients (51.6%). It is noteworthy that from 62 patients only in 41 (66.1%) the diagnosis of Giardiasis was parasitologically confirmed. In 21 patients (33.8%) during the coproscopy Giardia cysts were not found, which may be an indication of the human factor or low intensity of infection. Specific serum IgG antibodies to Giardia lamblia were detected in 75 (62.5%) patients. Among these patients diagnosis of giardiasis was confirmed parasitological in 48 (64%) patients. The lack of parasitological confirmation of giardiasis in 27 patients can be treated as transferred earlier giardia infection or negative coproscopy may be due a low intensity of infection and associated lack of cysts in stool samples. **Conclusions:** According to our research, coproscopy is a highly informative method for giardiasis diagnosis, but its effectiveness may be reduced at low intensity of infection and poor qualification of laboratory doctors. The diagnostic value of the method considerably increases with the multiplicity of coproscopy. Determination of Giardia lamblia antigen in stool specimens is a reliable method of diagnosis. Detection of serum IgG antibodies in patients with suspected giardiasis is not always indicative of giardiasis, their presence may be due to a previous infection. The negative results of the detection of antibodies do not exclude the presence of Giardia lamblia, as the development of antibodies may be reduced in immunodeficiency organism, and it can be an acute phase of infection, when antibodies of class IgM are dominated.

EFFICIENCY OF TREATMENT OF SEVERE BRONCHIAL ASTHMA ATTACK IN SCHOOL AGE CHILDREN

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The aim of the study: To increase the effectiveness of medical measures during severe asthma exacerbation based on the peculiarities of treatment of obstruction period in schoolchildren. **Material and methods:** The 1st clinical group was included 70 patients with severe bronchial asthma; the comparison group was included 92 peers with moderate variant of disease. According to main clinical characteristics comparison groups were not differ. All children examined in pulmonological department of Regional Pediatric Hospital (Chernivtsi). Treatment of patients with bronchial asthma was defined according to the national standard of asthma treatment in children. Severity of bronchial obstruction syndrome was assessed by score scale. Increase the score for point scale was showed severity of the manifestations of bronchial obstruction. **Results:** The relative risk of manifestation the severity of bronchial obstruction (more than 13 points on 3-day of treatment) in patients with severe asthma in relation to moderate variant of the disease was 1.2 (95% CI: 0,6-2,4), odds ratio were 1.4 (95% CI: 0,6-3,2) and an absolute risk was 0.1. Was established that patients of 1st group during an exacerbation of severe asthma were used systemic corticosteroids probably more often (85,7±4,1%), than patients of 2nd group 56,5±5,2% (P <0,05). Absolute risk reduction of systemic corticosteroids use in children of 2nd group in relation to the patients with severe asthma was 29,2%, relative risk reduction – 34,1% and NNT – 3,4 patients. Was established that patients with severe bronchial asthma twice more often (37,1±5,7%) used short-acting β-2 agonists combined with systemic corticosteroids than peers with moderate variant of disease (15,2±3,6%; p<0.05). It was noted that every second child, suffered from severe bronchial asthma, need combined use of three groups of relief drugs (48,6±5,9%); patients, suffered from moderate asthma, this combination was used less often (40,2±5,1%). During first three days of exacerbation bronchial obstruction was probably more severe in children with severe asthma and expressive inflammation of bronchi than in patients with moderate intensity of airway inflammation. Was shown that the absolute risk reduction the use of corticosteroids and Euphyllinum in patients suffered from severe asthma and rapid acetylation than children suffered from severe asthma and slow acetylation was 4,2% and 25,7%, relative risk reduction was 5,0% and 34,9% and NNT – 23,8 and 3,9 patients, respectively. **Conclusion:** In the appointment of asthma attack treatment advisable to take into account the disease severity, intensity of bronchial inflammation and acetylation status of patients.

STUDY OF ARTERIAL HYPERTENSION RISK FACTORS IN CHILDREN WITH METABOLIC SYNDROME

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Urgency of the problem: At present metabolic syndrome in children is one of actual pediatric problems associated with its progressive prevalence. One of the earliest manifestations of metabolic syndrome is arterial hypertension. **The purpose of the research:** to study arterial hypertension risk factors in children with metabolic syndrome. **Material and methods:** To achieve the aim 43 children aged 4-16 years suffering from obesity have been studied in family polyclinic conditions. The research work has been carried out to reveal hereditary predisposition of children to obesity, cardiovascular diseases, diabetes mellitus, arterial hypertension. Social anamnesis (style of life peculiarities, abuse of fatty and carbohydrate food), antropometric measures (stature, weight, body weight index, AP monitoring) have been collected. The examined children underwent ECG examination, the level of triglycerides, cholesterol, lipoproteins of low density (LPLD), lipoproteins of high density (LPHD), fasting blood glucose have been determined, glucose tolerant test has been carried out according to indications. **The results of the research:** Arterial hypertension has been revealed in 71% of examined children (AP level was higher than 140/90 mm Hg). As a result of performed study dyslipidemia has been revealed: increased amount of glycerides –175±1,69 mg/l (77%), increased contents of cholesterol – 98,03±0,75 mmol/l (75%) and LPLD (39%), decreased amount of LPHD (25%) in comparison with the control group, body weight index>15kg/m and insulin resistance was noted (63%). **Conclusion:** Arterial hypertension risk factors in children with metabolic syndrome are the following: dyslipidemia (hypertriglyceridemia, hypercholesterolemia), increase of LPLD contents, decrease of LPHD contents and insulin resistance.