

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
ДЕРЖАВНИЙ ВИЩИЙ НАВЧАЛЬНИЙ ЗАКЛАД  
«ІВАНО-ФРАНКІВСЬКИЙ НАЦІОНАЛЬНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»  
ТОВАРИСТВО МОЛОДИХ ВЧЕНИХ  
СТУДЕНТСЬКЕ НАУКОВЕ ТОВАРИСТВО

## **ТЕЗИ ДОПОВІДЕЙ**

85-ої науково-практичної конференції  
студентів і молодих вчених із міжнародною участю  
«ІННОВАЦІЇ В МЕДИЦИНІ»

## **ABSTRACTS**

of the 85th Scientific Conference  
of Students and Young Scientists with International  
Participation  
"INNOVATIONS IN MEDICINE"

## **ТЕЗИСЫ ДОКЛАДОВ**

85-й научно-практической конференции  
студентов и молодых ученых с международным участием  
«ИННОВАЦИИ В МЕДИЦИНЕ»

24-25 березня 2016 року  
м. Івано-Франківськ

**Головний редактор** – Ректор ДВНЗ «Івано-Франківський національний медичний університет», Заслужений діяч науки і техніки України, доктор медичних наук, професор, Лауреат Державної премії України у галузі науки і техніки **М.М. Рожко**

**Редакційна колегія:**

Перший проректор, д.б.н. професор **Г.М. Ерстенюк**  
Проректор з наукової роботи, д.мед.н., професор **І.П. Вакалюк**  
Науковий керівник Студентського наукового товариства та Товариства молодих вчених, д.мед.н., професор **Н.М. Воронич-Семченко**  
Голова Товариства молодих вчених – к.мед.н., доцент **З.Я. Гурик**  
Заступник Голови Товариства молодих вчених – асистент **Ю.І.**

**Солоджук**

Голова Ради Студентського наукового товариства – **О.М. Луцак**  
Заступник Голови Ради СНТ – **С.В. Варунків**  
Секретар Ради СНТ – **А.В. Гурмак**

**Організаційний комітет:**

**Багрій Р.В., Бігун Р.Р., Білецька І.І., Бунчак Д.П., Василик З.В., Воронич В.О., Гавенко Б.В., Галанджій М.-А.В., Грицик Р.А., Дехтяр Д.Г., Дідович В.В., Дмитрук Ю.І., Кантемир А.І., Клипич О.О., Кобрин О.Т., Остафійчук А.Р., Панчишин М.В., Паращук Ю.-І.Л., Петраш А.В., Петришин І.Ю., Полюк М.І., Рангулова Т.С., Сачко А.М., Семченко В.А., Сілецька О.В., Скрипко Ю.В., Сов'як Н.М., Ткаченко В.В., Тимків Я.І., Хорощак В.Я., Хорощак Ю.М., Юркевич Б.Є.**

Дизайн палітурки: **Шевченко П.В.**

**Конференція включена до**  
«Реєстру з'їздів, конгресів, симпозіумів та науково-практичних конференцій, які проводитимуться у 2016 році»  
Міністерства охорони здоров'я України

## CARDIOVASCULAR DISEASES IN GHANA

*Agyemang Edmund Adjei, Okoh Priscilla, Bobkovych K.O.*  
*The scientific coordinator – assoc. prof. K.O. Bobkovych*  
*SHEI «Bukovinian State Medical University»*  
*The department of Propedeutic of Internal Medicine*

Cardiovascular diseases refer to diseases of the heart and/or blood vessels. The occurrence of cardiovascular diseases has risen exponentially in Ghana to become a leading cause of morbidity and mortality. Statistics at the National Cardiothoracic Center indicate that 60% of deaths among adults in the country results from cardiovascular diseases and stroke.

According to the latest data from WHO, Cardiovascular diseases cause 3000 deaths per every 100000 people which translates to 750250 deaths annually from cardiovascular diseases representing 3% of the population.

Among the cardiovascular diseases, the most prevalent in Ghana are as follows:

1. Rheumatic heart disease – 133 in every 100000.
2. Hypertensive heart disease – 154 in every 100000.
3. Ischemic heart disease – 910 in every 100000.
4. Cerebrovascular disease – 1016 in every 100000.
5. Inflammatory heart disease – 187 in every 100000.

The risk factors for these cardiovascular diseases are: obesity, hypertension, tobacco smoking, alcohol, diabetes mellitus and dyslipidemia.

Among the cardiovascular diseases, cerebrovascular diseases are the most common in Ghana, accounting for about 35%-40% of heart-related cases in hospitals. The main risk factors for these cerebrovascular diseases are hypertension, diabetes mellitus, smoking and obesity.

Hypertension is the major risk factor for this kind of cardiovascular diseases. Recent studies suggest that 13-25% of the country's adult population is hypertensive thus is prone to contracting cerebrovascular diseases.

The eating of fatty and salty foods as well as lack of exercising puts many Ghanaians at risk of hypertension and thus cerebrovascular diseases.

Also about 6-7% of the adult population are diabetics, and 6% have high cholesterol thus are prone to cerebrovascular diseases.

Furthermore about 10% of the adult populations are tobacco smokers and 5-7% - obesity. All these data positively show why the occurrence of cerebrovascular diseases in Ghana is a rampant and should be of concern to all stakeholders.

## MICROALBUMINURIA AND $\beta$ 2-MICROGLOBULINURIA AS MARKERS OF RENAL DYSFUNCTION IN PATIENTS WITH ARTERIAL HYPERTENSION AND CHRONIC PYELONEPHRITIS

*Kuczek K., Andres K.*  
*Scientific supervisor – PhD, ass. O.R. Luchko*  
*SHEI «Ivano-Frankivsk National Medical University»*  
*Department of internal medicine of stomatological faculty named after Professor M.M. Bereznytsky*

Actuality of the problem is the high prevalence of comorbid diseases including hypertension (HT) and chronic pyelonephritis (CPN), in which renal dysfunction is an integral and independent predictor of cardiovascular and renal events. Therefore, the importance of finding early diagnostic markers of disorders of the kidney functional

state with subsequent application of preventive measures.

**Objective:** to determine markers of renal dysfunction in patients with HT and CPN.

**Materials and methods:** the study involved 68 patients with HT and CPN. Among them were 37 men and 31 women in middle age ( $55,16 \pm 4.02$  years). Renal dysfunction was assessed by the level of microalbuminuria (MAU) and  $\beta$ 2-microglobulinuria ( $\beta$ 2MGU), which was determined in the morning urine samples by ELISA method. Depending on the values of glomerular filtration rate (GFR), which was calculated by the formula of Cockcroft - Gault (1976), patients were divided in two groups. The first group included 32 (47,1 %) patients with normal GFR ( $\geq 90$  ml/min), the second – 36 (52,9 %) with low GFR (60-89 ml/min). There was a control group, which included 20 practically healthy people representative by age and gender.

The results of the study. In most (92,1%) patients with HT and CPN were diagnosed renal dysfunction. In patients with reduced GFR observed more expressed changes of MAU and  $\beta$ 2MGU in comparison with patients with normal GFR. It was discovered that MAU was higher in 2.5 ( $p < 0.05$ ) and in 3.3 ( $p < 0.05$ ) times in patients of 1st group and 2nd respectively compared to healthy people. In patients with GFR  $\geq 90$  ml/min and GFR 60-89 ml/min  $\beta$ 2-MG excretion with urine was more than in 2.3 ( $p < 0.05$ ) and in 4.1 ( $p < 0.05$ ) times, respectively, compared with healthy people. It was set negative moderate correlation between  $\beta$ 2-MG in the urine and GFR in patients of 2nd group ( $r = -0,47$ ,  $p < 0.05$ ), in patients of 1st group this correlation proved to be unreliable ( $r = -0,26$ ,  $p > 0.05$ ).

**Conclusion.** The obtained data indicate the development of renal dysfunction in patients with HT and CPN that progresses with a decrease GFR. The early detection of microalbuminuria and  $\beta$ 2-microglobulinuria have pathogenetically proven and makes it possible to prevent the progression of renal disease in patients with comorbid pathology.

## MITRAL VALVE PROLAPSE INFLUENCE ON THE FORMATION OF THE VIOLATION OF REPRODUCTIVE GIRLS IN ADOLESCENCE

*Malaniuk K.V.*  
*Tutor – Galina Gvozdetska MD*  
*SHEI «Ivano-Frankivsk National Medical University»*  
*Department of Internal Medicine*

**The aim** was to investigate the effect of mitral valve prolapse reproductive disorders in teenage girls for the purpose of their further correction.

**Materials & methods:** by statistical method was studied girls with mitral valve prolapse and effects on the reproductive system in girls.

**Results.** In the study it was found that the background MK developing pathological processes such as ovarian failure, hormonal imbalances, menstrual cycle abnormalities in sexual development, inflammatory disease. Most patients with PMK observed deviations in physical development, changes in the formation and somatotype morphotypes.

If MVP appeared before puberty, often manifested pathology of the reproductive system and rejection more difficult than in patients with MVP, which develops in older age. This reduces the potential rehabilitation of these patients extended duration of treatment and the volume of medical interventions.