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therapy has been started with Esbriet 267 mg and Methylprednisolone 16 mg - 24 mg and oxygen therapy. Due to deterioration of patient's condition and progression of Idiopathic pulmonary fibrosis, with breathlessness and deterioration of arterial blood gasses, the patient was transferred to the ICU. Because of depletion of therapeutic drug options, the patient is put on a waiting list for lung transplantation.

Conclusion: Idiopathic pulmonary fibrosis is one of the diseases with unspecified etiology, characterized by high mortality in patients. The average survival rate of this disease is about three years after the patient is diagnosed. The diagnosis is confirmed with pulmonary biopsy. In cases with no medicamentous treatment, lung transplantation is the only treatment.

Keywords: Idiopathic pulmonary fibrosis, pulmonology, intensive care

ASSESSING THE RISK FACTORS OF INTRAVENTRICULAR HEMORRHAGES IN PREMATURE NEWBORNS

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Introduction: Using modern perinatal technologies while nursing small premature infants led both to a drop in infant mortality, and to a further increase of the neurological disability. The most frequent brain lesions in premature infants are intraventricular hemorrhage (IVH), whose share remains high and is inversely proportional to the gestational age. The aim of the paper was to assess the IVH risk factors in preterm infants.

Methods and Materials: We have examined 44 premature infants treated in the neonatal center of the Regional Pediatric Hospital. The first clinical group consisted of 23 infants who had been diagnosed with I-II degree IVH by means of neurosonography. The second clinical group included 21 premature infants with no signs of IVH. On admission to the hospital the groups were comparable for sex, average age and term of gestation. We have conducted complete studies using paraclinical and instrumental methods. The severity and neurological status was determined by H.Sarnat and M.Sarnat scale.

Results: The findings were analyzed using the method of clinical epidemiology. The history showed that every other woman in both clinical groups had anemia with chronic fetoplacental insufficiency and a risk of



miscarriage. The signs of infectious inflammation of the urogenital area were twice more common in mothers of the first clinical group, the rate of which was $43.4 \pm 10.3\%$ against $23.8 \pm 9.2\%$ ($R\phi < 0.05$) in the comparison group. In 13% of mothers with infants, having IVH, the labour ended with cesarean section. $17.4 \pm 7.9\%$ of patients with IVH were born in severe asphyxia vs $4.8 \pm 4.6\%$ ($R\phi < 0.05$) with no signs of the IVH, which required mechanical ventilation of the lungs during the stay in hospital. The general condition of the infants with IVH on admission to the neonatal center was assessed as moderate in $34.7 \pm 9.9\%$, severe in $65.2 \pm 9.9\%$ of children against $71.4 \pm 9.8\%$ ($Pt < 0.05$) and $19.0 \pm 8.5\%$ ($Pt < 0.01$) patients without signs of IVH. During the follow-up in two infants of the first group IVH was aggravated with purulent meningitis, in other two with occlusive hydrocephalus, and in three of them it was combined with periventricular leukomalacia development.

Conclusion: The evaluation of criteria diagnostic value of the IVH risk showed that the following indicators had the most diagnostic value: birth in severe asphyxia (proportionality of chances (95% DI) 1,2 (0,6-2,3); condition severity on admission to hospital (proportionality of chances (95% DI) 7,9 (4,1-15,1); presence of respiratory distress in early neonatal period (proportionality of chances (95% DI) 4,0 (1,8-8,8).

Thus, taking into account the complex of clinical-anamnestic findings allows to form a risk group of premature infants concerning IVH occurrence.

Keywords: premature infants, intraventricular hemorrhages