

NSAIDS: IBUPROFEN FOCUS ON

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The world's first synthetic non-steroidal anti-inflammatory agent fenazon (antipyrine), who stayed in the pharmaceutical market to this day, created in 1887 a German chemist Ludwig Knorr. Decades later, on Aug. 1, 1897 a German chemist Felix Hoffmann, by acetylation, first received pure acetylsalicylic acid, which was patented Feb. 27, 1900 in the US.

In 1957 a British pharmacologist Stewart Adams and chemist John Nicholson began searching for a new anti-inflammatory and antipyretic agent. The main goal was to create a drug with a better safety profile than aspirin. Examining more than 600 fenilpropionovyh derivatives in 1958 were selected 2- (4-isobutylphenyl) propionic acid to further its study. January 12, 1962 the British Patent Office listed the chemical compound has been registered as a medicine called "brufen" which vidpuskavsya by prescription and intended for the treatment of rheumatoid arthritis. In the US, the drug was registered in 1974 under the trade name "Motryn®."

In 1983 the UK ibuprofen under the trade name "Nurofen" was allowed to leave without a prescription, and in 1984 it acquired the status of non-prescription drug in the US. In 2006 was allowed to prescribe ibuprofen to children from 6 years. Today it is used in children older than 6 months. as an OTC remedy, and at the age of 3 months – on the recommendation of a doctor.

THE CONDITION OF MUCOUS MEMBRANE OF THE STOMACH AND DUODENAL ULCERS IN PATIENTS WITH CHRONIC RENAL FAILURE

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Purpose of the study. To examine the conditions of mucous membrane of the stomach and duodenal ulcers in patients with chronic renal failure(CRF)

Materials and methods. Our current work presents the results of clinical and endoscopic examination of condition of mucous membranes of the stomach and duodenal ulcers in 30 patients with chronic renal failure. There were 22 (73.3%) and 8 (26.7%) women, the average age of the patients was 32.4 ± 8.7 respectively. All patients along with a complete examination on the nephrological plan additionally had performed a clinical and endoscopic examination of the stomach and duodenum by the method of Hirschman G.B. with an estimate of condition of mucous membrane by the "Sydney Classification" section.

Results and discussion. As a result of our examination in the basis of development of chronic renal failure in 16 patients was established chronic glomerulonephritis and 14 patients had recurrent pyelonephritis. The value of the glomerular filtration rate in 8 patients was observed in initial stage (40.0 ± 4.0 ml/min) in 12 patients was conservative stage (GFR ml/min 33.2 ± 4.2) and 10 patients had end-stage of chronic renal failure (GFR <15 ml/min). At endoscopic examination, the phenomenon of catarrhal esophagitis was found in 6 patients (20.0%), chronic gastroduodenitis with a moderately severe hyperemia of the mucous membrane was revealed in 8 patients (26.7%), in 5 patients (16.7 %) the phenomenon of chronic gastroduodenitis combined with the presence of erosion in the mucosa of duodenum, and in 3 patients (10.0%) was revealed ulcerative defect in mucosal duodenum.

Conclusion. 1. At clinical and endoscopic examination in 73.3% of patients with chronic renal failure reveals various changes in the esophageal mucosa of the stomach and duodenum.

2. The most commonly in patients with chronic renal failure is found the clinical picture of chronic gastroduodenitis (26.7%), not frequent with the erosive changes (16.7%), and an ulcerative defect in the mucosa of the duodenum (10.0%). Identified changes should be considered on prescribing the therapy in chronic renal failure.

ASSOCIATION OF CERTAIN PERINATAL FACTORS WITH THE DEVELOPMENT OF HYPOXIC ISCHEMIC ENCEPHALOPATHY IN TERM LOW BIRTH WEIGHT NEWBORNS

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Purpose of the study. To study the role of intrauterine and extrauterine risk factors in the development of HIE in term infants with normal and low to gestational age birth weight.

Materials and methods. In the department of neonatal pathology of the Chernovtsy Regional Children Clinical Hospital 41 term newborns with HIE have been examined. The first (I) clinical group has been formed from 28 neonates with corresponding to gestational age body weight. The second (II) clinical group included the remaining 13

LBW newborns. These survey results have been analyzed by parametric (Pt, Students' criteria) and nonparametric (Pφ, Fisher's angular transformation) methods of statistics.

Results and discussion. The concomitant pathological conditions have been recorded only in 7,2% of patients of the I group, but in 61,5% cases in LBW neonates (Pt <0,01). The pregnancies of mothers of LBW newborns proceeded more often on the background of anemia (38,5%), thyroid pathology (46,2%), myopia (23,1%) and preeclampsia (7,7%) as compared to the I-st group, in which these maternal pathological conditions occurred with a frequency of 28,6% (Pφ > 0,05), 21,4% (Pφ > 0,05), 3,6% (Pφ > 0,05) and 3,6% (Pφ > 0,05) respectively. At the same time, almost half (46,2%) of LBW newborns have had mothers living in urban areas, but in the I group only 17,9% of mothers were urban inhabitants (Pφ <0,05). At once, in LBW neonates after the first minute of life the respiratory problems, requiring artificial lung ventilation, have been occurred twice as often (61,5% of newborns in the II group vs. 35,7% of infants in the I group; Pφ <0,05). In the early neonatal period the concomitant problems of infant feeding (poor sucking, reduced food tolerance, regurgitation) were recorded twice more often in LBW newborns (61,5% of cases) in comparison with the I group (32,1% of infants; Pφ <0,05).

Conclusion. The main predictors of HIE in term LBW neonates are: mothers' residence in urban areas (46,2%); presence of chronic maternal diseases (anemia, thyroid disease) during pregnancy (46,6%); concomitant congenital malformations in the one-third (30,8%) of infants; development of respiratory disorders at birth, requiring artificial lung ventilation (61,5%); infants' feeding problems (61,5%).

TRANSCATHETER CLOSURE OF SECONDARY ATRIAL SEPTAL DEFECTS

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Purpose of the study. To analyze the short-term results of transcatheter closure (TCC) of secondary atrial defects (ASD).

Materials and methods. 54 patients aged 2-60 years (mean – 16.4 years) were treated at Republican Scientific Center for Cardiovascular Surgery during the period from September 2010 and January 2016. Males were 14, females – 40. Pediatric and adult patient ratio was 30/24. Selection of patients to TCC based on following ECHO criteria: absence of high pulmonary hypertension, left-to-right shunt, ASD diameter less than 40 mm, absence of another congenital heart abnormalities and presence of all rims of atrial septum. All procedures were performed at cathlab equipped by digital angiographic system "INFINIX" (Toshiba, Japan) under fluoroscopic control. All the patients underwent standard Amplatz technique. Local anesthesia used in 24 cases (adult patients); 30 children were operated under general anesthesia. 31 patients underwent 2-staged procedures: initially, the invasive measurement of ASD by using of sizing balloon was performed followed by staged closure of ASD. In 23 cases both sizing and ASD closure were done simultaneously.

Results and discussion. In 53 patients ASD occluder implanted successfully. Occluder's sizes varied from 6 to 40 mm and directly depended on ASD shape and size. Proper position of occluder was checked by both traction maneuver done by operator and ECHO control. Migration of occluder in to pulmonary artery occurred in 1 case. This patient presented large ASD (near to 40 mm). Although, intraoperatively device was positioned accurately, but after 30 minutes occluder dislocated and the patient underwent open heart surgery. One patient died after 24 hours of procedure due to heart insufficiency. Majority of patients discharged on the next day.

Conclusion. Our experience demonstrates very high effectiveness and relatively low risk of endovascular closure of ASD by Amplatz technique.

ENDOSCOPIC PICTURE OF THE MUCOUS MEMBRANE OF THE UPPER PART OF DIGESTIVE TRACT IN PATIENT WITH AN EARLY STAGE OF CHRONIC RENAL FAILURE

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Purpose of the study. To study the endoscopic picture of gastric mucosa and 12 duodenal ulcers in patients with an initial stage of chronic renal failure (CRF).

Material and methods. To accomplishment the purposes of our study were examined 20 patients with an early-stage of CRF. Verification of the diagnosis made on the basis of standard methods of research by nephrology plan with the determination of glomerular filtration rate (GFR < 50 ml/min.), the level of urea (14.2 ± 1,4 mmol/l), creatinine (230 ± 12,0 mmol/l) hemoglobin (111,4 ± 12,4 g/l). On the absence of contraindicated esofagogastroduodenoscopy (EFGDS) was performed by G.B. Hirschman, method with apparatus of Olympus company, which to examine subsequently the esophageal mucosa, gastric and duodenal ulcer during the procedure subsequently. The state of mucosa was assessed according to the criteria of endoscopic section of "Sydney classification."