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под редакцией профессора А.М. ШАМСИЕВА*

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И МОЛОДЫХ УЧЕНЫХ С
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BIOLOGY AND MEDICINE**

ПРОБЛЕМЫ БИОЛОГИИ И МЕДИЦИНЫ

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THERMOGRAPHIC DIAGNOSTICS OF CEREBROVASCULAR DISEASES

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The purpose of the work: to pay attention to the necessity of thermographic examination of patients with cerebrovascular disease. Materials and methods of research: analysis and generalization of data from domestic and literary sources. Results: Today, cerebrovascular diseases are among the most widespread diseases in the world. In Ukraine, various types of central nervous system were diagnosed in 6% of the population, of which 5% are acute cerebrovascular disorders, and 95% are chronic central nervous system. Chronic cerebrovascular diseases in Ukraine are called dyscirculatory encephalopathy. The term "Dyscirculatory encephalopathy" (DE) at the moment remains valid. According to most authors, this term should be preferred, since it reflects the presence of organic lesions and the mechanism of its development - cerebrovascular disruption. Cerebrovascular diseases include: cerebral atherosclerosis, intracranial hypertension, cerebral hypoxia, cerebrastenic syndrome, paralysis of the facial nerve, and others. Etiological factors of DE are atherosclerosis, arterial hypertension, their combination, and venous dysgemia. In diagnostics of DE it is important to be able to differentiate the physiological age-related changes in cognitive function from pathological. In clinical practice, 65-80% of primary diagnoses are given through the methods of radiological diagnosis. It is generally accepted that competent recognition of a very wide range of diseases, especially in their early and clinical stages without radiation diagnosis, can't be considered reliable. Angiography - a method of contrast X-ray examination of blood vessels. The degree of accuracy of the results of this study so far exceeds the diagnostic value of non-invasive procedures. But there is a risk of carrying out this procedure for the progression of undetected cancer in X-rays. Incorrect administration of the X-ray contrast agent may cause severe pain. Often there are allergic reactions. Very rarely happens dissection - bundle of the inner membrane of the blood vessels. Compare angiography with another diagnostic method. Thermography is a method of recording the thermal radiation of bodies. Thermography refers to methods of so-called "passive diagnostics" - that is, the device does not affect the object in any way, but only perceives information from it. Advantages of thermography: contactlessness of the examination (makes it impossible to transmit any infection from the patient to the doctor and vice versa); authenticity of diagnostics (use of heat dissipation, as a method of objective control over the course of pathological process in the body); early diagnosis of latent and preclinical forms of diseases; the cost of conducting the thermography is lower than that of the X-ray method, and the bandwidth is higher than that of ultrasound. The most difficult prehospital stage is the exact diagnosis of the central nervous system and the differential diagnosis of other diseases. Exactly this function is provided by thermography. This method of investigation is used in many countries of the world to diagnose and test the normalization of cerebral and peripheral circulation after passing microwave resonance therapy. For diagnosis of cerebrovascular diseases, high speed of research and high accuracy are very important. The time to conduct the study depends on the type of thermograph - 16 -4 min. The minimum temperature gradient recorded between two points at a distance of one millimeter is less than 0.1 ° C. Therefore, it is better to use thermography for diagnostics of DE. Conclusions: Thermography is a necessary component of diagnosis cerebrovascular diseases, because it allows to quickly determine the nature and cause of the pathology of body temperature.

INFLUENCE AND ANALYSIS OF CHRONIC DISEASES ON THE HEALTH OF PATIENTS AND THE GENERAL POPULATION

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Modern methods of statistical study of morbidity have many shortcomings and inaccuracies, especially in the collection and processing of information. These methods can not satisfy practical health care. The aim of the study was to develop methods for in-depth assessment of the dynamics of morbidity, disease progression and mortality, both for chronic diseases that led to death, and diseases that resulted in recovery. Materials and methods: a comparative analysis of the prevalence of diseases of the circulatory system using the data of the table of morbidity, the course of diseases and mortality was carried out in 4 directions: determination and assessment of real parameters of internal and external viability based on the law of survival of populations of the Chernivtsi region; determination and evaluation of relevant indicators, provided that chronic pains of the circulatory system are eliminated by causes of death in all age groups; definition and assessment of indicators of the viability of the population under conditions of hypothetical elimination of the cause of death of all factors, with the exception of chronic diseases of the circulatory system. The results of our study establish: the possibility of assessing the impact of viability indicators on the indicator of the average life expectancy of the population under the influence of the prevalence of the investigated diseases, which affect the quality of life index and determine the prognosis of the expected prevalence of these diseases in the subsequent annual interval. Thus, the developed system is aimed at improving the health of the population, increasing life expectancy, improving the quality of life and the quality of healthcare activities.

MORPHOLOGICAL CHARACTERISTICS OF MYOENDOCARDIAL FORMATIONS OF THE HUMAN HEART

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The aim of the study: Study morphological characteristics of the left ventricle false chordae tendineae as one of varieties of myoendocardial formations of the human heart. Material and methods: Light microscopy method was used for morphological investigations of 52 false chordae tendineae which were found in the cavities of the left ventricles of 40 human hearts. Results of the research: False chordae tendineae are one of the varieties of myoendocardial formations. They are not similar to typical chordae tendineae. Firstly, they are not attached to the mitral valve cusps. Secondly, they are ectopically fixed to the free walls of the ventricle, interventricular septum, papillary muscles, crossing the cavity of the left ventricle. The light microscopy has shown that false chordae tendineae are lined by a single layer of endothelial cells lying on the basement membrane. A peripheral collagen-elastic layer that separates the central core of the chordae is under the endothelium. This layer is formed by a loose connective tissue with predominance of elastic fibers, which have a longitudinal direction, less collagen fibers and cells of the fibroblast row. The central core of false chordae tendineae had a different histological structure. Especially, the light microscopy method showed that, in 27% the central core of false chordae tendineae was formed by ordered, densely packed, linear oriented bundles of collagen fibers. Cells of the fibroblastic row were localized between and along the way of collagen fibers. Such false chordae tendineae are classified by their structure into fibrous type. In 50% the core of false chordae tendineae was formed not only by the bundles of densely packed, linear oriented collagen fibers and cells of the fibroblastic row, but contains contractile cardiomyocytes forming irregularly shaped cords too. Cardiomyocytes are most often localized in the form of islets in places of attachment to the wall of the left ventricle, to the papillary muscles, or stretched along the whole chordae, dividing it into two halves. Such false chordae tendineae are classified as fibro-muscular type. In 23% of cases were false chordae tendineae, basically which were made only by striated cardiac muscle tissue. Contractile cardiomyocytes in the base of false chordae tendineae had an elongated cylindrical shape, they were interconnected each other by intercalated discs, forming functional fibers anatomizing and forming a three-dimensional network. Such chordae were referred to false chordae tendineae of muscular type. Besides, the peculiarity of the false chordae tendineae of muscular and fibro-muscular type is that the elements of the conduction system, Purkinje cells, of the heart have been identifying, except the contractile cardiomyocytes which form the basis of the core. The presence of Purkinje cells is considered as a cause of cardiac arrhythmias and an additional ways of conducting

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