

ISSN 1561-6894

NR 20 (151) 2016

Nauka i Studia

Przemysł
Nauka i studia
2016

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INTERACTIVE TRAINING COMMUNICATION
IN THE PROCESS OF FOREIGN LANGUAGES TEACHING

Annotation. The article reveals main principles of interactive training communication in the process of foreign languages teaching. Particular attention is paid to the role of group joint activities in teaching interactive communication. The teacher's role is considered from a different angle. The article also lists some of the basic principles, the implementation of which influences the effectiveness of the training process.

Key words: interactive training, group activities, academic cooperation, technology, principle.

At the present stage of the world civilization's development characterized by globalization processes in all the spheres of human activity the idea of forming a professional of the new type becomes urgent. The ongoing computerization of the technical and creative processes, the emergence of the Internet and e-mail, the further development of satellite television and other means of communication significantly reduce the time of information receipt. At the same time the modern specialist should not only have an opportunity to obtain the necessary information on time, but also an ability to quickly and accurately synthesize and analyze it. This is especially important in the process of learning foreign languages.

Nowadays pedagogy is more and more often integrated with sociology and psychology. In the search for a definition that would reflect the new content of academic interactions, the term «*interactive training*» has appeared, which is really able to optimize the nature, content and structure of pedagogical interactions. Such a technique requires a certain adjustment in the process of the teacher's preparation and is related to the establishment of a new type of relationships with students.

The concept of interactivity has been borrowed from the «symbolic interactionism» (works by G. Blumberg, John G. Mead, R. Sears, etc.) that considers the interaction between people «as an ongoing dialogue, during which they observe, comprehend each other's intentions and react on them»[1, 12]. This *direct dialogue* becomes of particular importance today. Special tools and devices, which provide a continuous dialog interaction of the user with a computer is called interactive. Interactive surveys, programs on radio and television, the scenario of which involves «live», open conversations with viewers and listeners have appeared. All this confirms the idea that the ability to build an interesting dialogue on an equal footing should be taught, and the educational situation in this sense has a great potential.

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THE STUDY OF INTOXICATIVE SYNDROME PARAMETERS IN PATIENTS WITH ACUTE TONSILLAR DISEASE

Abstract. Current issue dedicated to detailed study of intoxication syndrome parameters in patients with acute tonsillar disease (ATD). The mentioned above predictors are essential and important in the evaluation of severity course of ATD and for argumentative correction of detoxication therapy in holiatry.

Key words: acute tonsillar disease, intoxication, predictors, severity.

Introduction.

Intoxication syndrome is one of the most important criteria of many infectious diseases including acute tonsillitis or angina (also known as quinsy): an acute inflammation, involving either the mucous covering of the follicles or the parenchyma of the tonsils, characterized by swelling and pain, and occasionally resulting in complicated variants such as peritonsillar abscess (PTA) [1].

The level of its expression is mentioned as criteria of severity of disease and when choose the mode of pathogenetic treatment [1, 3, 4]. New evaluation methods of the determination of intoxication level allow getting additional objective information about the course of disease [3].

When the mucous membrane of the tonsil or tonsils only is involved, the inflammation designated as superficial or catarrhal tonsillitis; when the inflammation extends to the follicles, resulting in a cheesy exudate from the tonsillar crypts, it described under the name of follicular tonsillitis, which designated also as acute lacunar tonsillitis. Parenchymatous tonsillitis comprehends an involvement of the entire structure of the tonsil, and in this form, there is a marked tendency toward suppuration. It especially designated as suppurative tonsillitis, tonsillar abscess.

Palatine tonsils are lymphoid tissue components that provided the acceptance and processing of antigens of microbe cells, thus realized processes of antimicrobial immunity as a part of immune system. Upon study of functional state of separate immunocompetent cells, particularly leucocytes, the clinician could evaluate the state of immunity, severity of disease and intoxication [2].

Aim of research.

To evaluate the leucocyte level of intoxication (LLI) in patients with acute tonsillar disease (ATD) for establishment a correlation with clinical manifestation of disease.

Material and methods.

98 patients with ATD were enrolled in current study aged since 16 to 29 years: 28 persons with catharal form, 25 persons with lacunar form, 20 – with follicular and 25 patients with peritonsillar complications. We used clinical data and complaints for detection of intoxication syndrome: presence of myalgia, arthralgia, general weakness, headache, fever duration and figures) as well as by laboratory parameters.

LLI was calculated by Ya. Kal-Kalif index:

$$LLI = \frac{(4M + 3Yu + 2B + S) \cdot (PL + 1)}{(L + MN) \cdot (E - 1)}, \text{ where}$$

M – myelocytes, Yu – juvenile. B – bands, S – segmentic nuclear neutrophils, PL – plasmatic cells, L – lymphocytes, MN – monocytes, E – eosinophils, LLI was determined in the acute manifestation period and on the 6-7th day of holiatry.

Statistical analysis performed with t-Student criterion.

Results and discussion.

Clinical investigation demonstrated that in all patients with ATD an intoxicative syndrome was present in different manner. Its expression depended on clinical form of inflammation of tonsils. It was determined the moderate intoxication in majority of patients with catharal angina. Hypertrophy of tonsils was defined in 59,7 % patients. The enlargement of submandibular tonsils up to 0,5 sm was registered in 51,3 % cases, and up to 1 sm – in 26,1 % patients. Rest enrolled patients lymph nodes didn't palpated. Body's temperature was 37,5° C in 58,7 % patients, and fever duration within 3 ± 0,8 days. Intoxication syndrome in most patients expressed as headache (56,3 % cases), general weakness with headache (22,1 %) and weakness (21,6 %). Leucocyte level of intoxication was 0,69 ± 0,02.

In the group of patients with follicular form of ATD the disease had moderate severity in 16 patients and severe – in 4 persons. There weren't cases of mild severity course at all. Manifestation of intoxication syndrome was more expressed: myalgia and arthralgia (33,2 % patients), expressed general weakness (42,1 % patients), headache (24,7 % cases). In 5 % patients within first days of disease once vomiting registered. Tonsillar hypertrophy well expressed in 81,3 % patients. Painful enlarged lymph nodes registered in 69,5 % patients. High grade fever (38,5 – 39°C) durated 6,2±0,6 days

noticed in 73,2 % patients, in the rest – subfebrile temperature. In 9 patients with follicular tonsillitis the peritonsillar complications had developed – peritonsillitis in 6, peritonsillar abscess – in 3 patients. LII in group without complications determined as $1,93 \pm 0,4$, that on 35,8 % higher comparatively the figure in patients with catarrhal tonsillar inflammation. In case of the development of peritonsillitis LLI had increased till $2,18 \pm 0,03$, and in patients with peritonsillar abscess up to $2,93 \pm 0,3$. Clinical symptoms had in complication cases with second fever wave and worsening of headache, general weakness. Objectively trismus (difficulty opening the mouth), altered voice quality (the hot-potato voice). Physical examination of a PTA almost always reveals unilateral bulging above and lateral to one of the tonsils.

Local inflammation characterized by changing of location of the one tonsil as well as the uvula, edema of soft palatine and fluctuation sign in the place of protrusion of peritonsillar tissue.

It had observed the most expressed intoxication symptoms in the patients with lacunar form of inflammation of tonsils with simultaneously bright local hyperemia sign. Subjectively enrolled complained on the strong weakness, headache in 56,2 % cases, loss of appetite in 23,8 % cases, sleep disorders in 20 % persons. High grade fever determined in 54,6 % patients, subfebrile – in 45,4 %. Submandibular lymph nodes enlarged in a diameter up to 0,5 sm in 28,4 % patients, up to 1 sm in 62,2 % patients, and in 9,4 % cases with size more than 1 sm. Functional disorders of cardiovascular system registered in 43,5 % patients and appeared as hypotension, tachycardia and weaken heart tones. Moreover, in two cases a meningeal signs determined. Level of leucocyte intoxication among this group with lacunar clinical form of ATD was $1,87 \pm 0,03$. Statistically, we have not noticed evidenced difference of LLI between catarrhal and lacunar tonsillitis forms ($p > 0,05$), that confirmed the non-specificity of given parameter used for evaluation of endotoxemia level. Nevertheless in 11 cases of lacunar clinical variant the peritonsillar abscess had developed. Comparatively LLI was $3,27 \pm 0,04$, which in 1,7 times higher than in patients without local complication. Since the abscess is acute complication need surgical manipulation immediately in the holiatry, patients undergo for autopsy abscess. LLI already decreased after that up to $0,81 \pm 0,05$, as well as clinical inspection revealed evidenced betterment with decrease of intoxication syndrome.

Further monitoring by patients proved on 6–7-th day of holiatry the normalization of general state, with elimination of signs of intoxication. LLI as a parameter of endogenous intoxication had evidenced decreased and on the discharge time in convalescents with catarrhal tonsillitis was $0,12 \pm 0,02$, in convalescents with follicular and lacunar tonsillitis $0,46 \pm 0,03$ and $0,54 \pm 0,03$ accordingly.

Conclusions.

ATD is a serious infectious pathology; the calculating of LII by Kal-Kalif, based on complete blood count (CBC) at the admission time in patients with acute tonsillar

disease could be informative and additional parameter for evaluation of the expression level of endogenous intoxication syndrome. Moreover, shifting in CBC in dynamics and accordingly LLI may be predictive for the development of complications such as peritonsillitis and PTA that need immediately surgical intervention. Moreover, determination of LLI could considered for treatment correction of ATD and PTA.

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