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SCREENING FOR GESTATIONAL DIABETES MELLITUS

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Gestational diabetes mellitus (GDM), defined as carbohydrate intolerance of variable severity with onset or first recognition during the present pregnancy. GDM is the subject of interest not only for endocrinologists, but also for obstetricians-gynecologists and neonatologists, as this pathology is associated with numerous obstetric complications, high rate of perinatal morbidity and mortality. Active screening of GDM gives the opportunity to establish the groups of risk for DM development among female population and to provide direct preventive measures.

Objective of the research was to study carbohydrate metabolism in pregnant women for screening and diagnostics of gestational diabetes.

To accomplish this, 131 pregnant women, considering to have the risk of DM or demonstrating the level of fasting glycemia higher than 5,0 mmol/l in capillary blood (or higher than 5,83 mmol/l in blood plasma) on their examination in women's consulting centers or prenatal clinics, were included into this study. The 2-step system was used for assesment of carbohydrate metabolism. 1-hour 50g glucose tolerance test (GTT) was performed as screening, followed by 3-hour GTT for those with an abnormal screening results (if glycemia level exceeded 7,8 mmol/l).

Results. According to the results of first step of the research, glucose intolerance was diagnosed in 48% of women, who continued participation in the study. 3-hour

GTT revealed that in 38 women (60%) glycemia level exceeded threshold value (5,72±0,123 mmol/l) and their 1-hour postprandial glycemia increased more significantly (to 7,36±0,280 mmol/l) as compared with the rest of pregnant women (P<0,001), their 2-hour postprandial glucose level decreased to 6,33±0,254 mmol/l, still remaining higher as compared with fasting glycemia level (P<0,001). Only 3-hour postprandial glycemia level was similar to fasting one, but higher than corresponding index in healthy pregnant women (P<0,001). It's important to note, that 1-hour as well as 2-hour postprandial glucose level was the highest in women during I trimester of pregnancy. 3-hour postprandial glycemia level in women during late terms of gestation significantly exceeded that index healthy pregnant women. Thus, in 7 cases, diagnosed as GDM, 2 examined women (29%) were during I pregnancy trimester, and 5 of them (71%) – during II pregnancy trimester.

Conclusion. The results of present research show, that the disturbance of carbohydrate metabolism of variable severity is revealed approximately in 48% pregnant women during their examination by endocrinologist, and in 5% of women GDM is diagnosed. Screening of carbohydrate intolerance in pregnant women is extremely important for early diagnostics and treatment of the diseases, influencing the growth of the developing fetus, clinical course of a pregnancy and labor.

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THE WAYS OF INCREASING EFFECTIVENESS OF THE BASIC TREATMENT OF BRONCHIAL ASTHMA IN SCHOOL-AGED CHILDREN

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Bronchial Asthma (BA) should be controlled with the using of the basic therapy, according to Global initiative for asthma (GINA) report. But, the clinical statistics show us that this treatment is effective only in 60% school-age children with BA. That's why the main aim of our study is to increase effectiveness of BA treatment by Nucleinate using in the complex anti-inflammatory therapy. 98-school-age children with BA in the remission period were subjected to complex examination by double blind, randomised, placebo controlled method. They were divided into two groups. The 1st clinical group consisted of 47 patients who were administered Nucleinate in the dose of 0.25g/day for 21 days in basic therapy complex. The 2nd clinical group consisted of 51 patients whom placebo was administered with the same scheme. The groups didn't vary significantly in main parameters and signs. For determination hypersensitivity of respiratory tract (HSRT), it was estimated by the findings of an inducing dose of histamine, which resulted in a 20% reduction of FEV1 (PC20H), and a cumulative dose (PD20H) with the use of histamine serial dilution. Besides that, there were calculated the absolute risk

(AR), relative risk (RR) and odds ratio (OR) of event in the 1st group of children to patients from control group with 95% (Conjintence Interval). The effectiveness of the basic treatment was analyzed with next indexes: decrease of absolute risk (DAR), relative risk (DRR) and the minimum number of the patient which should be treated to have one positive result (MNT). Results and Discussion: Clinical and epidemiological risk indicators, registering lower bronchial hypersensitivity were as follows: AR - 0,3; RR - 1,9 (95% CI 1,3-9,3) and OR - 3,3 (95% CI 1,7-6,1). The use of Nucleinate in the basic therapy of the school-age children significantly reduced the risk of preserving expressed by bronchial hypersensitivity: DAR – 25,8%, DRR – 54,8% (95% CI 44,5-64,8), MNT – 1,8 (95% CI 0,1-7,1). Thus, the results of the use of Nucleinate in the combined therapy in the BA treatment in school-age children shows a significant reduction in HRST, except that the positive result after our treatment is present in every second child. Doctors should give Nucleinate in dose 0,25 g per day in the complex therapy of BA in school-age children without control due to severe bronchial hypersensitivity.