

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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Material and methods. Patients from all districts of Chernivtsi region, with a confirmed diagnosis of GC from 2014 to 2019 were involved in the study. A total of 1002 respondents aged 30 to 75 years and older participated in the survey; of them: (623) 62.2% men and (379) 37.8% women.

Results. The impact of risk factors on the development of gastric cancer among the population of Chernivtsi region and the need of its prevention by oncologists was studied through anonymous questionnaire using medical and sociological methods. The feedback form has been developed with the support of the Ukrainian Institute of Public Health.

When asked to self-assess their health at the time of the survey, 31.7% of men and 34.1% of women defined their own condition as unsatisfactory; 54.9% of men and 52.3% of women defined it as satisfactory; 12.2% of men and 16.6% of women defined it as good; and only 1.2% of men and 0% of women described their own condition as excellent. To the question of the questionnaire "What in your opinion is the cause of your gastric cancer?" the following answers were received: improper diet – 55.1% of men, 56.5% of women; bad habits – 62.0% of men, 67.4% of women; sedentary lifestyle – 51.0% of men, 62.4% of women; hereditary factor – 44.0% of men, 47.9% of women; infection with *H. pylori* – 42.8% of men, 57.2% of women. The above data indicate that the respondents are aware of the "harmful behavior". A positive correlation between GC and heavy alcohol intake was stated. Alcohol irritates and erodes the gastric mucosa, leading to gastritis, a foregoer of GC. Studies have proved that frequent consumption of fruit and vegetables lowers risk of GC to 37%. Alcohol overuse and salty foods, as well as processed meats significantly increase the risk of noncardiac GC, while obesity is associated with a high risk of gastric cardiac cancer.

Conclusions. Notwithstanding considerable effort of the oncologists in prevention of gastric cancer all over the world, it remains one of the most frequently diagnosed and the third fatal disease.

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DYNAMICS OF THE INCIDENCE AND MORTALITY FROM CANCER OF THE LARYNX IN UKRAINE AND EUROPE

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Introduction. The most common malignant tumor of the upper respiratory tract is cancer of the larynx. According to the National Cancer Registry of Ukraine, the proportion of laryngeal cancer is about 5.06-5.5% per 100 thousand of the population among all oncological diseases, and early stages (T1 and T2) are detected in 30-40% of patients with newly diagnosed laryngeal cancer. In the structure of oncological diseases of otolaryngological organs, laryngeal cancer occupies from 38 to 65%. More than 151,000 new cases of laryngeal cancer are registered every year in the world, and more than 70,000 people die from them laryngeal cancer is mainly caused by tobacco smoking and alcohol consumption, regardless of the type of drink. The various anatomical parts of the larynx affected should be noted while considering etiology.

The aim of the study. To analyze the dynamics of incidence and mortality from laryngeal cancer by sex and age in Ukraine and Europe region in the period 2013-2020.

Material and methods. Using statistical and medico-epidemiological methods, the analysis of the database of the National Cancer Registry of Ukraine for 2013-2020 and information on "Notification of a patient with a first-time diagnosis of cancer or other malignant neoplasm" (form № 090 / r).

Results. Laryngeal cancer is one of the most common malignant neoplasms in Europe, with about 52,000 new cases per year, 90% of them occurring in men. The incidence in men in southern and northern Europe is between 18 per 100,000 and 6 per 100,000, respectively. About half of all cases of morbidity occur in Asian countries. For women, the incidence rate does not exceed 1.5 per year per 100,000. The incidence of laryngeal cancer increases with age among the European men, with the majority of cases being diagnosed in persons aged 65 years or more (about 45% of all cases), and the incidence peaks in the 6th and 7th decades with about 50 new cases per 100,000 per

year. Compared to European countries, the incidence of laryngeal cancer in Ukraine occupies an average position of 5.2 per 100,000 population. Comparing mortality rates in European countries, the highest levels of laryngeal cancer were recorded in Hungary, Poland, Slovakia, Lithuania, Latvia and Romania, where the mortality of men is about 5 times higher than the corresponding figure of the female population. In Ukraine, the mortality rates from laryngeal cancer are also quite high, which is explained by the low level of primary cancer prevention. A high proportion of patients (for both sexes) was established at the age of 60-69 years (43.5%), a similar picture was in men (42.4%), and in women, a high proportion of cancer incidence did not decrease and in the age group 70 and older (1.1%). In general, the ratio of men to women was $21.5 \div 1$. The number of deaths from cancer in 2020 was 1053 people, with a rough mortality rate of 4.0 per 100 thousand population, which is 0.8% higher than in 2013, including 0.4% for women and by 1.1% in men. As with the incidence, the peak mortality from laryngeal cancer occurred in 2019 - 4.4 per 100 thousand population (for men - 8.6, for women - 0.7 per 100 thousand population).

Conclusions. To conclude, the incidence and mortality rate of laryngeal cancer among men has been declining since the late 1990s, while for women, these rates remain virtually unchanged.

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FEATURES OF THE COURSE OF ISCHEMIC HEART DISEASE IN COMBINATION WITH DIABETES

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Introduction. According to WHO, the incidence of diabetes mellitus (DM) in the world is steadily increasing. DM is one of the most important risk factors for the occurrence and progression of cardiovascular diseases (CVD). The pathogenetic connection between CVD and DM is confirmed by the Framingham Heart Study, which found that patients with diabetes have an increased risk of coronary heart disease (CHD), angina pectoris, myocardial infarction, heart failure, coronary death, etc. According to statistics, almost 68% of patients with diabetes aged 65 years and older die from CVD, 16% - from stroke. Almost 30% of patients with coronary artery disease have diabetes, which aggravates the course of the underlying disease, worsens the prognosis and quality of life of patients.

The aim of the study. The purpose of our study was to study the influence of diabetes on the course of coronary heart disease.

Material and methods. The following methods were used during the research: epidemiological - to study the sources of obtaining statistical information; sociological - to determine the most common risk factors for CHD; medical and statistical - for collecting, processing and analyzing the information obtained during the research (correlation analysis and student's t-criterion). In the course of the study, 110 patients were examined, they were divided into three groups: the main group - patients with coronary heart disease in combination with diabetes (n50), the experimental group of patients with coronary heart disease without manifestations of diabetes (n50) and the control group (n 10). 50 men and 60 women aged 40 and older.

Results. According to the results of conducted study comparative evaluation of the anamnesis data showed an earlier occurrence of clinical manifestations of myocardial ischemia was established in the group of patients with coronary artery disease in combination with type 2 diabetes both in men and especially in women. With a combination of CHD and DM, CHD symptoms appeared on average in men at the age of 46.1 ± 4.1 years, in women at the age of 48.7 ± 3.8 years; in patients without diabetes, respectively, in men at the age of 50.8 ± 2.7 years and in women - at the age of 56.4 ± 3.6 years. Painless myocardial ischemia in patients with coronary heart disease and concomitant DM occurred twice as often (in 21 of 60 patients – 35%) than in patients without DM (in 8 of 50 patients – 16%). Heart rhythm disorders (atrial fibrillation, ventricular extrasystole) were detected more often in patients of group 1 ($p < 0.05$). Thus, in patients with coronary artery disease associated with type 2 diabetes, the body mass index was 10.16% higher than the corresponding indicator in patients with coronary artery disease without type 2 diabetes ($p < 0.05$). Systolic and