МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

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106-ї підсумкової науково-практичної конференції
з міжнародною участю
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Матеріали підсумкової 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) – Чернівці: Медуніверситет, 2025. – 450 с. іл.

У збірнику представлені матеріали 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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advisable to include them in the complex therapy of psychosomatic diseases, especially such as functional disorders of the digestive system, chronic liver damage of viral and toxic etiology, and intestinal diseases.

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VARIABILITY OF THE FORMS OF THE SIGMORECTAL COLON AND ITS SIGMORECTAL SEGMENT IN FETUSES AND NEWBORNS

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Introduction. Development of modern pediatric surgery requires comprehensive information about morphological features of the colon in the perinatal period of human ontogenesis. Embryonic changes of the colon and its sigmorectal segment are caused by interrelation of all the structural-functional components between themselves and adjacent abdominal organs. The sigmorectal segment develops synchronically with other portions of the large intestine according to the stages of intestinal rotation and the periods of appearance of physiological hernia (Kozlov V.A., 2006, Vitenok O.Ya., 2012). In the process of the prenatal development, the formation of anatomical parts of the large intestine is associated with the periods of accelerated growth and formation of the intestinal wall structural elements. These periods correspond to the 8^{th}, 13^{th}, 16^{th} and 20^{th} weeks of ontogenesis. During 8-10 months the sigmorectal segment can reach the terminal portion of the colon or sacroiliac joint (Moldavskaya A.A.2006, Proniayev D.V., 2007).

The aim of the study. To examine variable anatomy of the sigmoid colon and development of topographic-anatomical interrelations of the sigmorectal segment in the perinatal period of human ontogenesis.

Materials and methods. The study was carried out on 79 samples of fetuses and human newborns without any external signs of anatomical deviations or defects. The methods of macro- and micro-preparation, morphometry, photo registration, injections of the arterial vessels, and statistical were applied.

Results. During the 2^{nd} trimester of the intrauterine development, the shape of the sigmoid colon possesses the utmost individual changeability. We have found C-, U-, Ω-shaped intestine, in the form of an inverted letter V, hook-like, spiral-shaped, and zigzag-shaped. The majority of fetuses (26,6 %) had C-like shape of the sigmoid colon. Fetuses with a dolichomorphic body type have a short sigmoid colon C-like and U-like in shape. Those with a brachiomorphic type have a long spiral-shaped sigmoid colon. In the dynamics of the 3^{rd} trimester, the shape of the sigmoid colon changes. The samples with spiral-shaped (38,8 %) and zigzag-shaped (25,8 %) sigmoid colon are found more often. Although, Ω-shaped and sigmoid colon in the form of an inverted letter V are not found. Variability of the anatomical forms of the sigmoid colon is caused by unequal development of the colon portions and the type of the body. The dolichomorphic body type has a short sigmoid colon C-like and U-like in shape. The brachiomorphic type has a long spiral-shaped and zigzag-shaped sigmoid colon. The sigmoid colon of newborns most often (77,8 %) is spiral-shaped, rarely (22,2 %) – zigzag-shaped. Newborns with a brachiomorphic body type have long spiral-shaped and zigzag-shaped sigmoid colon. Newborns with a brachiomorphic body type have short sigmoid colon.

In the dynamics of the 3^{rd} trimester of the intrauterine development, accelerated growth of the sigmoid colon occurs longitudinally, and the diameter of the sigmorectal segment components becomes longer. The major macroscopic and microscopic signs of the sigmorectal segment in the perinatal period are: narrowing of the intestinal tube in the point of transforming of the sigmoid colon into the rectum; the absence of protrusions and fatty appendages within the sigmorectal segment; continuation of the sigmoid colon tapes into the solid longitudinal muscle layer of the rectum; availability of the semicircular fold of the mucous membrane located transversally to the intestinal axis. Absolute signs of the anatomical border between the sigmoid colon and rectum are the features of the myo- and angioarchitectonics of the distal portions of the large intestine.

Conclusions. Topographic-anatomical interrelations of the sigmorectal segment in the

perinatal period of human ontogenesis depend on the shape of the sigmoid colon. The shape of the sigmoid colon possesses individual anatomical variability. The 3rd trimester is a critical period, since accelerated growth of the sigmoid colon occurs.

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FEATURES OF RHYTHM AND CONDUCTION DISTURBANCES IN CHRONIC CORONARY SYNDROME, CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND OBESE PATIENTS

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Introduction. The topic of studying rhythm and conduction disorders in patients with chronic coronary syndrome (CCS), chronic obstructive pulmonary disease (COPD) and obesity is important due to the fact that the presence of obesity increases the load on the heart, which is increased by the concomitant presence of chronic hypoxia in COPD, which leads to more frequent and severe rhythm and conduction disturbances in this group of patients.

The aim of our study. To compare the rhythm and conduction in CCS, COPD and obese patients with CCS and obese patients, COPD and normal body weight patients, CCS, COPD with excess body weight patients and investigate the effect of ranolazine in combination with basis therapy on the quality of life of CCS, COPD, and obese patients.

Material and methods. 110 patients were examined depending on the body mass index (BMI), the presence of CCS or COPD. All of them were divided into: group 1 – 22 CCS and obese patients, group 2 – 22 COPD and normal body weight patients, group 3 – 22 CCS, COPD and normal body weight subjects, group 4 – 22 CCS, COPD and overweight and group 5 – 22 CCS, COPD and obese patients. CCS, COPD and obese patients were also divided into two subgroups: control group - 11 patients were prescribed standard therapy, treatment group - 11 patients were given ranolazine in a dose of 500 mg 2 times a day in the basic treatment for 1 month. ECG recording was performed using a 12-channel electrocardiograph YuKARD-200 (UTAS, Ukraine). Verification of the clinical diagnosis of CCS was carried out in accordance with the European Society of Cardiology recommendations 2019. Confirmation of the COPD diagnosis was carried out in accordance with GOLD 2021.

Results. As a result of the analysis of rhythm and conduction disturbances in the experimental groups, it was established that sinus tachycardia was most often found in CCS, COPD and obese patients, while its frequency was 4.5 times ($p<0.05$) higher in this group of patients when compared with a group of COPD and normal body weight participants. A tendency to a higher frequency of ventricular extrasystoles in the group of CCS, COPD and obese patients was also noted. When examining the patients of the main group with rhythm and conduction disorders, positive ECG dynamics were noted (a decrease in the number of supraventricular extrasystoles in 3 patients and ventricular extrasystoles in 4 patients).

Conclusions. Ranolazine is an effective and safe treatment for arrhythmias in CCS, COPD and obese patients, helping to reduce the risk of cardiac complications without worsening the general condition or causing side effects on the respiratory system or metabolism.

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METABOLIC SYNDROME AND ASSOCIATED FACTORS IN PATIENTS WITH PSORIATIC ARTHRITIS

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Introduction. In Ukraine, the prevalence of psoriasis is estimated to be around 2–3% of the population, which aligns with global trends. Given that Ukraine has a population of approximately 40 million people, this suggests that about 1.2 million people in Ukraine are affected by psoriasis. Psoriatic arthritis (PsA) affects between 13.5% and 47% of individuals with psoriasis. PsA can lead to significant issues, such as temporary or permanent disability and a decline in both physical and