

ABSTRACT&REFERENCES

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FEATURES OF STRUCTURAL AND FUNCTIONAL HEART REMODELING IN PATIENTS WITH ARTERIAL HYPERTENSION AND THYROTOXICOSIS DEPENDING ON THE DEGREE OF ITS COMPENSATION

p. 3-9

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The aim: to study the peculiarities of structural and functional remodeling of the heart in arterial hypertension patients depending on the degree of thyrotoxicosis compensation.

Materials and methods. The study included 80 patients with AH, 50 patients per AH with concomitant TT (mean age 52.6 ± 12.7 years, mean duration of AG – 6.5 ± 4.0 years, duration of TT 3.9 ± 2.5), depending on the degree of compensation for TT the patients were divided into 2 groups (group 1 – compensated TT, group 2 – decompensated TT). The control group consisted of 30 patients from AH (mean age – 56.2 ± 7.6 years, mean duration of AG – 8.8 ± 4.4 years), who had excluded thyroid dysfunction during the examination.

Results and discussion. According to the results of echocardiography, types of myocardial hypertrophy of the left ventricle were studied. Correlation and regression analyses were performed concerning the influence of thyroid hormone on the systolic blood pressure level according to the data of the outpatient blood pressure monitor.

Conclusions. It was proved that the absence of thyrotoxicosis compensation in patients with arterial hypertension is accompanied by an increased level of systolic blood pressure, both during the whole day and during the day and night periods as compared to the control group and the group of patients with compensated thyrotoxicosis. Feedback between the systolic blood pressure level and the thyroid hormone has been proved. Based on correlation and regression analyses, it was established that heart remodeling in patients with arterial hypertension and thyrotoxicosis depends both on the level of systolic blood pressure (according to outpatient blood pressure monitoring) and the level of thyroid hormone

Keywords: arterial hypertension, thyrotoxicosis, heart remodelling, myocardial hypertrophy, prognosis

References

1. Williams, B., Mancia, G., Spiering, W., Agabiti Rosei, E., Azizi, M., Burnier, M. et. al. (2018). 2018 ESC/ESH Guidelines for the management of arterial hypertension. *European Heart Journal*, 39 (33), 3021–3104. doi: <http://doi.org/10.1093/eurheartj/ehy339>
2. Marusenko, I. M., Petrova, E. G. (2017). Tireotoksikoz i fibrillatsiia predserdii. *Ratsionalnaia farmakoterapiia v kardiologii*, 13 (3), 398–402.
3. Al Qahtani, S., Ouf, S., Ghazal, S. (2019). Reverse atrial remodeling and resolution of mitral regurgitation after rhythm control in atrial fibrillation: A case report. *Saudi Journal of Medicine and Medical Sciences*, 7 (2), 118. doi: http://doi.org/10.4103/sjmms.sjmms_139_17
4. Aleinikova, T. V. (2009). Remodelirovanie serdtsa u patsientov, stradaiushhikh arterialnoi gipertenziei. *Problemy zdorovia i ekologii*, 2 (20), 55–60.
5. Martinez, F. (2016). Thyroid hormones and heart failure. *Heart Failure Reviews*, 21 (4), 361–364. doi: <http://doi.org/10.1007/s10741-016-9556-5>
6. Ross, D. S., Burch, H. B., Cooper, D. S., Greenlee, M. C., Laurberg, P., Maia, A. L. et. al. (2016). 2016 American Thyroid Association Guidelines for Diagnosis and Management of Hyperthyroidism and Other Causes of Thyrotoxicosis. *Thyroid*, 26 (10), 1343–1421. doi: <http://doi.org/10.1089/thy.2016.0229>
7. Marwick, T. H., Gillebert, T. C., Aurigemma, G., Chirinos, J., Derumeaux, G., Galderisi, M. et. al. (2015). Recommendations on the use of echocardiography in adult hypertension: a report from the European Association of Cardiovascular Imaging (EACVI) and the American Society of Echocardiography (ASE). *European Heart Journal*, 36 (16), 577–605. doi: <http://doi.org/10.1093/ehjci/jev076>
8. Babenko, A. Iu., Grineva, E. N., Solntsev, V. N. (2013). Arterialnaia gipertenziia pri tireotoksikoze i ee rol v remodelirovanii levogo zheludochka. *Arterialnaia gipertenziia*, 19 (3), 237–241.
9. Tsimbaliuk, I. L. (2016). Optimizatsiia likuvania ta profilaktiki sertsevo-sudinnikh porushen u khvorikh na arterialnu gipertenziuu, poednanu z tireotoksikozom. *Zaporizhzhia*, 27.
10. Pashhenko, E. V., Chesnikova, A. I., Terentev, V. P. et. al. (2018). Strukturno-funktsionalnye osobennosti levogo zheludochka u patsientov s serdechnoi nedostochnosti pri ishemicheskoi bolezni serdtsa i tireotoksikoze. *Kubanskii nauchnii meditsinskii vestnik*, 4, 68–74.
11. Kahan, T., Persson, H. (2015). The importance of left ventricular geometry in hypertensive heart disease. *Journal of Hypertension*, 33 (4), 690–692. doi: <http://doi.org/10.1097/hjh.0000000000000557>
12. Berta, E., Lengyel, I., Halmi, S., Zrínyi, M., Erdei, A., Harangi, M. et. al. (2019). Hypertension in Thyroid Disorders. *Frontiers in Endocrinology*, 10, 482. doi: <http://doi.org/10.3389/fendo.2019.00482>

13. Corona, G., Solaroli, E., Tortorici, G., Sforza, A. (2019). Heart and thyroid interactions. *G Ital Cardiol (Rome)*, 20 (6), 342–350.

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CLINICAL AND LABORATORY PORTRAITS OF PATIENTS WITH TUBERCULOSIS AND ALCOHOL CONSUMPTION

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The aim was to study the clinical and laboratory data of patients with firstly diagnosed pulmonary tuberculosis with different levels of alcohol consumption.

Materials and methods. The study included 102 patients with firstly diagnosed pulmonary tuberculosis and preserved sensitivity to anti-TB drugs with alcohol consume. The activity of gamma-glutamyltranspeptidase was determined by the kinetic method. C-reactive protein levels were determined by latex agglutination. To analyse the parameters of the quality of life the SF-36 questionnaire was used. Assessment of the alcohol consumption level was carried out using the Alcohol Use Disorders Identification Test. The obtained data were processed using the Statistica software.

The results. According to the results of the AUDIT questionnaire, patients were divided into three groups. Group 1 – persons who scored 0–7 points, group 2 – 8–15 points, group 3 – 16 points or more. The quality of life in the first two groups were at a fairly high level with a predominance of the physical component of health. In the third group, the average indicators for both components were significantly lower than the first two groups. Group 3 patients were more socially maladaptive. In the group of alcohol-abusing patients, pathological process predominant affecting more than one lobe of the lungs with signs of destructive processes of the lung tissue. In 82.1 % of patients in group 3 mycobacterium tuberculosis was detected in sputum already at the stage of microscopic examination. In tuberculosis patients with increasing of alcohol consumption, there was an increase the blood levels of leukocytes, CRP and ESR, manifestations of anemia and a decrease in the activity of cellular immunity due to a decrease of lymphocytes degree. Maximum disturbances occurred in group 3. Indicators of the functional state of the liver, except for ALT, in group 3 were significantly higher than in group 1.

Conclusions. Patients with tuberculosis who consume alcohol, has a decrease in social adaptation, quality of life, the more clearly intoxication syndrome, the prevalence of spreading forms of tuberculosis with massive bacterial excretion, as well as impaired liver function

Keywords: tuberculosis, alcohol, consumption, abuse, quality of life, clinical data, laboratory data

References

1. Global tuberculosis report 2019 (2019). Geneva: World Health Organization; Licence: CC BY-NC-SA 3.0 IGO.
2. Simou, E., Britton, J., Leonardi-Bee, J. (2018). Alcohol consumption and risk of tuberculosis: a systematic review and meta-analysis. *The International Journal of Tuberculosis and Lung Disease*, 22 (11), 1277–1285. doi: <http://doi.org/10.5588/ijtld.18.0092>
3. Silva, D. R., Muñoz-Torrico, M., Duarte, R., Galvão, T., Bonini, E. H., Arbex, F. F. et. al. (2018). Risk factors for tuberculosis: diabetes, smoking, alcohol use,

and the use of other drugs. *Jornal Brasileiro de Pneumologia*, 44 (2), 145–152. doi: <http://doi.org/10.1590/s1806-37562017000000443>

4. Pasala, S., Barr, T., Messaoudi, I. (2015). Impact of Alcohol Abuse on the Adaptive Immune System. *Alcohol research: current reviews*, 37 (2), 185–197.

5. Francisco, J., Oliveira, O., Felgueiras, Ó., Gaio, A. R., Duarte, R. (2016). How much is too much alcohol in tuberculosis? *European Respiratory Journal*, 49 (1), 1601468. doi: <http://doi.org/10.1183/13993003.01468-2016>

6. Barr, T., Helms, C., Grant, K., Messaoudi, I. (2016). Opposing effects of alcohol on the immune system. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 65, 242–251. doi: <http://doi.org/10.1016/j.pnpbp.2015.09.001>

7. Laprawat, S., Peltzer, K., Pansila, W., Tansakul, C. (2017). Alcohol use disorder and tuberculosis treatment: A longitudinal mixed method study in Thailand. *South African Journal of Psychiatry*, 23. doi: <http://doi.org/10.4102/sajpsy.2017.23i0.1074>

8. Melnyk, V. M., Turchenko, L. V. (2016). Tuberkuloz i alkoholna zalezhnist – aktualna problema sohodennia. *Ukrainskyi pulmonologichnyi zhurnal*, 4, 9–18.

9. Pro zatverdzhennia Zmin do Standartu nadannia medychnoi dopomohy khvorym na khimioresystentnyi tuberkuloz (2012). Nakaz MOZ Ukrainy No. 1045. 12.12.2012. Available at: https://zakononline.com.ua/documents/show/3369__3369

10. Ware, J. E., Sherbourne, C. D. (1992). The MOS 36-Item Short-Form Health Survey (SF-36). *Medical Care*, 30 (6), 473–483. doi: <http://doi.org/10.1097/00005650-199206000-00002>

11. Babor, T. (2001). Audit, the alcohol use disorders identification test: guidelines for use in primary care. Geneva: World Health Organization.

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CARDIOVASCULAR COMPLICATIONS IN PATIENTS WITH ACUTE ISCHEMIA OF THE LIMBS IN THE EARLY PERIOD OF ISCHEMIC STROKE

p. 15-18

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Aim. To define risks and complications for patients with the sharp ischemia of lower extremities in the sharp period of stroke after reconstructive surgical treatment for the decline of amount of amputations and sharp violations of cerebral circulation of blood postoperative period.

Materials and methods. In the period 2015–2019 based on the Department of Acute Diseases of Vessels of the State Institution «ICUS by. VT Zaitsev NAMNU » we operated 31 patients for acute ischemia of the lower extremities during the period of acute ischemic stroke (namely, within 3–4 weeks after the neurological manifestations). The mean age of the patients was 72.9 ± 1.65 years. Among them are 17 women and 14 men. The diagnosis of acute ischemia of the lower extremities was established in 19 patients, the upper – in 12 patients.

Results. All patients (31) were operated; the main blood flow was restored. In 28 cases of patients were performed embolectomy, in 3 cases – bypass surgery.

Conclusions. Ultrasound examination of the lower extremities should be performed for patients with acute stroke ischemia with paresis to verify acute lower limb ischemia, which allows timely diagnosis of ischemia and reduce the number of amputations in patients with acute lower limb ischemia I–II degree to 0 %, and the risk of stroke to 3.2 %

Keywords: sharp ischemia of lower limbs, sharp violation of cerebral circulation of blood, thrombectomy, amputation

References

1. Pulyk, O. R., Hyriavets, M. V. (2016). Analiz zakhvoriuvanosti, smertnosti ta invalidnosti pislia perenesenoho mozkovoho insultu. *Zdorovia natsii*, 1-2 (37-38), 161–166.

2. Damulin, I. V., Parfenov, V. A., Skoromets, A. A. et. al.; Iakhno, N. N. (Red.) (2015). *Narusheniia krovoo-brashcheniia v golovnom i spinnom mozge. Bolezni nervnoi sistemy*. Moscow: Meditsina, 1, 232–303.

3. Westendorp, W. F., Nederkoorn, P. J., Vermeij, J.-D., Dijkgraaf, M. G., de Beek, D. van. (2011). Post-stroke infection: A systematic review and meta-analysis. *BMC*

Neurology, 11 (1). doi: <http://doi.org/10.1186/1471-2377-11-110>

4. Vermeij, F., Nederkoorn, P. J., Den Hertog, H. M., van de Beek, D., Dippel, D. W. (2010). Antibiotic therapy for preventing infections in patients with acute stroke. *Cochrane Database of Systematic Reviews*. doi: <http://doi.org/10.1002/14651858.cd008530>

5. Westendorp, W. F., Vermeij, J.-D., Brouwer, M. C., Roos, Y. B. W. E. M., Nederkoorn, P. J., van de Beek, D. (2016). Pre-Stroke Use of Beta-Blockers Does Not Lower Post-Stroke Infection Rate: An Exploratory Analysis of the Preventive Antibiotics in Stroke Study. *Cerebrovascular Diseases*, 42 (5-6), 506–511. doi: <http://doi.org/10.1159/000450926>

6. Zonneveld, T. P., Nederkoorn, P. J., Westendorp, W. F., Brouwer, M. C., van de Beek, D., Kruyt, N. D. (2017). Hyperglycemia predicts poststroke infections in acute ischemic stroke. *Neurology*, 88 (15), 1415–1421. doi: <http://doi.org/10.1212/wnl.0000000000003811>

7. Groot, A. E., Vermeij, J.-D. M., Westendorp, W. F., Nederkoorn, P. J., van de Beek, D., Coutinho, J. M. (2018). Continuation or Discontinuation of Anticoagulation in the Early Phase After Acute Ischemic Stroke. *Stroke*, 49 (7), 1762–1765. doi: <http://doi.org/10.1161/strokeaha.118.021514>

8. Van Dijk, T., Vermeij, J.-D., van Koningsbruggen, S., Lakeman, P., Baas, F., Poll-The, B. T. (2018). A SEPSECS mutation in a 23-year-old woman with microcephaly and progressive cerebellar ataxia. *Journal of Inherited Metabolic Disease*, 41(5), 897–898. doi: <http://doi.org/10.1007/s10545-018-0151-x>

9. Westendorp, W. F., Vermeij, J.-D., Hilkens, N. A., Brouwer, M. C., Algra, A., van der Worp, H. B. et. al. (2018). Development and internal validation of a prediction rule for post-stroke infection and post-stroke pneumonia in acute stroke patients. *European Stroke Journal*, 3 (2), 136–144. doi: <http://doi.org/10.1177/2396987318764519>

10. Westendorp, W. F., Zock, E., Vermeij, J.-D., Kerkhoff, H., Nederkoorn, P. J. et. al. (2018). Preventive Antibiotics in Stroke Study (PASS). *Neurology*, 90 (18), e1553–e1560. doi: <http://doi.org/10.1212/wnl.0000000000005412>

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EFFICIENCY ANALYSIS OF ULTRASOUND DIAGNOSIS OF ACUTE APPENDICITIS DURING PREGNANCY

p. 18-23

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The aim of the study was to identify ultrasound signs of various forms of the acute appendicitis and to study the efficiency of the ultrasound method in the diagnosis of acute appendicitis in pregnant women.

Materials and methods. 73 pregnant women (group I) and 43 non-pregnant women (group II) were examined with suspicion of acute appendicitis. The age of patients ranged from 18 to 40 years, on average – 25.7±0.5 years. Gestational age was from 4–5 to 35–36 weeks. The informational content of sonography was studied by following criteria: sensitivity, specificity, accuracy and efficiency.

Results and discussion. An analysis of the results of informational content showed that the diagnostic significance of ultrasound by the third trimester of gestation is decreased which is probably due to the increased size of the uterus and the appearance of acoustic difficulties. Sensitivity, accuracy and efficiency were higher in the first trimester in contrast with second and third trimesters. In group II, higher values of informative indices were noted than in women of group I. There is an increase: sensitivity by 27.3 %, accuracy by 25.2 % and diagnostic efficiency by 14.7 %.

Conclusions. Ultrasound diagnosis of acute appendicitis during pregnancy especially at the end of II and III trimesters is a definite problem points to the advantages of an integrated approach to the diagnosis of acute appendicitis during pregnancy comparing the clinical manifestations of the disease with the results of diagnostic research methods

Keywords: pregnancy, acute appendicitis, ultrasound diagnostics

References

1. Khatsko, V. V., Gredzhev, F. A., Parkhov, A. V., Potapov, V. V. (2014). Ostryi appenditsit u beremennykh (nauchnyi obzor). *Ukrainskii zhurnal khirurgii*, 1, 154–157.

2. Chichom Mefire, A., Tchounzou, R., Kuwong, P. M., Atangana, J. P. A., Lysinge, A. C., Malonga, E. E. (2011). Clinical, Ultrasonographic, and Pathologic Characteristics of Patients with Chronic Right-lower-quadrant Abdominal Pain that May Benefit from Appendectomy. *World Journal of Surgery*, 35 (4), 723–730. doi: <http://doi.org/10.1007/s00268-011-0980-3>

3. Zhuravlev, I. A., Nuriyeva, A. R., Mamedova, O. K., Farahutdinov, A. A. (2015). Diagnosis and the treatment of acute appendicitis the pregnant females. *Vestnik Bashkirskogo gosudarstvennogo meditsinskogo universiteta. Prilozhenie*, 2, 780–785.

4. Strizhakov, A. N., Chernousov, A. F., Rybin, M. V., Samoylova, Y. A. (2010). Pregnancy Acute and appendicitis. *Vestnik khirurgicheskoi gastroenterologii*, 3, 4–16.

5. Kumamoto, K., Imaizumi, H., Hokama, N., Ishiguro, T., Ishibashi, K., Baba, K. et. al. (2015). Recent trend

of acute appendicitis during pregnancy. *Surgery Today*, 45 (12), 1521–1526. doi: <http://doi.org/10.1007/s00595-015-1139-x>

6. Dobrokvashin, S. V., Izmailov, A. G., Volkov, D. E., Demianov, S. L. (2013). Diagnostic algorithm of the acute appendicitis at pregnant women. *Vestnik sovremennoi klinicheskoi meditsiny*, 6 (5), 83–85.

7. Amelchenia, O. A. (2012). Ostryi appenditsit u beremennykh. *Vostochnaia Evropa*, 2, 139–152.

8. Lehnert, B. E., Gross, J. A., Linnau, K. F., Moshiri, M. (2012). Utility of ultrasound for evaluating the appendix during the second and third trimester of pregnancy. *Emergency Radiology*, 19 (4), 293–299. doi: <http://doi.org/10.1007/s10140-012-1029-0>

9. Wallace, C. A., Petrov, M. S., Soybel, D. I., Ferzoco, S. J., Ashley, S. W., Tavakkolizadeh, A. (2007). Influence of Imaging on the Negative Appendectomy Rate in Pregnancy. *Journal of Gastrointestinal Surgery*, 12 (1), 46–50. doi: <http://doi.org/10.1007/s11605-007-0377-7>

10. Sezer, T. O., Gulece, B., Zalluhoglu, N. et. al. (2012). Diagnostic value of ultrasonography in appendicitis. *Advances in Clinical and Experimental Medicine*, 21 (5), 633–636.

11. Zhilina, N. M. (2007). *Primenenie metodov obrabotki dannykh v meditsinskikh issledovaniakh: metodicheskie rekomendatsii*. Novokuznetsk: GOU DPO «NGIUV» Roszdrava, 44.

12. Lapach, S. N., Chubenko, A. V., Babykh, P. N. (2001). *Statysticheskye metody v medyko-byolohycheskykh yssledovaniakh s yspolzovanyem Excel*. Kyiv: Myryon, 408.

severity of the disease according to the SCORAD and EASI scales, and bacteriological and immunological studies. Examination of patients was carried out during an exacerbation of the disease.

Results of the study: a correlation was established between the indicators of specific humoral immunity and the clinical course of allergic dermatoses. It was proved that in patients suffering from AD with severe and moderate disease with clinically significant SCORAD indices, IgE reactivity to CCAg auto Staph was significantly higher compared to specific IgE to CCAg reference Staph: $40,5 \pm 5,4$ and $22,2 \pm 3,1$ ($P < 0,01$) and $14,9 \pm 1,02$ and $11,4 \pm 1,07$ ($p < 0,01$), respectively. When summarizing the results obtained in the study of the blood sera of patients with severe and moderate IE with significant EASI indices, it was shown that the levels of anti-staphylococcal IgE to CCAg auto Staph were significantly higher when compared with serum IgE to CCAg reference Staph: $15,8 \pm 1,51$ and $11,7 \pm 0,96$ ($p < 0,01$) and $8,4 \pm 0,48$ and $6,9 \pm 0,39$ ($P < 0,02$), respectively.

Conclusions: given that the determination of specific and total IgE in blood serum blood pressure is included in the clinical protocol for the provision of specialized and highly specialized medical care, and allergen-specific therapy is considered as a promising treatment method, the determination of specific IgE before CCAg auto Staph can provide a personalized approach for diagnosis and treatment allergic dermatoses, weighed down by staphylococcal abnormal colonization of the skin

Keywords: allergic dermatoses, clinical course, specific IgE

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LEVELS OF SPECIFIC IgE TO AUTO-STRAINS OF S.AUREUS ISOLATED FROM LOCUS MORBI PATIENTS WITH ALLERGODERMATOSIS

p. 23-28

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The aim: to determine the levels of specific IgE for *S. aureus* autostrains isolated from locus morbi with allergic dermatoses.

Research methods: the study included 81 patients who received medical care in the Department of Dermatology, State Institution “Institute of Dermatology on Venereology of the National Academy of Medical Sciences of Ukraine” in 2016-2019. The patients underwent clinical and laboratory examination, which included analysis of complaints and medical history data, assessment of the

References

1. Flohr, C., Mann, J. (2013). New insights into the epidemiology of childhood atopic dermatitis. *Allergy*, 69 (1), 3–16. doi: <http://doi.org/10.1111/all.12270>

2. Kapur, S., Watson, W., Carr, S. (2018). Atopic dermatitis. *Allergy, Asthma & Clinical Immunology*, 14 (S2). doi: <http://doi.org/10.1186/s13223-018-0281-6>

3. Silverberg, J. I., Simpson, E. L. (2014). Associations of Childhood Eczema Severity. *Dermatitis*, 25 (3), 107–114. doi: <http://doi.org/10.1097/der.0000000000000034>

4. Barbarot, S., Auziere, S., Gadkari, A., Girolomoni, G., Puig, L., Simpson, E. L. et. al. (2018). Epidemiology of atopic dermatitis in adults: Results from an international survey. *Allergy*, 73 (6), 1284–1293. doi: <http://doi.org/10.1111/all.13401>

5. Hajar, T., Gontijo, J. R. V., Hanifin, J. M. (2018). New and developing therapies for atopic dermatitis. *Anais Brasileiros de Dermatologia*, 93 (1), 104–107. doi: <http://doi.org/10.1590/abd1806-4841.20187682>

6. Egawa G, Kabashima K. Multifactorial skin barrier deficiency and atopic dermatitis: essential topics to prevent the atopic march. *J Allergy Clin Immunol*. 2016. 138(2):350- 358.e1. doi: 10.1016/j.jaci.2016.06.002

7. Ionescu, M. A. (2014). Kozhnyi barer: strukturnye i immunnye izmeneniia pri rasprostranennykh bolezniakh kozhi. *Rossiiskii allergologicheskii zhurnal*, 2, 83–89.

8. Manti, S., Chimenz, R., Salpietro, A., Colavita, L., Pennisi, P., Pidone, C. et. al. (2015). Atopic dermatitis: expression of immunological imbalance. *Journal of Biological Regulators and Homeostatic Agents*, 29 (2), 13–17.

9. Werfel, T., Allam, J.-P., Biedermann, T., Eyerich, K., Gilles, S., Guttman-Yassky, E. et. al. (2016). Cellular and molecular immunologic mechanisms in patients with atopic dermatitis. *Journal of Allergy and Clinical Immunology*, 138 (2), 336–349. doi: <http://doi.org/10.1016/j.jaci.2016.06.010>

10. Nyankovskyy, S. L., Nyankovska, O. S., Horodnylovska, M. I. (2019). Atopic dermatitis is an important problem in current pediatrics. *Child's Health*, 14 (4), 250–255. doi: <http://doi.org/10.22141/2224-0551.14.4.2019.174039>

11. Korostovtsev, D. S., Makarova, I. V., Reviakina, V. A., Gorlanov, I. A. (2000). Indeks SCORAD -obektivnyi i standartizovannyi metod otsenkiporazheniia kozhi pri atopicheskomdermatite. *Allergologiya*, 3, 39–43.

12. Larsen, F. S., Hanifin, J. M. (2002). Epidemiology of atopic dermatitis. *Immunology and Allergy Clinics of North America*, 22 (1), 1–24. doi: [http://doi.org/10.1016/s0889-8561\(03\)00066-3](http://doi.org/10.1016/s0889-8561(03)00066-3)

13. Prikaz No. 535 “Ob unifikatsii mikrobiologicheskikh (bakteriologicheskikh) metodov issledovaniia, primeniaemykh v kliniko-diagnosticheskikh laboratoriiakh lechebno-profilakticheskikh uchrezhdenii”. MZ SSSR, 22.04.1985, 125.

14. Lapach, S. N., Chubenko, A. V., Babich, P. N. (2002). Osnovnye printsipy primeneniia statisticheskikh metodov v klinicheskikh ispytaniakh. Kyiv: Morion, 160.

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MORPHOMETRIC AND IMMUNOHISTOCHEMICAL FEATURES OF TTF-1 POSITIVE LUNG TUMORS: IMPROVEMENT OF APPROACHES TO THE DIAGNOSIS OF UNKNOWN PRIMARY SITES METASTASES

p. 29-34

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Verification of lung tumors in the practical activity of a pathomorphologist reached a completely different level

due to the use of additional highly sensitive diagnostic methods (immunohistochemical (IHC) and cytogenetic studies). Thyroid transcription factor 1 (TTF-1) plays a key role in lung morphogenesis and is expressed in about 90 % of pulmonary small cell carcinomas. The positivity of TTF-1 in pulmonary and extrapulmonary neuroendocrine tumors is actively debated in the literature, therefore, the results of IHC on TTF-1 in metastases from an unknown source should be interpreted carefully and constantly improve differential diagnostic algorithms, expanding IHC panels with organ-specific markers, and focus on additional morphometric indicators research of nuclei of tumor cells.

The aim of the work is to investigate the complex of morphological, morphometric, and IHC characteristics of TTF-1 positive lung tumors to improve the diagnostic algorithms for metastases from an unknown primary source.

Materials and methods. A retrospective analysis of histological, morphometric and IHC characteristics of the biopsy material TTF-1 of positive lung carcinomas from 36 patients (10 women and 26 men) aged 29 to 81 years (mean 58.03±10.83 years) for the period 2015–2018, taken from the archive of the morphological department of the medical-diagnostic center of LLC “Pharmacies of the Medical Academy” (Ukraine, Dnipro).

Results. In the diagnosis of carcinomas of unknown primary localization with suspected lung origin, it is necessary to take into account morphological, morphometric and IHC features together, which is associated with the similarity of metastases of squamous cell carcinomas of the head and neck, mucinous adenocarcinomas of the gastrointestinal tract and neuroendocrine carcinomas from Merkel cells corresponding to the histological forms lung tumors, as well as insufficient sensitivity of the marker TTF-1.

Conclusions. Use of the minimum primary (Cytokeratin, Pan AE1/AE3 (+) / Vimentin (-/+)/CD45 (-)/SI100 (-/+)) and secondary (Ck7+, Ck20-, TTF-1+) IHC panels will prove that the phenotype of carcinoma of unknown primary site corresponds to the form of disseminated lung carcinoma, and additional markers Ck HMW, p63, Chromogranin A, Synaptophysin and / or CD56 together with morphometric indices of the nuclei will determine the histological form of lung carcinoma with justification for the use of appropriate therapy

Keywords: TTF-1, CK7, Ki-67, lung carcinomas, ImageJ

References

1 Jagirdar, J. (2008). Application of Immunohistochemistry to the Diagnosis of Primary and Metastatic Carcinoma to the Lung. *Archives of Pathology & Laboratory Medicine*, 132, 384–396.

2 Bobos, M., Hytiroglou, P., Kostopoulos, I., Karkavelas, G., Papadimitriou, C. S. (2006). Immunohistochemical Distinction Between Merkel Cell Carcinoma and Small Cell Carcinoma of the Lung. *The American Journal of Dermatopathology*, 28 (2), 99–104. doi: <http://doi.org/10.1097/01.dad.0000183701.67366.c7>

3 Verset, L., Arvanitakis, M., Loi, P., Closset, J., Delhaye, M., Remmelink, M., Demetter, P. (2011). TTF-1 positive small cell cancers: Don't think they're always primary pulmonary! *World Journal of Gastrointestinal Oncology*, 3 (10), 144–147. doi: <http://doi.org/10.4251/wjgo.v3.i10.144>

4 Travis, W. D. (2012). Update on small cell carcinoma and its differentiation from squamous cell carcinoma and other non-small cell carcinomas. *Modern Pathology*, 25 (S1), S18–S30. doi: <http://doi.org/10.1038/modpathol.2011.150>

5 Varadhachary, G. R., Raber, M. N. (2014). Cancer of Unknown Primary Site. *New England Journal of Medicine*, 371 (8), 757–765. doi: <http://doi.org/10.1056/nejmra1303917>

6 Poslavskaya, O. V. (2016). Determination of linear dimensions and square surfaces areas of morphological objects on micrographs using ImageJ software. *Morphologia*, 10 (3), 377–381.

7 Poslavska, O. V., Shponka, I. S., Gritsenko, P. O., Alekseenko, O. A. (2018). Morphometric analysis of pancytokeratin-negative neoplastic damages of the lymphatic nodes of the neck. *Medical Perspectives*, 23 (1), 30–37. doi: <http://doi.org/10.26641/2307-0404.2018.1.124915>

8 Leech, S. N., Kolar, A. J. O., Barrett, P. D., Sinclair, S. A., Leonard, N. (2001). Merkel cell carcinoma can be distinguished from metastatic small cell carcinoma using antibodies to cytokeratin 20 and thyroid transcription factor 1. *Journal of Clinical Pathology*, 54 (9), 727–729. doi: <http://doi.org/10.1136/jcp.54.9.727>

9 Kervarrec, T., Tallet, A., Miquelstorena-Standley, E., Houben, R., Schrama, D., Gambichler, T. et. al. (2019). Morphologic and immunophenotypical features distinguishing Merkel cell polyomavirus-positive and negative Merkel cell carcinoma. *Modern Pathology*, 32 (11), 1605–1616. doi: <http://doi.org/10.1038/s41379-019-0288-7>

10 Ross, J. S., Wang, K., Gay, L., Otto, G. A., White, E., Iwanik, K. et. al. (2015). Comprehensive Genomic Profiling of Carcinoma of Unknown Primary Site. *JAMA Oncology*, 1 (1), 40–49. doi: <http://doi.org/10.1001/jamaoncol.2014.216>

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SOME ASPECTS OF ENISAMIUM IODIDE NASAL SPRAY SAFETY: PRE-CLINICAL STUDY RESULTS

p. 35-40

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The aim. To substantiate the safety using of the new nasal spray with Enisamium Iodide via study results of acute local drug-induced irritant action of the test object single-dose to eyes and nasal cavity mucosa.

Material and methods. Enisamium Iodide 10 mg/mL (nasal spray) was the test object. The reference drug was 0.9 % saline. Flemish Giant rabbits were used to induce the experiment (2 groups, 9 rabbits in each group). All study objects were administered in single-dose into the eye conjunctival sacs (0.01 mL) and nasal passages (0.1 mL) by instillation. The eye examination we performed in different time observation point (through 1, 24, 48 and 72 h after drug instillation). Nasal endoscopy was used for control of nasal cavity in all stages of study (15 minutes before, 1-hour and 24 hours after drug instillation) under general anesthesia. The scales of the assessment were used to the result objectivity.

Results. The total score was 0 points in all groups at all-time points according to the relevant scale and the scale of the assessment of rabbit nasal cavity mucosa by nasal endoscopy results. This corresponds to the condition of a healthy eye and healthy nasal mucosa.

Conclusions. Enisamium Iodide 10 mg/mL (nasal spray) in the single-dose instillation into the rabbit eye conjunctival sacs and rabbit nasal passages did not show

local drug-induced irritant action on the eye conjunctiva and nasal cavity mucosa in the experimental animals. Nasal endoscopy could be used as an informative visual method in preclinical studies.

Keywords: acute local drug-induced irritant action, Enisamium Iodide (nasal spray), nasal endoscopy single-dose instillation, relevant scale

References

1. Kwah, J. H., Peters, A. T. (2019). Nasal polyps and rhinosinusitis. *Allergy and Asthma Proceedings*, 40 (6), 380–384. doi: <http://doi.org/10.2500/aap.2019.40.4252>
2. Çelik, M., Kaya, K. H., Yegin, Y. et. al. (2019). Anatomical Factors in Children with Orbital Complications Due to Acute Rhinosinusitis. *Iranian Journal of Otorhinolaryngology*, 31 (106), 289–295.
3. Sella, G. C. P., Tamashiro, E., Anselmo-Lima, W. T., Valera, F. C. P. (2017). Relation between chronic rhinosinusitis and gastroesophageal reflux in adults: systematic review. *Brazilian Journal of Otorhinolaryngology*, 83 (3), 356–363. doi: <http://doi.org/10.1016/j.bjorl.2016.05.012>
4. Mengko, S. K., Soemantri, R. D., Juniati, S. H. (2018). Correlation Between Objective Evaluation Result of Nasal Congestion and Life Quality in Patients with Acute Rhinosinusitis. *Indian Journal of Otolaryngology and Head & Neck Surgery*, 71 (3), 1929–1934. doi: <http://doi.org/10.1007/s12070-018-1333-4>
5. De Boer, D. L., Kwon, E. (2019). *Acute Sinusitis*. StatPearls. Treasure Island (FL): StatPearls Publishing. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK547701/>
6. Fokkens, W. J., Lund, V. J., Mullol, J. et. al. (2012). European position paper on rhinosinusitis and nasal polyps. *Rhinology*, 50 (23), 1–298.
7. Ministry of Health of Ukraine. Universal clinical protocol for primary, secondary (specialized) and tertiary (highly specialized) medical care. Acute rhinosinusitis (2016). Order of the Ministry of Health of Ukraine, 85, 17–24.
8. Zhulay, T. S., Shebeko, S. K., Zupanets, I. A. (2017). The study of the dose-dependent antiexudative effect of a new anti-inflammatory nasal spray. *Clinical pharmacy*, 21 (4), 11–16. doi: <http://doi.org/10.24959/cphj.17.1446>
9. Zhulai, T. S. (2018). The preclinical study of a new nasal spray with the anti-inflammatory properties: the effect on the leukotriene-induced inflammation. *Clinical pharmacy*, 22 (4), 27–33. doi: <http://doi.org/10.24959/cphj.18.1473>
10. Zhulai, T., Shebeko, S., Goy, A. (2018). Perspectives for use of the new nasal spray with anti-inflammatory action in treatment of acute rhinosinusitis. *Rhinology*, 56 (27), 585.
11. Zupanets, I. A., Popovich, V. I., Zhulai, T. S., Volosovets, O. P., Shebeko, S. K., Kryvopustov, S. P. et. al. (2019). Pharmaceutical care of patients in acute rhinosinusitis treatment. Kharkiv: Golden pages, 36.
12. Kovalenko, V. M., Tsypkun, O. G. (2007). Pre-clinical study of the local drug-induced irritant action. Kyiv: St. Pharm. Center, 13–31.
13. Parliament, European & Council, European (2010). DIRECTIVE 2010/63/EU on the protection of animals used for scientific purposes. EU Official Journal. L276. Available at: <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2010:276:0033:0079:EN:PDF>
14. Turner, P. V., Pekow, C., Vasbinder, M. A., Brabb, T. (2001). Administration of Substances to Laboratory Animals: Equipment Considerations, Vehicle Selection, and Solute Preparation. *Journal of the American Association for Laboratory Animal Science*, 50 (5), 614–627.
15. Flecknell, P. A. (2016). *Laboratory Animal Anesthesia*. Oxford: Academic Press, 350. doi: <http://doi.org/10.1016/c2013-0-13494-0>
16. Islam, M. A., Al-Shiha, A. (2018). *Foundations of Biostatistics*. Springer Nature Singapore Ltd. doi: <http://doi.org/10.1007/978-981-10-8627-4>
17. Quirk, T. J., Quirk, M. H., Horton, H. F. (2016). *Excel 2016 for Biological and Life Sciences Statistics: A Guide to Solving Practical Problems*. Springer International Publishing Switzerland. doi: <http://doi.org/10.1007/978-3-319-39489-3>

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THE LEVEL OF FETAL ATTACHMENT IN WOMEN WITH THE THREAT OF PRETERM BIRTH IN THE THIRD TRIMESTER OF PREGNANCY AND THE PSYCHOMOTOR DEVELOPMENT OF THE FIRST YEAR OF LIFE CONSIDERING MOTHER-CHILD INTERACTION

p. 40-44

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The aim of the research is to study the level of attachment to the fetus of women with the threat of premature birth in the third trimester of pregnancy and psychomotor development of the baby in the first year of life.

Materials and methods. The study included 150 pregnant women in the third trimester (23–37 weeks), and their men. Of these, the main group consisted of 120 women with the risk of preterm birth in the last trimester of pregnancy (MG). The comparison group consisted of 30 women with physiological pregnancy (CG).

Results and discussion. Women with MG were found to have a maternal fetal attachment level of 71.0 ± 1.0 (attachment disorder) and women with a CG of 51.0 ± 2.0 (suffi-

cient attachment level). Assessment of the psychomotor development of the child during the first year of life showed a tendency to lag its indicators in children of mothers from MG (after the second examination of MTG compared with the infants of women with CG and MGK during all periods of observation ($p < 0.05$). Such a difference in indicators of psychomotor development was observed at the third survey: the level of development of children of mothers of CG was significantly higher than in women with MG. In the fourth survey, children of MTG mothers (29.0 ± 0.2) showed better psychomotor development rates than infants of MCT women (27.5 ± 0.3), but lower than those of CG (29.4 ± 0.1). Subsequently, the level of psychomotor development of children with CG and MTG was almost equal to that of children of MCG (28.1 ± 0.4), which were lower than in other groups. When reaching the age of one year, the children of MTG mothers showed the best level of psychomotor development (29.2 ± 0.3), almost the same results were observed in children with CG (29.1 ± 0.3), and indicators of MCG children were lower (28.5 ± 0.2).

Conclusions. Among the negative factors that provoke the formation of dyadic interaction disorders, psychological unpreparedness for motherhood and a low level of attachment to the fetus of women with the threat of premature birth during the third trimester of pregnancy are leading

Keywords: threat of premature birth, the mother's level of attachment to the fetus, psychomotor development of the baby

References

1. Skrypnikov, A. M., Herasymenko, L. O., Isakov, R. I. (2017). Perynatalna psykholohiia. Kyiv: Vydavnychi dim Medknyha, 168.
2. Di Benedetto, C. (2015). 9 Things Every Woman Should Know About Mental Health During Pregnancy. Available at: <https://www.health.com/condition/depression/depression-during-pregnancy>
3. Buckley, S. J. (2015). Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care. Washington: Childbirth Connection Programs, National Partnership for Women & Families. Available at: <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/hormonal-physiology-of-childbearing.pdf>
4. Van den Heuvel, M. I., Johannes, M. A., Henrichs, J., Van den Bergh, B. R. H. (2015). Maternal mindfulness during pregnancy and infant socio-emotional development and temperament: The mediating role of maternal anxiety. *Early Human Development*, 91 (2), 103–108. doi: <http://doi.org/10.1016/j.earlhumdev.2014.12.003>
5. Bai, G., Raat, H., Jaddoe, V. W. V., Mautner, E., Korfage, I. J. (2018). Trajectories and predictors of women's health-related quality of life during pregnancy: A large longitudinal cohort study. *PLOS ONE*, 13 (4), e0194999. doi: <http://doi.org/10.1371/journal.pone.0194999>
6. Parsa, N., Nor Yaacob, S., Rof Redzuan, M., Parsa, P., Sabour Esmacili, N. (2014). Parental Attachment, Inter-Parental Conflict and Late Adolescent's Self-Efficacy. *Asian Social Science*, 10 (8), 123–131. doi: <http://doi.org/10.5539/ass.v10n8p123>
7. Filippova, G. G. (2005). Psikhologicheskaiia gotovnost k materinstvu. Khrestomatiiia po perinatalnoi psikhologii: psikhologiia beremennosti, rodov i poslerodovogo perioda. Moscow: URAO, 62–66.
8. Tsaregradskaia, Zh. V. (2010). Rebenok ot zachatii do goda. Moscow: AST, Astrel, 288.
9. Stein, A., Pearson, R. M., Goodman, S. H., Rapa, E., Rahman, A., McCallum, M. et. al. (2014). Effects of perinatal mental disorders on the fetus and child. *The Lancet*, 384 (9956), 1800–1819. doi: [http://doi.org/10.1016/s0140-6736\(14\)61277-0](http://doi.org/10.1016/s0140-6736(14)61277-0)
10. Dobriakov, I. V. (2012). Perinatalnaia psikhologiia – novyi razdel klinicheskoi (meditsinskoi) psikhologii Meditsinskaia psikhologiia v Rossii, 5 (16). Available at: http://www.mprj.ru/archiv_global/2012_5_16/nomer/nomer27.php
11. Slomian, J., Emonts, P., Vigneron, L., Acconcia, A., Glowacz, F., Reginster, J. Y. et. al. (2017). Identifying maternal needs following childbirth: A qualitative study among mothers, fathers and professionals. *BMC Pregnancy and Childbirth*, 17 (1). doi: <http://doi.org/10.1186/s12884-017-1398-1>
12. Preterm birth (2015). World Health Organization (WHO). Available at: <http://www.who.int/mediacentre/factsheets/fs363/en/>
13. Heron, J., O'Connor, T. G., Evans, J., Golding, J., Glover, V. (2004). The course of anxiety and depression through pregnancy and the postpartum in a community sample. *Journal of Affective Disorders*, 80 (1), 65–73. doi: <http://doi.org/10.1016/j.jad.2003.08.004>

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ANXIETY AND DEPRESSION IN RELATIVES OF PATIENTS WITH CANCER

p. 45-52

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Life-threatening diseases to the family of cancer patient are psychotraumatic situation and present a difficult challenge.

The aim of the study was to evaluate the psychopathological symptoms, namely the manifestations of anxiety and depression in relatives of cancer patients at different stages of the disease and depending on the level of adaptation of the family system.

Contingent and research methods. The study involved 288 families with a cancer patient, with women in 174 families, and men in 144 ones. At the stage of pri-

mary contact with cancer, there were 78 families with women and 51 families with men, and 96 and 63 families, respectively, after the recurrence of the disease. Among the interviewed families, 55 families were classified as “adapted”, 127 were “borderline”, 106 were “disadapted”. HADS was used to assess the psychopathological symptoms of anxiety and depression.

Results. The psycho-emotional state of relatives cancer patients was determined by the combination of the influence of a number of factors, which included the stage of the disease, the level of family adaptation, gender component. The increase in psychopathological symptoms, both depressive and anxious, led to the continuation of the disease as a result of the growing needs of the patient and the need for psychosocial support. Violation of family adaptation correlated with the severity of psychopathological manifestations. The psycho-emotional state of women was dominated by the anxiety state, while the men had relatively higher depressive manifestations.

Conclusions. Psychocorrection of emotional state of cancer patient's relatives and stabilization of the family system are important components of medical-psychological help in oncology practice

Keywords: medical-psychological help, psychopathological symptoms, anxiety, depression, oncology, psycho-oncology, family cancer patient

References

1. National Cancer registry of Ukraine (2019). Kyiv: National Cancer Institute. Available at: http://www.ncru.inf.ua/publications/ucr_data_2019.pdf
2. Hess, C. B., Chen, A. M. (2014). Measuring psychosocial functioning in the radiation oncology clinic: a systematic review. *Psycho-Oncology*, 23 (8), 841–854. doi: <http://doi.org/10.1002/pon.3521>
3. Traa, M. J., Braeken, J., De Vries, J., Roukema, J. A., Slooter, G. D., Crolla, R. M. P. H. et. al. (2015). Sexual, marital, and general life functioning in couples coping with colorectal cancer: a dyadic study across time. *Psycho-Oncology*, 24 (9), 1181–1188. doi: <http://doi.org/10.1002/pon.3801>
4. Nayak, M., George, A., Vidyasagar, M., Mathew, S., Nayak, S., Nayak, B. et. al. (2015). Symptoms experienced by cancer patients and barriers to symptom management. *Indian Journal of Palliative Care*, 21 (3), 349. doi: <http://doi.org/10.4103/0973-1075.164893>
5. Holland, J. C., Breitbart, W. S., Jacobsen, P. B., Loscalzo, M. J., McCorkle, R., Butow, P. N. (Eds.) (2015). *Psycho-Oncology*. Oxford University Press, 772. doi: <http://doi.org/10.1093/med/9780199363315.001.0001>
6. Lukhmana, S., Bhasin, S. K., Chhabra, P. et. al. (2015). Family caregivers' burden: A hospital based study in 2010 among cancer patients from Delhi. *Indian Journal of Cancer*, 52 (1), 146–151. doi: <http://doi.org/10.4103/0019-509x.175584>
7. Nielsen, M. K., Neergaard, M. A., Jensen, A. B., Bro, F., & Guldin, M.-B. (2016). Psychological distress, health, and socio-economic factors in caregivers of terminally ill patients: a nationwide population-based cohort study. *Support Care in Cancer*, 24 (7), 3057–3067.
8. Mukharovska, I. R. (2017). Psychological help for family members of cancer patients at different stages of the treatment. *Journal of Education, Health and Sport*, 7 (1), 583–590. doi: <http://dx.doi.org/10.5281/zenodo.1036778>
9. Jia, M., Li, J., Chen, C., Cao, F. (2015). Post-traumatic stress disorder symptoms in family caregivers of adult patients with acute leukemia from a dyadic perspective. *Psycho-Oncology*, 24 (12), 1754–1760. doi: <http://doi.org/10.1002/pon.3851>
10. Drabe, N., Klaghofer, R., Weidt, S., Zwahlen, D., Büchi, S., Jenewein, J. (2015). Mutual associations between patients' and partners' depression and quality of life with respect to relationship quality, physical complaints, and sense of coherence in couples coping with cancer. *Psycho oncology*, 24 (4), 442–450. doi: <http://doi.org/10.1002/pon.3662>
11. Nipp, R. D., El-Jawahri, A., Fishbein, J. N., Gallagher, E. R., Stagl, J. M., Park, E. R. et. al. (2016). Factors associated with depression and anxiety symptoms in family caregivers of patients with incurable cancer. *Annals of Oncology*, 27 (8), 1607–1612. doi: <http://doi.org/10.1093/annonc/mdw205>
12. Zigmond, A. S., Snaith, R. P. (1983). The Hospital Anxiety and Depression Scale. *Acta Psychiatrica Scandinavica*, 67 (6), 361–370. doi: <http://doi.org/z10.1111/j.1600-0447.1983.tb09716.x>
13. Sandén, U., Nilsson, F., Thulesius, H., Hägglund, M., Harrysson, L. (19). Cancer, a relational disease exploring the needs of relatives to cancer patients. *International Journal of Qualitative Studies on Health and Well-Being*, 14 (1), 1622354. doi: <http://doi.org/10.1080/17482631.2019.1622354>
14. Partanen, E., Lemetti, T., Haavisto, E. (2018). Participation of relatives in the care of cancer patients in hospital-A scoping review. *European Journal of Cancer Care*, 27 (2), e12821. doi: <http://doi.org/10.1111/ecc.12821>
15. Cho, Y., Jeon, Y., Jang, S.-I., Park, E.-C. (2018). Family Members of Cancer Patients in Korea Are at an Increased Risk of Medically Diagnosed Depression. *Journal of Preventive Medicine and Public Health*, 51 (2), 100–108. doi: <http://doi.org/10.3961/jpmph.17.166>
16. Park, B., Kim, S. Y., Shin, J.-Y., Sanson-Fisher, R. W., Shin, D. W., Cho, J., Park, J. H. (2013). Suicidal Ideation and Suicide Attempts in Anxious or Depressed Family Caregivers of Patients with Cancer: A Nationwide Survey in Korea. *PLoS ONE*, 8 (4), e60230. doi: <http://doi.org/10.1371/journal.pone.0060230>

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FEATURES OF COGNITIVE DISORDERS IN PATIENTS WITH PRIMARY EPISODES OF BIPOLAR AFFECTIVE DISORDER

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The aim of the work was to study the features of cognitive disorders in the primary episode of bipolar affective disorder; taking into account the gender factor and clinical variant.

Materials and methods. 153 patients with primary episode of bipolar affective disorder: with prevalence of depressive symptomatology (44 men and 75 women), with prevalence of manic symptoms (15 men and 8 women) and with simultaneous presence of depressive and manic symptomatology or with rapid or severe manic symptoms and 5 women) were examined using the Stroop test.

Results and discussion. In patients with the depressed primary episode variant, a general slowdown in the performance of all four subtests of the Stroop test was detected: reading time of the names of colors printed in black font (TNFb) in all patients 63.7 ± 8.1 sec., in men 65.0 ± 9.6 sec., in women 63.0 ± 7.0 sec.; names of colors (NC) were respectively 96.6 ± 9.2 sec, 96.5 ± 9.1 sec and 96.6 ± 9.3 ; reading time of color names where the font color is different from the word value (TNCd) – respectively 153.5 ± 20.3 sec., 153.8 ± 23.3 sec., 153.3 ± 18.6 sec.; name of the word color where the font color is different from the word value (NCWd) – 62.6 ± 7.9 sec., 63.8 ± 9.3 sec. and 61.9 ± 6.9 sec. In patients with a manic variant, the time to perform the Stroop test is the smallest of all groups: TNFb – 44.3 ± 4.0 sec., 44.5 ± 4.1 sec. and 43.8 ± 4.1 sec.; NC – 62.7 ± 4.9 sec., 61.7 ± 5.5 sec. and 64.6 ± 3.2 sec.; TNCd – 116.2 ± 9.5 sec., 118.0 ± 10.5 sec. and 112.9 ± 6.4 sec.; NCWd – 43.3 ± 4.0 sec., 43.5 ± 4.1 sec. and 42.8 ± 4.1 sec, respectively. In patients with mixed variant indicators occupy an intermediate position: TNFb – 59.8 ± 16.1 sec., 57.3 ± 14.6 sec. and 62.8 ± 19.0 sec.; NC – 79.1 ± 10.1 sec., 76.5 ± 10.3 sec. and 82.2 ± 10.0 sec.; TNCd – 124.3 ± 22.5 sec., 120.7 ± 18.9 sec. and 128.6 ± 27.7 sec.; NCWd – 58.5 ± 15.7 sec., 56.2 ± 14.3 sec. and 61.4 ± 18.5 sec. in accordance. Gender differences in Stroop test performance are not significant.

Conclusions. The primary episode of BAD is characterized by the presence of cognitive impairment, the structure and expressiveness of which is determined by the clinical variant. In the depressive variant revealed the greatest overall slowdown in the execution of the Stroop test with a significant number of errors, with manic - deterioration of attention, behavioral inhibition and maximal impulse control when mixed – a marked slowdown in the performance of the Stroop test with a significant number of errors. Gender differences in cognitive impairment are insignificant

Keywords: bipolar affective disorder, primary episode, cognitive disorders

References

- Forty, L., Ulanova, A., Jones, L., Jones, I., Gordon-Smith, K., Fraser, C. et. al. (2014). Comorbid medical illness in bipolar disorder. *British Journal of Psychiatry*, 205 (6), 465–472. doi: <http://doi.org/10.1192/bjp.bp.114.152249>
- Crump, C., Sundquist, K., Winkleby, M. A., Sundquist, J. (2013). Comorbidities and mortality in bipolar disorder: a Swedish national cohort study. *JAMA Psychiatry*, 70 (9), 931–939. doi: <http://doi.org/10.1001/jamapsychiatry.2013.1394>
- Hayes, J. F., Miles, J., Walters, K., King, M., Osborn, D. P. J. (2015). A systematic review and meta-analysis of premature mortality in bipolar affective disorder. *Acta Psychiatrica Scandinavica*, 131 (6), 417–425. doi: <http://doi.org/10.1111/acps.12408>
- Rowland, T. A., Marwaha, S. (2018). Epidemiology and risk factors for bipolar disorder. *Therapeutic Advances in Psychopharmacology*, 8 (9), 251–269. doi: <http://doi.org/10.1177/2045125318769235>
- Baldessarini, R. J., Tondo, L., Visioli, C. (2013). First-episode types in bipolar disorder: predictive associations with later illness. *Acta Psychiatrica Scandinavica*, 129 (5), 383–392. doi: <http://doi.org/10.1111/acps.12204>
- Faedda, G. L., Serra, G., Marangoni, C., Salvatore, P., Sani, G., Vázquez, G. H. et. al. (2014). Clinical risk factors for bipolar disorders: A systematic review of prospective studies. *Journal of Affective Disorders*, 168, 314–321. doi: <http://doi.org/10.1016/j.jad.2014.07.013>
- Salvatore, P., Baldessarini, R. J., Khalsa, H.-M. K., Vázquez, G., Perez, J., Faedda, G. L. et. al. (2013). Antecedents of manic versus other first psychotic episodes in 263 bipolar I disorder patients. *Acta Psychiatrica Scandinavica*, 129 (4), 275–285. doi: <http://doi.org/10.1111/acps.12170>
- Sanches, M., Bauer, I. E., Galvez, J. F., Zunta-Soares, G. B., Soares, J. C. (2015). The Management of Cognitive Impairment in Bipolar Disorder. *American Journal of Therapeutics*, 22 (6), 477–486. doi: <http://doi.org/10.1097/mjt.000000000000120>
- Belvederi Murri, M., Respino, M., Proietti, L., Bugliani, M., Pereira, B., D'Amico, E. et. al. (2019). Cognitive impairment in late life bipolar disorder: Risk factors and clinical outcomes. *Journal of Affective Disorders*, 257, 166–172. doi: <http://doi.org/10.1016/j.jad.2019.07.052>
- Zhu, Y., Womer, F. Y., Leng, H., Chang, M., Yin, Z., Wei, Y. et. al. (2019). The Relationship Between Cognitive Dysfunction and Symptom Dimensions Across Schizophrenia, Bipolar Disorder, and Major Depressive Disorder. *Frontiers in Psychiatry*, 10, 253. doi: <http://doi.org/10.3389/fpsy.2019.00253>
- Borges, S. Q., Corrêa, T. X., Trindade, I. O. A., Amorim, R. F. B., Toledo, M. A. de V. (2019). Cognitive impairment in bipolar disorder Neuroprogression or behavioral variant frontotemporal dementia? *Dementia & Neuropsychologia*, 13 (4), 475–480. doi: <http://doi.org/10.1590/1980-57642018dn13-040016>
- del Mar Bonnín, C., Reinares, M., Martínez-Arán, A., Jiménez, E., Sánchez-Moreno, J., Solé, B. et. al. (2019). Improving Functioning, Quality of Life, and Well-

being in Patients With Bipolar Disorder. *International Journal of Neuropsychopharmacology*, 22 (8), 467–477. doi: <http://doi.org/10.1093/ijnp/pyz018>

13. Lima, I. M. M., Peckham, A. D., Johnson, S. L. (2018). Cognitive deficits in bipolar disorders: Implications for emotion. *Clinical Psychology Review*, 59, 126–136. doi: <http://doi.org/10.1016/j.cpr.2017.11.006>

14. Ratheesh, A., Lin, A., Nelson, B., Wood, S. J., Brewer, W., Betts, J. et. al. (2013). Neurocognitive functioning in the prodrome of mania– an exploratory study. *Journal of Affective Disorders*, 147 (1-3), 441–445. doi: <http://doi.org/10.1016/j.jad.2012.09.017>

15. Nieto, R. G., Castellanos, F. X. (2011). A Meta-Analysis of Neuropsychological Functioning in Patients with Early Onset Schizophrenia and Pediatric Bipolar Disorder. *Journal of Clinical Child & Adolescent Psychology*, 40 (2), 266–280. doi: <http://doi.org/10.1080/15374416.2011.546049>

16. Lera-Miguel, S., Andrés-Perpiñá, S., Fatjó-Vilas, M., Fañanás, L., Lázaro, L. (2015). Two-year follow-up of treated adolescents with early-onset bipolar disorder: Changes in neurocognition. *Journal of Affective Disorders*, 172, 48–54. doi: <http://doi.org/10.1016/j.jad.2014.09.041>

17. Peters, A. T., Peckham, A. D., Stange, J. P., Sylvia, L. G., Hansen, N. S., Salcedo, S. et. al. (2014). Correlates of real world executive dysfunction in bipolar I disorder. *Journal of Psychiatric Research*, 53, 87–93. doi: <http://doi.org/10.1016/j.jpsychires.2014.02.018>

18. Kravariti, E., Schulze, K., Kane, F., Kalidindi, S., Bramon, E., Walshe, M. et. al. (2009). Stroop-test interference in bipolar disorder. *British Journal of Psychiatry*, 194 (3), 285–286. doi: <http://doi.org/10.1192/bjp.bp.108.052639>

19. Strasser, E. S., Haffner, P., Fiebig, J., Quinlivan, E., Adli, M., Stamm, T. J. (2016). Behavioral measures and self-report of impulsivity in bipolar disorder: no association between Stroop test and Barratt Impulsiveness Scale. *International Journal of Bipolar Disorders*, 4 (16), 345–350. doi: <http://doi.org/10.1186/s40345-016-0057-1>

20. Kronhaus, D. M., Lawrence, N. S., Williams, A. M., Frangou, S., Brammer, M. J., Williams, S. C. et. al. (2006). Stroop performance in bipolar disorder: further evidence for abnormalities in the ventral prefrontal cortex. *Bipolar Disorders*, 8 (1), 28–39. doi: <http://doi.org/10.1111/j.1399-5618.2006.00282.x>