

ABSTRACT&REFERENCES

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URBACH-WEITHE DISEASE (LIPOID PROTEINOSIS):
A CASE REPORT

p. 4–7

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Lipoid proteinosis is a rare disorder, inherited as autosomal recessive disorder. Patients affected with lipoid proteinosis can show multiple clinical manifestations as a result of progressive hyaline material deposition in skin, mucous membrane and different organs of body. We are reporting a case of 41 year old Saudi male who presented to Dermatology clinic with progressive skin and oral mucosal lesions. Patient presents with different clinical manifestations most importantly hoarseness of voice, restricted tongue movement and attacks of seizure. Biopsy from oral mucosa was taken and revealed hyaline like deposition in the subepithelial tissue, according to the biopsy result and clinical presentations the patient was diagnosed as a case of lipoid proteinosis. Our main objective is to report a large uncharacterized disease in Arab population such as lipoid proteinosis in middle adulthood male

Keywords: Lipoid Proteinosis, Deposition disorder, Autosomal recessive

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THE ANALYSIS OF MODERN METHODS OF DIAGNOSIS IN PATIENTS WITH UNSTABLE INJURIES OF PELVIS AND PELVIC ORGANS AT POLYTRAUMA IN ACUTE TRAUMATIC DISEASE

p. 7–14

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The aim of research was improvement of the diagnostic program in patients with unstable injuries of pelvis and pelvic organs at polytrauma based on the trauma severity estimation for the choice of the optimal surgical therapeutic approach in acute traumatic disease period.

Materials and methods. The analysis of the diagnostic programs in acute traumatic disease period in 406 patients with unstable injuries of pelvis at polytrauma, who were taken to the Kyiv city clini-

cal emergency hospital, was carried out. 249 (61.3 %) of them died, and 157 (38.7 %) of them survived. Pelvic organs were injured in 98 (24.1 %) cases (in 47 (29.9 %) cases – in survivors, and in 51 (20.5 %) cases – in dead patients). According to the Pape HC., Krettek C. (2003) scale, all patients were divided into three groups: boundary condition (minor injury, ISS 17–25 points), unstable condition (severe injury, ISS 26–40 points), critical condition (very severe trauma, ISS more, than 40 points). We used general clinical, laboratory, ray (X-ray research, retrograde contrast uretra cystography, spiral CT, ultrasonography in the abridged version), and instrumental methods.

Results. In the acute trauma period in patients with unstable injuries of pelvis at polytrauma depending on the severity of trauma, ray diagnostic methods were carried out in the following order: plain radiography of pelvis, multi projection oblique, spiral CT (at stable hemodynamic). In unstable and critical patients (ISS 26–40, more, than 40 points), plain radiography of pelvis is complemented by ultrasonography in the abridged version, which together with the data of clinical examination confirms pelvic ring instability in 67.9 % of cases. The scheme of diagnostic studies in patients with unstable injuries of pelvis at polytrauma considering the severity of trauma allowed reducing the time for patients in unstable condition examination to 13.7±3.5 minutes, for patients in critical condition – to 16.7±4.1 minutes. Informational content of the measures with a minimum amount was 52.3 %, with shorten amount – 75.4 %, with full amount – 92.1 %.

The obtained results made it possible to develop the scheme of ray diagnostic of pelvic ring, as well as to reduce the time for detection of injuries of pelvic organs in patients in unstable and critical conditions, which determined the surgical therapeutic approach in acute traumatic disease period

Keywords: unstable pelvis, polytrauma, pelvic organs, diagnostic methods, acute traumatic disease period

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ANALYSIS OF THE REASONS FOR THE LACK OF ADHERENCE TO TREATMENT AND METHODS OF THEIR CORRECTION IN PATIENTS WITH RESISTANT AND PSEUDORESISTANT ARTERIAL HYPERTENSION IN FAMILY DOCTOR PRACTICE

p. 15–18

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Aim. The analysis of the main reasons for the lack of adherence to treatment in patients with resistant and pseudoresistant arterial hypertension and the possibilities of their elimination by different poor adherence correction methods against the background of antihypertensive therapy optimization in family doctor practice.

Methods. Questionnaires and surveys, physical examination, office blood pressure measurement, ECG. Retrospective examination of 120 patients with resistant essential hypertension lasting more than 3 years was carried out. First and foremost, in all patients, a new method for differential diagnostics of resistant and pseudoresistant arterial hypertension by office blood pressure measurement and ECG 3 hours before and after previously assigned three antihypertensive drugs administration was used. According to the differential diagnostics results, the patients were divided into 4 groups: 30 patients with pseudoresistant arterial hypertension and 30 patients with resistant hypertension, having common methods for poor adherence to treatment correction, and 30 patients with pseudoresistant arterial hypertension and 30 patients with resistant hypertension, having additional methods for poor adherence to treatment correction.

Results. In most both pseudoresistant and resistant hypertension patients, adherence to treatment violations were found.

Conclusion. On the basis of comparative study of different methods for the lack of adherence to treatment correction in patients with resistant and pseudoresistant hypertension, the efficiency of the additional correction methods was scientifically proved, namely: implementation into the patients' practice of blood pressure home monitoring with keeping a self-control diary and telephone consultation (visits) method, in elimination of subjective reasons, mostly related to irregular intake of remedies in most patients

Keywords: resistant hypertension, pseudoresistant hypertension, reasons for poor adherence to treatment

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PREDICTION OF DEVELOPMENT OF EARLY POSTOPERATIVE COMPLICATIONS OF THE CONTACT ULTRASOUND LITHOTRIPSY

p. 19–24

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Nowadays, endoscopic treatment of kidney and upper ureter stones is the method of choice in a large group of patients. The success of ureteroscopy treatment of stones is a result of the development of efficient flexible ureteroscopes, new capture devices and laser lithotripters.

Aim. The analysis of the reasons and the character of early postoperative complications after ureteroscopy and contact lithotripsy using semi-rigid ureteroscope and ultrasonic lithotripter.

Methods. Ureteroscopy with contact lithotripsy and (or) lithoextraction against concrements of various ureter departments was made in 1268 patients. The patients were monitored after discharge in dynamics from 8 weeks to 1.5 years, and on the testimony - until the elimination of complications. All complications were divided in accordance with their severity degree by Satava classification.

Results. 179 patients with early postoperation complications were found. In 62 (34.6 %) hyperthermia, in 56 (31.3 %) – persistent hematuria, and in 61 (34.1 %) – renal colic were detected.

Conclusion. In 60 % of patients with 1 cm stones and 50 % of patients with stones up to 1.5 cm early postoperative complications were found when the stone density was more than 1500 HU. When the stone size was 1.5 cm or more, the complications were found regardless of its density. When the stone size was less than 1 cm, early postoperative complications in the main were found at concrement's localization in upper ureter (59.5 % of the patients). In patients with

the stone density more than 1500 HU the highest number of complications was detected at the stones' localization in upper and lower ureter – 14 (37.8 %) and 16 (43.2 %) cases, respectively

Keywords: *ureterolithiasis, ureteroscopy, contact ureterolithotripsy, ureteral stone density, ureteral stone size, complications*

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THE INFLUENCE OF COMPETITION ON QUALITY OF HOSPITAL TREATMENT FROM PHYSICIAN BEHAVIOR PERSPECTIVE (THEORETICAL MODEL VERIFICATION WITH CASE PRESENTATION FROM VINNITSA, UKRAINE)

p. 25–31

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The aim of the study was to check theoretical proposition of elaborated by our research team theoretical model [1], i. e. physician's emphasis to clinical hours instead of nonclinical within the relenting competition may interfere quality.

Methods. We collected the data by stratified panel design between departments of the city hospital No. 1, starting in 2008 with randomized inclusion. Thereafter, to sustain statistical significance we got on with total coverage up to January 31, 2012. Thus, we considered 2680 admission cases totally. Length of period between subsequent admissions (LBA) considered as the measure of treatment quality. We proceeded the data with competing risk modelling having in mind 2 types of subsequent admissions, that is the same cause of next admission and the different one.

Results. Lengthier hospital staying provided within the competition indeed safeguarded quality (increase in LBA) in case of the same cause admission, Z-test scored 1,957 with $p=0,025$. The effect was not significant for the next admissions due to different cause with Z scoring 0,128, $p_2=0,449$. Still effect is positive ($\theta=1,014$). We think it's important for validation of deduction, so far as better quality reduces patient's frailty for both types of admissions.

Conclusion. We empirically checked the hypothesis stemming from theoretical model of physician's behavior on part of possible impairment of quality under market monopoly. The theoretical model unveiled one of the key issue – physician's emphasis toward clinical hours instead of nonclinical that necessarily interferes the quality. Empirical verification based on instances of patient overloads in the process of health reform in the city of Vinnytsa. Findings supported hypothesis, i. e. physician's emphasis toward clinical hours instead of nonclinical within relenting competition indeed impinged on quality of treatment indicted by LBA shortening. We clarified the LBA increase with lengthier hospital staying envisaged under competition. Z-test scored 1,957 with $p=0,025$ in case of the same cause admission, and it was insignificant for next admissions due to different cause with the same direction of the effect

Keywords: *quality of treatment, length of period between subsequent admissions, physician's behavior, competition*

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APPLICATION OF DENDRITIC CELL BASED VACCINATION IN ADJUVANT TREATMENT OF PATIENTS WITH PANCREATIC CANCER

p. 31–36

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Pancreatic cancer (PC) is included in the seven most widespread cancers and is the most aggressive of all gastrointestinal cancers. Unfortunately, all known modalities in PC treatment do not provide the desired result. Anti-tumor vaccinotherapy (ATV) seems to be promising. It causes a specific immune response (IR) directed to the tumor-associated antigens (TAA), included into the vaccine. The original construction based on dendritic cells (DC) was offered as ATV: mechano-activated lyophilized tumor cells (MALTC), which was used with adjuvant chemotherapy simultaneously.

The aim of our research was to study the influence of DC- MALTC-ATV in adjuvant treatment composition on general survival of PC patients.

Materials and methods. *After radical surgery, the patients were randomly divided in two groups: basic group (22 patients), which received DC-vaccine in addition to adjuvant chemotherapy (Gemcitabine+Tegafur), and control group (21 patient), which received only chemotherapy. The general survival rate was calculated using Kaplan-Meier estimator; comparison of survival rates between groups was carried out by Logrank test.*

Results. *The overall survival median is 36 and 11 months for basic and control groups, respectively. By the moment of statistical analysis on the 35th month of observation, 29 % of patients from the control group survived compared to 50 % of the basic group patients.*

Conclusion. *Therefore, the use of DC- MALTC-ATV in complex with adjuvant chemotherapy significantly improves general survival rates in PC patients ($p=0,02$)*

Keywords: *pancreatic cancer, anti-tumor vaccine, dendritic cells, survival, immune system*

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THE STUDY OF EMPLOYEE SATISFACTION AND BURN-OUT SYNDROME IN HEALTHCARE WORKERS

p. 36–40

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Aim. Determination of burnout syndrome formation features in healthcare workers “satisfied” and “not satisfied” with their job for the further development of recommendations to prevent it.

Methods. The study of employee satisfaction in 164 healthcare workers of Kherson city clinical hospital named after E. E. Karabelesh (Kherson, Ukraine) by questionnaire (response was 87 %). The responders answered the question: “Are you satisfied with your job at the hospital?”. The answers were evaluated by 7-point scale. The responders were divided in two groups according their answers: the first group (n=120) consisted of the satisfied with job (7, 6, 5 points), the second group (n=34) consisted of the not satisfied with job (3, 2, 1 points). The responders (n=10) answered “can not decide” (4 points) were removed from the further analysis.

Results. It was found that the share of people having burnout syndrome among the “not satisfied” (65.0 %) is significantly higher (p<0,05) comparing to the “satisfied” group (40.0 %). In the responders from the “not satisfied” group, the symptoms of “stressful

circumstances experiencing" (46 %), "professional duties reduction" (38 %), "depersonalization" (35 %), "expansion the scope of keeping emotions" (30 %), "inadequate selective emotional response" (27 %) manifested the most often. In the "satisfied" group, the symptoms of "expansion the scope of keeping emotions" (15 %) and "stressful circumstances experiencing" (14 %) were the most frequent manifestation of burnout syndrome. There is a negative relationship between employee satisfaction and the level of severity of burnout syndrome ($P < 0,001$).

Conclusion. The probability of burnout syndrome is higher in healthcare workers unsatisfied with their job. In these workers the syndrome leads to deterioration professional capacity and decrease in quality of medical care by "professional duties reduction" and "depersonalization" symptoms. In the "satisfied" workers it leads to quality of communication and their health deterioration by "expansion the scope of keeping emotions" and "psychosomatic and psycho-vegetative violations" symptoms. Employee satisfaction is a factor for burnout syndrome prevention

Keywords: burnout syndrome, employee satisfaction, healthcare workers, medical care quality

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THE ANALYSIS OF VIOLATION FEATURES OF HYPO-CURATION TYPE PHARMACOLOGICAL COMPLIANCE IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

p. 40–44

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Aim. To determine features and triggers of hypo-curation type pharmacological compliance violations in patients with type 2 diabetes.

Materials and methods. 486 patients with type 2 diabetes mellitus were examined on the clinical basis of therapy, clinical pharmacology and endocrinology department of the State Institution "Zaporizhzhia medical academy of post-graduate education of Ministry of health of Ukraine".

The patients were divided in two groups depending on type 2 diabetes severity levels: 312 patients with DM type 2 of moderate severity formed the first clinical group; the other 174 patients with severe DM type 2 formed the second clinical group.

Anamnesis and clinical examination, clinical and psychopathological, and statistical methods were used.

Results. In result of research, specific features and triggers of hypo-curation type pharmacological compliance violations in patients with type 2 diabetes were determined.

It was found, that pharmacological compliance violations in patients with type 2 diabetes were observed in 76.34 % of cases, in 66.87 % among them hypo-curation type pharmacological compliance violations were identified. Structural components of hypo-curation type pharmacological compliance were determined. Features of carbohydrate metabolism disorders in patients with hypo-curation type pharmacological compliance violations were observed. Incompliance factors as triggers of hypo-curation type pharmacological compliance violations in patients with type 2 diabetes were selected; they were classified, and their correlation was determined.

Conclusion. The notion about hypo-curation type pharmacological compliance violations in patients with type 2 diabetes was expanded. That eliminated gaps in scientific knowledge about pharmacological compliance violations in patients with type 2 diabetes

Keywords: type 2 diabetes mellitus, compliance, incompliance, psychological disorders, psychodiagnostics

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RARE TRISOMIES: FREQUENCY, RANGE, LETHALITY AT EMBRYONIC AND FETAL STAGES OF PRENATAL DEVELOPMENT

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Aim. The study of population frequency, mortality and share of rare autosomal trisomies at different stages of fetal development for the further determination of the expected proportion of false negative results at chromosome abnormalities (CA) selective diagnostics using during reproductive losses and prenatal diagnostics.

Materials and methods. Karyotyping of 1808 samples of missed abortion concept products, 1572 induced abortions, 1329 chorionic villus biopsy samples, 2240 placenta biopsy samples, and 6120 samples of amniotic fluid (13069 total) was carried out.

Results. The share of T21,18,13 at pre-embryonic stage was only 6.33 %, while the share of “rare” trisomies was 93.67 %. In the first trimester the mean share of rare trisomies (T1-12, 14-17, 19, 20, 22) was 41.13%; among prenatally diagnosed 11–14 weeks fetuses was 3.01 %, 15–22 weeks fetuses – 1.68 %, and after 23 weeks – 2.22 %. It means that the mean share of rare trisomies at prenatal diagnostics can be 2.3 % among newborns.

Conclusion. The share of false negative results at autosomal trisomies detection using commercial selective test systems covering T13,T18,T21,T9 and T22 in missed abortion group can be 41 %, and at prenatal diagnostics within 11-23 weeks – 2.3 %

Keywords: Chromosomal abnormalities, rare trisomy, mortality, Anembryonic gestation at the embryonic stage, fetal period

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