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АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА ПРАКТИЧНОЇ МЕДИЦИНИ

Topical Issues of Clinical and Theoretical
Medicine

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various centres in the country show that the Incidence rates in Nigeria are put at 3,4 cases per 100,000. This suggests that there may be factors either anthropomorphic or environmental which may be responsible for this.

Aim: Examine the factors affecting the low incidence colorectal carcinoma in Nigeria compared to the population of European countries and USA.

Materials and Methods: Due to lack of a reliable population statistics and absence of population-based cancer registries were studied several epidemiological studies done in different parts of Nigeria, mostly hospital-based, to determine the incidence of CRC among the population of Nigeria and reasons to reduce the risk of developing cancer of this particular localization.

Result: According to reports from different parts of Nigeria the age range from 42,9 to 50,7 years in patients with CRC. This observed lower age at presentation in Nigerians when compared with presentation at seventh decade in European countries may not be unconnected with the reduced life expectancy in developing countries. There is slight male predominance of male with CRC, a male: female ratio of 1,5:1. This is similar to findings from other studies on CRC in other countries. Even though no agreeable reason has been attributable to this male preponderance worldwide, it may be due to higher frequency of abdominal obesity, cigarette smoking, and alcohol consumption in men. Histologically, adenocarcinomas of varying degrees of differentiation accounted for 77,2% of all CRC. This is similar to reports from European countries with overwhelming proportion of the adenocarcinoma. Diet is one of the major difference between Nigeria and the Caucasians. Africans have little meat in their diet and instead ate a lot of fibre from fruits, grains, and vegetables. The typical Nigerian stews are hot and spicy with a base of ground tomatoes, red chilli peppers, and onions. This has led to a closer look at these phytonutrients as they are now called and their mode of protection against CRC. Increased caloric intake and reduced physical activity seems to be the sign of improved economic development and civilization, and this leads to obesity which is a common ailment in the USA. In Nigeria, the level of poverty precludes the luxury of overindulgence in food and ensures continuous physical activity. Lactose intolerance is seen more in the African race than in Caucasians. Interestingly, the malabsorption that this causes has now been hypothesized to be a protective factor against the development of CRC. Africa is blessed with sunlight all year round. Sunlight is important in the peripheral manufacture of vitamin D in the human body. Vitamin D and calcium have been shown to be protective against colorectal cancer.

Conclusion: The explanation why the incidence of colorectal cancer in Nigerians specifically remains low is rooted in the rarity of adenomatous polyposis syndromes, the protective effects of our starch-based, vegetable-based, fruit-based, and spicy, peppery diet, and our geographical location which ensures sunshine all year round.

MODERN APPROACH TO THE TREATMENT OF WOMEN WITH ENDOMETRIAL POLYPS

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Endometrial polyps are a common gynecologic disorder whose incidence is unknown because many polyps are asymptomatic. The prevalence is reported to be between 7.8% to 34.9%, depending on the population studied. Endometrial polyps may be symptomatic, with abnormal vaginal bleeding being the most common presentation. They may be found incidentally in symptom-free women investigated for other indications. Risk factors for the development of endometrial polyps include age, hypertension, obesity, inflammatory disease and tamoxifen use.

Increasing age appears to be the best-documented risk indicator for endometrial polyps. Specific populations at risk include women with infertility. Malignancy arising in polyps is uncommon, and specific risks for malignancy include increasing age and postmenopausal bleeding. Management may be conservative, with up to 25% of polyps regressing, particularly if less than 10 mm in size. Hysteroscopic polypectomy remains the mainstay of management, and there are no differences for outcomes in the modality of hysteroscopic removal. Symptomatic postmenopausal polyps should be excised for histologic assessment, and removal of polyps in infertile women

improves fertility outcomes. Blind removal is not indicated where instrumentation for guided removal is available. Surgical risks associated with hysteroscopic polypectomy are low. Hysteroscopic polypectomy is effective and safe as both a diagnostic and therapeutic intervention. Visualization and direct removal is reported to be effective and reduces recurrence rate compared with the use of vision and removal by polypectomy forceps.

Polypectomy in infertile women is very effective in improving fertility with fertility rates improving to 40-80% over the ensuing 12 month, i.e.: almost as good as the baseline pregnancy rate over 12 months of 84%. Spontaneous pregnancy rates as well as IVF pregnancy rates are increased.

We observed from 2013 to 2015 there were 42 women with endometrial polyps in age from 21 to 52 years. Women up to 35 years was 17 (40,5%), older – 25 (59,5%). All patients diagnosed with endometrial polyp with a transvaginalultrasound (TVUS). In 60% of cases were asymptomatic for a 40% - uterine bleeding. In women of reproductive age in 30% had secondary infertility. In 10% of women over the endometrial polyp already conducted a blind dilatation and curettage. All patients in the gynecology department of Sumy City Clinical Hospital № 1 held Hysteroscopic polypectomy. Histological findings showed that most (90.5%) met Glandular polyps, in 1 case (2.4%) was the placental polyp in 1 (2.4%) - fibrous, and 2 (4.8%) results - adenomatosis polyps. Background process in 6 (14.3%) women had endometrial inflammatory infiltration, and 4 (9.5%) - glandular cystic hyperplasia of the endometrium.

During follow-up there was no recurrence. In 3 (23.1%) of women within 3 months pregnancy.