

Міністерство освіти та науки, молоді та спорту України
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АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА ПРАКТИЧНОЇ МЕДИЦИНИ

Topical Issues of Clinical and Theoretical
Medicine

Збірник тез доповідей
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histopathology features of SCC (G2). The depth of invasion into the dermis was 0,6 mm. There are no vascular and perineural invasion.

We suggested such a pronounced progression of the actinic keratoses was due to the immunosuppression induced by methotrexate intake. Otherwise no constitutional symptoms like weight loss or fatigue were identified, the CBC and biochemistry examination of blood were almost within normal limits. Cervical lymphatic nodes were not increased upon ultrasound examination. However, MSCT of the head revealed some defect of parietal bone that was perhaps cancer invasion.

An interdisciplinary team including dermatologist, surgeon, neurosurgeon and radiologists assessed the patient and treatment strategy. The surgeon and neurosurgeon refused to carry out a surgical intervention because of the thin scalp surface.

Photodynamic treatment (2 sessions with a 1-week interval) with prior curettage was chosen in order to find the invasive tumors easier since skin lesions were too thick. The patient was assessed after 2 weeks and 2 months. Excisional shave biopsy of two remaining suspicious lesions was performed during second follow up that revealed remaining SCC. Since the patient was deemed inoperable by the surgeons and the patient could not afford radiotherapy, palliative curettage and cryosurgery was performed on the remaining lesions.

The most common cause of SCC is excessive exposure to ultraviolet (UV) light, but long-term intake of immunosuppressive medication can increase the risk. Doctors and patients with skin cancer should be aware about the necessity of careful follow up during therapy by immunosuppressants.

LIPID ABNORMALITIES IN TYPE 1 DIABETES ACCOMPANIED BY HYPOTHYROIDISM

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Patients with one organ-specific autoimmune disease are at risk of developing other autoimmune disorders. There is a high incidence of autoimmune thyroid disorders among patients with type 1 diabetes mellitus (DM).

Study objectives: To determine lipid profile in diabetic patients with hypothyroidism.

Methods: 42 patients with optimal control (glycosylated haemoglobin HbA1c <7.5%) of type 1 DM were evaluated for lipid profile (triglyceride, low-density lipoprotein (LDL) cholesterol, total cholesterol). The 1st group included 22 patients, the II group – 20 patients who additionally had hypothyroidism. Hypothyroidism was defined as a TSH > 4.0 mU/L with a decreased free T₄ level. 20 healthy persons were in control group.

Results: The mean age of patients was 23.3 ± 2.50 years. Patients with DM type 1 had LDL-cholesterol (2.3 ± 0.15) mmol/l, triglycerides (1.3 ± 0.13) mmol/l, total cholesterol (4.4 ± 0.17) mmol/l.

Hypothyroidism in diabetic patients of the 2nd group is accompanied by elevated triglyceride (2.5 ± 0.15 mmol/l), LDL cholesterol concentrations (4.0 ± 0.27) mmol/l, total cholesterol (5.4 ± 0.13) mmol/l ($p < 0.05$).

Conclusion: Hypothyroidism lead to atherogenic dyslipidemia increasing the risk of early atherosclerosis in diabetic patients.