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АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА ПРАКТИЧНОЇ МЕДИЦИНИ

Topical Issues of Clinical and Theoretical
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bleeding was the commonest cause of UGIB. This difference might be explained by the high prevalence of chronic liver disease which in turn is as result of the high endemicity of hepatitis B virus in the Northern part of Nigeria and these other countries. This finding was also contrary to those reported from Europe, India and South America where erosive mucosal disease was identified as the second commonest cause of UGIB. Peptic ulcer disease was the second commonest cause of UGIB in this study (25.4%), contrary to the findings from the west where peptic ulcer disease which has been identified as the commonest cause of UGIB. Variceal bleeding was the third commonest cause of UGIB (11.9%) while gastric mass (1.5%) was the least common in this study.

Conclusion: Antral mucosal erosions were the commonest cause of UGIB in our environment. NSAIDS intake was very high among the populace, especially in mucosal erosion group leading to high morbidity, absent from work and huge financial cost. It is recommended that serious awareness campaigns be mounted to educate the populace of the dangers inherent in indiscriminate use of NSAIDS in our society

SIMILARITIES AND DIFFERENCES IN BREAST CANCERS BETWEEN BLACK AFRICAN AND WHITE EUROPEAN WOMEN

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Breast cancer (BC) continues to remain the most lethal malignancy in women across the world. A number of studies have suggested that there are epidemiological differences between BC among women in Europe and Africa. In Europe, the incidence is five times higher than that in Africa. Risk factors such as menopause, oral contraceptive use, cigarette smoking, and family history of breast cancer have been shown to have different relations to BC among blacks and whites.

Aim: to uncover some of the epidemiological similarities and differences in breast cancers between white European women and black African women.

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 Nigeria and Tanzania mostly hospital-based.

Result: The mean age at presentation varies between Africa and Europe, he is 48 years in Africa and approximately two-thirds are premenopausal. On the contrary, the majority of women present at postmenopause in Europe. That differences in the epidemiology of BC among races could partly be attributed to endogenous hormones. In comparison to Caucasians, African women had 18% higher levels of oestradiol in premenopausal age. These findings may explain the higher incidence of premenopausal BC among women of African origin. Histologically, ductal carcinoma is the commonest type of BC among women in Africa and Europe with similar frequency. However, medullary and mucinous carcinomas are more common in Africa than in Europe. In addition, more women have grade 3 tumours in Africa than in Europe. In Tanzania, for example, 56.4% have tumours with histological grade 3, while, in Nigeria, 45,1% have grade 3 tumour. On the contrary, only 15,8% of Ukrainian women have a grade 3 tumour. This may explain why the progression of BC more aggressive in African women than in European women. There is a significant difference in staging at the time of presentation between European women and their African counterparts. Most women in Africa present when the disease is at an advanced stage. In a study in East Africa, more than 70% of the patients presented at stage III or IV. However, in Europe, women are more likely to present when the disease is still in its early stage. The reason for the advanced presentation in Africa could be due to lack of health care coverage especially in remote rural areas and poverty as healthcare is not free in most countries. This is in contrast to Ukraine where health care is not only free, but also regular screening is available to women of certain ages. This increases the probability of detecting BC at a very early stage. As a result, most women in Africa have mastectomy and adjuvant hormonal therapy or chemotherapy and many others only receive palliative care because the tumour is advanced and inoperable.

Conclusion: the incidence of BC is still low in Africa compared to the incidence in Europe. This has largely been attributed to a protective reproductive history including late menarche, early menopause, high parity with prolonged breastfeeding. However, African women tend to present at an earlier age and the disease appears to be more aggressive than in their European counterparts.

ADVANTAGES CARBON DIOXIDE LASER IN THE SURGICAL TREATMENT OF CONGENITAL PIGMENTED NEVI

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Pigmented nevi are benign proliferations present at birth that consists of cells normally present in skin. Some nevi have a malignant potential. There is a lot of methods of treatment of this abnormal condition, namely surgical resection, cryosurgery, laser excision, the use of bleaching agents. Surgical method not impeded the spread of nevi cells, what has the potential for malignancy. Non contact mode of excision with laser can reduce intraproperative wound contamination by tumor cells. For its universal properties the carbon dioxide (CO₂) laser appears to be an excellent surgical instrument in oncologic surgery of skin lesions.

Aim: To improve results of surgical treatment of congenital pigmented nevi by using CO₂ laser.

Materials and methods: CO₂ laser was used in treatment of 50 patients with pigmented nevus consisting of 24 (48%) males and 26 (52%) females with age ranges from 16 - 68 years. For local anesthesia 0,5% Sol. lidocaine was used The treatment effect was based on the surgical wound evaluation, the relative time of healing and possible local recurrence of the tumor after 3 months after surgery.

Results: excision was made in 20 (40%) cases of nevi greater than 1.5 cm diameter, and 30 (60%) patients of nevi ranging from 0.5 to 1.5 cm in diameter. In all patients, whom CO₂ laser was used for excision of pigmented nevi, bleeding was absent during operation, injury of surrounding tissues was minimal and healing of wound was during 7-14 days, without infection complications. Improved visibility through better hemostasis provides greater confidence of complete excision and time saving. In 34 (68%) cases time needed for complete resection of lesions was less than 10 minutes. Time of healing was longer than 12 days in 8 cases (16,0%) . Local recurrence was observed only in two cases (4%). The probable cause of this is the sealing of small blood vessels and lymph vessels by the CO₂ laser which prevents tumor cells spreading. The advantages of the CO₂ laser surgery were better hemostasis, precision of working, non-contact dissection (absence of the potential for malignancy), minimum traumatization of the surrounding tissues, reduced postoperative pain, quick postoperative healing .

Conclusion: CO₂ laser is an effective method of surgical treatment of congenital pigmented nevi.

FACTORS AFFECTING THE LOWER RISK OF COLORECTAL CANCER IN NIGERIA.

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Colorectal carcinoma (CRC) is the third most common cancer worldwide and the third most common cause of deaths from cancer in both sexes in industrialized nations. The incidence varies according to geographical location with the highest rates reported from Northern and Western Europe, USA. The incidence of CRC in USA reaches 57,0 per 100 000 population, in Ukraine, according to the National Cancer Registry in 2013 was 44,0 per 100 000 population, in the Sumy region, this date was 43,1/100 000. Although the highest incidence of CRC in USA is seen among African Americans (71,0/100 000) , CRC is an uncommon malignancy in Nigeria. Studies that have been published from