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АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА ПРАКТИЧНОЇ МЕДИЦИНИ

Topical Issues of Clinical and Theoretical
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SPINAL MANIPULATION

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Spinal manipulation is a therapeutic intervention that has roots in traditional medicine and has been used by various cultures, apparently for thousands of years. Hippocrates, the "father of medicine

AIM : the role of manual therapy is to reliving sever pain without any operation and to prepare some body or improve him to his own life style to a good way

Methods is one of several options—including exercise, massage, and physical therapy—that can provide mild-to-moderate relief from low-back pain. Spinal manipulation appears to work as well as conventional treatments such as applying heat, using a firm mattress, and taking pain-relieving medications: (SAID such as deprasspan , betaspan, bethametazone,etc) doing as an inject in they joint under ligament and those points that have severe pain once then after 2/3 week ,

Result The effects of spinal manipulation have been shown to include:

Temporary relief of musculoskeletal pain

Shortened time to recover from acute back pain

Temporary increase in passive range of motion

Physiological effects on the central nervous system (specifically the sympathetic nervous system

Altered sensorimotor integration

No alteration of the position of the sacroiliac joint

ULTRASOUND CRITERIA OF THE CERVIX UTERI IN THE DIAGNOSIS OF PRETERM LABOR IN MULTIPLE PREGNANCIES

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With increasing cases of assisted reproductive technology significantly increased the number of multiple pregnancies. Patients with multiple pregnancy constitute a high-risk of perinatal complications, including the threat of premature birth is in the foreground. Transvaginal cervical monitoring at multiple pregnancy carries valuable information about the state of the cervix (length, inner mouth, the cervical canal) and is a reliable prognostic indicator in the diagnosis of complex high risk of premature birth. The widespread implementation of this diagnostic method in daily practice antenatal care will significantly improve perinatal indicators.

The aim of our work was to study the characteristics of the dynamics of the cervix in the progression of pregnancy and detect ultrasonic kryterii risk of preterm birth in women with twins.

Materials and methods. To address the problems in the work conducted prospective analysis of 150 case histories of women with singleton pregnancies and 200 pregnant women with histories of twins (114 - with dyhorianalic, 86 - with monohorianalic diamniotyc) who were registered in the antenatal clinic and treatment in Sumy Regional Clinical perinatal center in the 2011-2014. We use the criteria ultrasound cervical condition and identified the following groups. The control group consisted of 100 patients where pregnancy was without the threat of termination, and labor which took place in the period of full-term pregnancy (50 - with a singleton pregnancy, 50 - with a multiple pregnancy). In the study group included 100 women with singleton pregnancies (group 1) and 150 of the twins (group 2), whose pregnancy was complicated by the threat of termination in different periods of gestation. All patients, who had pregnancy with complications by the threat of termination received pathogenetic therapy according to current clinical protocols. In the study group were included patients with cervical incompetence and habitual.

We have studied general, somatic, obstetric and gynecological history, pregnancy, childbirth, and in particular the state of the cervix with the progression of singleton and multiple pregnancies. In conventional clinical examination and laboratory tests, carried ultrasound tservikometry

To assess the state FPC carried ultrasound fetal and placental complex using modern ult 10-13 Weeks., 16-22 weeks. and 28-34 weeks of pregnancy. As I trimester ultrasound diagnosis was made

with using two standard methods: transvaginal sonography and transabdominal scanning techniques with full bladder. The ultrasonic sensor is introduced into the vagina, directing the front arch, while trying not to put pressure on the neck, so as not to cause her artificial extension. After receiving the sagittal cut cervical mucous echogenic used to determine the internal endocervical cells. To measure cervical length linear sliders placed on a triangular echogenic area external os and V-shaped slot inner eye. Each survey took about 2-3 minutes.

Statistical analysis of the data was performed using parametric methods of statistical computer programs

Results. The dynamics of the state of the cervix in multiple and singleton pregnancy using transvaginal sonography. Revealed distinctive feature state of the cervix with twins, that is more rapid reduction of cervical after 24 weeks compared with singleton pregnancy. Developed ultrasound cervical length criteria for early formation of an increased risk of preterm delivery among patients with twins. Developed standards cervical length for each gestational period in twins.

When analyzing the individual values of cervical length in patients with twins and preterm delivery, we found a clear correlation dynamics of the cervix in these terms for a period of spontaneous labor. By 22-24 weeks of gestation dynamic changes in the cervix was virtually identical. However, since this term (22-24 weeks) in patients who had labor to 32 weeks, the rate of cervical shortening was more pronounced: 5.53 mm / week. against 2.33 mm / week. in women who had labor in 32-35 weeks. In terms of labor in 32-35 weeks cervical length was $28 \pm 3,8$ mm in 25-27 weeks and preterm labor at 32 weeks cervix was 1.47 times shorter - $19 \pm 3,2$ mm. Thus, the earlier attacked at birth twins, the more important were changes in the cervix that manifested not only shortening it, but V- or U -shaped opening of the internal os. In patients with multiple pregnancy who had preterm labor, as in patients who have had a period, we found no significant differences in the length of the cervix of the women with first and second pregnancy and depending on the type of placentation (mono and double dyhorionic). The exceptions were 3 (2%) patients with monohorionic double sharp shortening of the cervix (up to 13-15 mm) in 25-27 weeks, which is not due to the type of placentation, and the presence of polyhydramnios expressed in one of the fetus of the syndrome fetofetal transfusion heavy degree, which makes it difficult to 15% monohorionic twins. Installed "critical" periods (22-24 weeks) when it is necessary to conduct research cervix to determine the degree of risk of preterm birth. With a length of cervix <34 mm in 22-24 weeks increased risk of preterm birth before 36 weeks; of the risk of preterm birth at 32-35 weeks is cervical length <27 mm, the criterion of risk "early" preterm birth (before 32 weeks) - <19 mm.

THE OSTEOTOMY OF THE KNEE DEFORMATION AFTER GONARTHROSIS (ARTHROSIS OF THE KNEE)

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The knee joint is comprised of three bones: the thigh bone (femur), the shin bone (tibia) and the kneecap (patella). In case of arthrosis, in most cases female had problem with the cartilage deteriorates and the bones start rubbing directly against each other. The result is joint pain, which worsens day by day, and limits motion.

AIM: the role of osteotomy of the tibia bone is to remove the bone syndrome and remove they deformity which was rubbing directly against each other and scratching cartilage .

Result:

in Sumy region In CMCH with we had 96 case during 2013-2015 of osteotomy of tibia bone and fixation of it with palate it is one of the good method with a good result we have done 85 women and and 9 men we had 99% good result with our patients.