

Міністерство освіти та науки України
Сумський державний університет
Медичний інституту



АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА ПРАКТИЧНОЇ МЕДИЦИНИ

Topical Issues of Clinical and Theoretical
Medicine

Збірник тез доповідей
IV Міжнародної науково-практичної конференції
Студентів та молодих вчених
(Суми, 21-22 квітня 2016 року)

ТОМ 2

Суми
Сумський державний університет
2016

PROPRANOLOL-RESISTANT INFANTILE HEMANGIOMAS: THE ANALYSIS OF 2 CASES

Ovechkin D. V., Leonov V.V., Ngetich E., Adigun Z.

Sumy State University, Department of Surgery with Children Surgery and Course of Urology

Infantile hemangiomas (IH) are the most common soft-tissue tumours of infancy. Although propranolol has been shown to treat IH effectively, there are a few cases of propranolol-resistant IH (PRIH) are mentioned in the literature. The incidence of PRIH in different studies is 0-9%.

The objective of this study is to describe and analyze the clinical cases of PRIH.

This prospective study was conducted in the department of Pediatric surgery at Sumy Region Children's Clinical Hospital (Ukraine) between September 2012 and January 2016.

The patient's mean age at initiation of propranolol therapy was 2.5 months (1-18 months). Propranolol was given to 44 cases: 40 – proliferative stage of IH; 4 – non-proliferative stage. Congenital hemangiomas were not included to this study.

Propranolol was prescribed in dose of 1-3 mg/kg per day orally at 8-hour interval.

PRIH was described as continued growth of IH during the proliferation stage or no IH reduction during the post-proliferative stage after at least 4 weeks of propranolol therapy in dose ≥ 2 mg/kg per day.

All patients tolerated to propranolol well without side effects. PRIH was confirmed in 2 patients – 4,5% (2/44). The increasing a dose of propranolol to 3 mg/kg per day at 8-hour interval have not removed the resistance to therapy. Patient's data with PRIH are summarized.

Case # 1: sex – girl; gestational age – 39 weeks; birth weight – 3150 kg; IH localization – cheek; age of lesions onset – 1 week; IH complications – ulceration; IH stage – proliferative; age of initial treatment – 3 week; duration of maximum dose (3 mg/kg/d) – 6 month; total duration of propranolol therapy – 6 month.

Case # 2: sex – girl; gestational age – 40 weeks; birth weight – 3500 kg; IH localization – trunk; age of lesions onset – 3 week; IH complications – ulceration and infection; IH stage – proliferative; age of initial treatment – 2 week; duration of maximum dose (3 mg/kg/d) – 6 month; total duration of propranolol therapy – 6 month.

Adjuvant therapy was prescribed to both patients with PRIH (prednisolone, 2 mg/kg/d, orally). We observed that the use of systemic corticosteroid was effective.

Conclusion

In our study the PRIH is 4,5% of all propranolol therapy patients; however this type of lesions required more clinical studies to determine their nature and optimal treatment.

GASTRIC CANCER IN AFRICA COMPARED TO UKRAINE AND OTHER COUNTRIES

Students: Ramadhani M. Satura, Nancy L. Rutananukwa, Kristina N. Kohi

Scientific Supervisor – doc. V. P. Shevchenko

SumSU, Medical institute, department of general surgery

Gastric cancer (GC) has been described as early as 3000 BC in hieroglyphic inscriptions and papyri manuscripts from ancient Egypt. The first major statistical analysis of cancer incidence and mortality showed that GC was the most common and lethal cancer. It has remained one of the most important malignant diseases with significant geographical, ethnic, and socioeconomic differences in distribution.

Aim: to retrospectively assess the differences of GC between the African and European population.

Methods and Material: A retrospective study of histologically confirmed cases of gastric cancer seen at Bugando Medical Centre and epidemiological studies of Ukraine National Cancer Registry

Results: Tanzania ranking is No.141 worldwide with a ratio of 2.97 per 100,000 cancer patients. A total of 232 GC patients were enrolled in the study, representing 4.5% of all malignancies. The male to female ratio was 2.9:1. The median age of patients was 52 years. The majority of the patients (92.1%) presented late with advanced GC (Stages III and IV). Lymph node and distant metastasis at the time of diagnosis was recorded in 31.9% and 29.3% of cases,