Міністерство освіти та науки України
Сумський державний університет
Медичний інституту

АКТУАЛЬНІ ПИТАННЯ ТЕРЕТИЧНОЇ 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

in 1 in every 1500 pregnancies. All hydatidiform mole cases are sporadic, except for extremely rare familial cases. Three major ancillary diagnostic tests: p57 immunohistochemistry (complete mole), Flow cytometry (partial mole)Microsatellite genotyping (complete and partial mole), but I will be concentrating on microsatellite genotyping as a diagnosis of molar pregnancy.

To determine the technical performance of microsatellite genotyping by using a commercially available multiplex assay, and to describe the application of additional methods to confirm other genetic abnormalities detected by the genotyping assay. Microsatellite genotyping data on 102 cases referred for molar pregnancy testing are presented. A separate panel of mini STR markers, flow cytometry, fluorescence in situ hybridization, and p57 immunohistochemistry were used to characterize cases with other incidental genetic abnormalities.

Forty cases were classified as hydatidiform mole (30, complete hydatidiform mole; 10, partial hydatidiform mole). Genotyping also revealed 11 cases of suspected trisomy and 1 case of androgenetic/biparental mosaicism. Trisomy for selected chromosomes (13, 16, 18, and 21) was confirmed in all cases by using a panel of mini STR markers.

This series illustrates the utility of microsatellite genotyping as a stand-alone method for accurate classification of hydatidiform mole. Other genetic abnormalities may be detected by genotyping; confirmation of the suspected abnormality requires additional testing.

FEATURES OF RADIODIAGNOSIS OF SYNDROME OF PLEURAL EFFUSION

Oleshchenko G.P., Voshchenko V.P., Diedkova K.A.

Sumy State University, Department of general surgery, radiation medicine and phthisiology

The epidemic of tuberculosis, registered in Ukraine in 1995, remains a threat to society. Unfortunately, it cannot be overcomed, despite all the efforts.

In the last two decades against the background of a high general incidence of all tuberculosis is more common extrapulmonary localization. Among such form the overwhelming majority - tuberculosis of the pleura. The leading signs of the disease are chest pain, coughing, increasing of shortness of breath, accumulation of pleural effusion.

The verification of the last usually causes considerable difficulties. The main method of diagnosis of syndrome of pleural effusion (SPE) is radiological. The most commonly used methods are the usual radiography of the chest cavity and ultrasound (US).

Correctness of a diagnosis and timely initiation of treatment often depend on method of diagnosis. This, in turn, affects the further course of the process. So, late established diagnosis of tuberculous pleurisy leads to its chronicity, pulmonary and extrapulmonary complications the development of resistance of Mycobacterium tuberculosis to anti-TB drugs.

All of the above significantly complicates treatment, makes it long and as expensive and in considerable number of cases requires an extremely complicated surgery.

The purpose of the study – to analyze the link between radiological methods and the time of diagnosis.

Materials and methods. Under our supervision there were 329 persons with the syndrome of pleural effusion, who received treatment in the regional TB dispensary.

Results and discussion. Everyone of investigated were divided into 2 groups. The first amounted 187 (56.8%) patients, in the diagnosis SPE in them was used the classic X-ray examination of the chest cavity. The second, a comparison group, included 142 (43.2%) patients - investigated by ultrasound.

Conducted an analysis of the duration of survey depending on the method of diagnosis. Thus, the term of diagnosis verification in the first group was on average 36 ± 5 days versus 6 ± 2 days in the second group.

Hence, the use of ultrasound in diseases of the pleura more than 4.5 times reduces the time to diagnosis.