

**МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ
СУМСЬКИЙ ДЕРЖАВНИЙ УНІВЕРСИТЕТ
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ТА СОЦІАЛЬНИХ КОМУНІКАЦІЙ**



СОЦІАЛЬНО-ГУМАНІТАРНІ АСПЕКТИ РОЗВИТКУ СУЧАСНОГО СУСПІЛЬСТВА

**МАТЕРІАЛИ V ВСЕУКРАЇНСЬКОЇ НАУКОВОЇ КОНФЕРЕНЦІЇ СТУДЕНТІВ,
АСПРАНТІВ, ВИКЛАДАЧІВ ТА СПІВРОБІТНИКІВ**

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NEW TREATMENT APPROACHES FOR ULCERATION CAUSED BY DIABETES

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Relevance of the article. Trophic changes of lower extremities are among the most common complications in patients with vascular diseases and diabetes. In developed countries the ulceration is the most common cause of no traumatic amputations of lower extremities and it was determined as one of the biggest health problems worldwide. It is known that the majority of the ulcers of lower extremities (60-70%) is the result of vascular diseases [1,2]. Almost half of all high amputations are caused by complications of peripheral form of atherosclerosis caused by diabetes, and in 80-90% of patients it was preceded by chronic ulcerous defects [3,4].

Objective of our study was to develop the combined treatment of the patients with trophic ulcers of the lower extremities caused by diabetes.

Materials and methods. In 2016 at the Department of Vascular Surgery of “Sumy regional clinical hospital” 32 patients with trophic ulcers of the lower limbs were treated with platelet-rich plasma (PRP). The group of patients consisted of 11 males (34.4%) and 21 females (75.6%). The average age of the treated male patients was 72 years, female - 68. Duration of trophic ulceration, caused by diabetes before treatment was in males 5.8 years, in females – 7.6 years.

The patients from the main group were treated with their own blood plasma, enriched with platelets, received by double whizzing. Such medication was conducted two times with 10 days interval. The treatment was accompanied by local applications of PRP. Dressing changes were conducted at intervals of 2 days.

Comparison group, consisting of 20 patients had the same area of the TU as the patients from the main group. These patients received the standard treatment in accordance with the regional protocols.

Results and discussion. The average period of circularization of trophic ulcers in the patients from the main group was 36.5 days compared to comparison group - 82.7 days ($p < 0,05$). 10 (33%) patients from the main group with the ulcer's area of 5 cm² achieved the absolute ulcer

healing in average of 30 ± 2 days, compared to comparison group - 45 ± 3 days ($p < 0,05$).

The average length of hospital stay for the main group was 14.6 days, while for the patients from comparison group - 22.3 days ($p < 0,05$).

Conclusion: This treatment provides faster healing of common trophic ulcers of the lower extremities that improves the efficiency of complex treatment due to reduce of its cost.

MELANOMA IN SUMY REGION: EPIDEMIOLOGICAL FEATURES

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Relevance of the article. Since 2009, when the melanoma days were launched by the Ukraine Institute of dermatology and cosmetology the relatively intensive information and medical campaign continues to inform public and doctors about melanoma problem.

Objective: to investigate the epidemiological features of melanoma incidence before anti-melanoma campaign had been started.

Research results. All reported cases of pigment or nevus formations were used as an epidemiological background. In 2006 there were 359 such cases including 62 cases of melanoma, accounting for 17.27% and 1.29% of all patients who were exposed biopsy on any occasion. The total melanoma incidence in Sumy region was about 5.16 per 100 thousands of population in one year and it is rather less than paradox-region New Zealand, where the melanoma incidence rate is about 10–20 per 100 thousands. Mortality of melanoma in New Zealand is known to be one of the lowest in the world and is below 20% (compared 95% in Ukraine). According to the literature, 5-year cumulative survival of patients diagnosed with melanoma is only 48.5% in Ukraine. The prominent feature of this melanoma incidence study is absence of clinical recovery cases in patients, who had been performed biopsies of post-operative scars or lymphatic nodes.

Conclusion. The high melanoma incidence rate in Sumy region needs more active preventive work among the population and also improving skills of dermatologists to early diagnosing melanoma is required.