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АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА ПРАКТИЧНОЇ МЕДИЦИНИ

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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

various centres in the country show that the Incidence rates in Nigeria are put at 3,4 cases per 100,000. This suggests that there may be factors either anthropomorphic or environmental which may be responsible for this.

Aim: Examine the factors affecting the low incidence colorectal carcinoma in Nigeria compared to the population of European countries and USA.

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 different parts of Nigeria, mostly hospital-based, to determine the incidence of CRC among the population of Nigeria and reasons to reduce the risk of developing cancer of this particular localization.

Result: According to reports from different parts of Nigeria the age range from 42,9 to 50,7 years in patients with CRC. This observed lower age at presentation in Nigerians when compared with presentation at seventh decade in European countries may not be unconnected with the reduced life expectancy in developing countries. There is slight male predominance of male with CRC, a male: female ratio of 1,5:1. This is similar to findings from other studies on CRC in other countries. Even though no agreeable reason has been attributable to this male preponderance worldwide, it may be due to higher frequency of abdominal obesity, cigarette smoking, and alcohol consumption in men. Histologically, adenocarcinomas of varying degrees of differentiation accounted for 77,2% of all CRC. This is similar to reports from European countries with overwhelming proportion of the adenocarcinoma. Diet is one of the major difference between Nigeria and the Caucasians. Africans have little meat in their diet and instead ate a lot of fibre from fruits, grains, and vegetables. The typical Nigerian stews are hot and spicy with a base of ground tomatoes, red chilli peppers, and onions. This has led to a closer look at these phytonutrients as they are now called and their mode of protection against CRC. Increased caloric intake and reduced physical activity seems to be the sign of improved economic development and civilization, and this leads to obesity which is a common ailment in the USA. In Nigeria, the level of poverty precludes the luxury of overindulgence in food and ensures continuous physical activity. Lactose intolerance is seen more in the African race than in Caucasians. Interestingly, the malabsorption that this causes has now been hypothesized to be a protective factor against the development of CRC. Africa is blessed with sunlight all year round. Sunlight is important in the peripheral manufacture of vitamin D in the human body. Vitamin D and calcium have been shown to be protective against colorectal cancer.

Conclusion: The explanation why the incidence of colorectal cancer in Nigerians specifically remains low is rooted in the rarity of adenomatous polyposis syndromes, the protective effects of our starch-based, vegetable-based, fruit-based, and spicy, peppery diet, and our geographical location which ensures sunshine all year round.

MODERN APPROACH TO THE TREATMENT OF WOMEN WITH ENDOMETRIAL POLYPS

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Endometrial polyps are a common gynecologic disorder whose incidence is unknown because many polyps are asymptomatic. The prevalence is reported to be between 7.8% to 34.9%, depending on the population studied. Endometrial polyps may be symptomatic, with abnormal vaginal bleeding being the most common presentation. They may be found incidentally in symptom-free women investigated for other indications. Risk factors for the development of endometrial polyps include age, hypertension, obesity, inflammatory disease and tamoxifen use.

Increasing age appears to be the best-documented risk indicator for endometrial polyps. Specific populations at risk include women with infertility. Malignancy arising in polyps is uncommon, and specific risks for malignancy include increasing age and postmenopausal bleeding. Management may be conservative, with up to 25% of polyps regressing, particularly if less than 10 mm in size. Hysteroscopic polypectomy remains the mainstay of management, and there are no differences for outcomes in the modality of hysteroscopic removal. Symptomatic postmenopausal polyps should be excised for histologic assessment, and removal of polyps in infertile women