

Міністерство освіти та науки, молоді та спорту України
Міністерство охорони здоров'я
Сумський державний університет
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АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА ПРАКТИЧНОЇ МЕДИЦИНИ

Topical Issues of Clinical and Theoretical
Medicine

Збірник тез доповідей
III Міжнародної науково-практичної конференції
Студентів та молодих вчених
(Суми, 23-24 квітня 2015 року)

Суми
Сумський державний університет
2015

Conclusion: Osteotomy is best method for controlling and not let to improve the pain syndrome and more deformities in patient with gonarthrosis or knee arthritis.

RELATIONSHIP BETWEEN ABNORMAL PLACENTATION AND PREVIOUS CAESAREAN SECTION

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Abnormal implantation of placenta *previa* is life-threatening condition. The increased incidence of placenta praevia in the last decade may be the result of increasing caesarean delivery rates during this period or the more widespread use of ultrasonography for detecting placenta praevia.

Aim: The purpose of this study was to assess relationship between previous Caesarean section and subsequent development of placenta praevia

Methods: This analytical study was conducted in the Sumy City Maternity Hospital №1 during 2010-2014 years. 252 pregnant women were included in this study, - 38 (15,1%) with history of previous Caesarean sections. These patients were divided into two groups. Group A with previous one Caesarean section, group B with previous, two Caesarean sections. The diagnosis is usually established by ultrasonography and occasionally supplemented by magnetic resonance imaging (MRI).

Results: Out of 252 cases placenta praevia was diagnosed in 14 cases (5,6%). All patients with abnormal implantation of placenta *previa* were analyzed prospectively. 11 (5,1%) from pregnant women without history of previous Caesarean sections were found to have placenta praevia. Group A included 28 patients and 2 (7,1%) were found to have placenta praevia. In Group B 10 patients were studied and placenta praevia was diagnosed in 1 (10%) of them.

Conclusion: It was confirmed that previous caesareans increase the risk of placenta praevia and the risk is proportional to the number of previous Caesarean sections.

CAUSES OF ACUTE UPPER GASTROINTESTINAL BLEEDING IN NIGERIA

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Upper gastrointestinal bleeding (UGIB) is one of the commonest gastrointestinal emergencies.

The aetiology of UGIB differs throughout the world, reflecting geographical differences in common disease states. In South and Central Africa, and in most of the developing world, a bleeding peptic ulcer is the commonest cause of bleeding from the upper intestinal tract, but there are parts of East Africa and India where bleeding varices as the result of portal hypertension are more common. They may be the result of cirrhosis of the liver, schistosomiasis causing noncirrhotic periportal fibrosis, or extrahepatic portal vein obstruction. Other causes of bleeding include stress ulcers, hiatus hernia, uraemia, gastric carcinoma, a tear in the lower oesophagus following a forceful vomit (the Mallory-JWeiss syndrome), and multiple shallow erosions following aspirin or some other drugs.

Aim This study was carried out to determine the aetiology and management outcome of patients with UGIB presenting at our facility located in Southwest Nigeria and compare them to the few studies done in the Northern part of the country and other parts of the world.

Materials and methods: 67 patients who presented with UGIB and underwent upper gastrointestinal endoscopy at the Ekiti State University Teaching Hospital (EKSUTH), Ado-Ekiti, Southwest Nigeria, were retrospectively studied, relevant data extracted and analysed.

Results: The demographic data of the patients showed a mean age of 41.84± 12.81 years, (ages ranged from 17 to 75 years), 40 (59.7%) were males, while 27 (40.3%) were females giving a male to female ratio of 1.5:1. Clinical presentations included haematemesis and melena in 26 (38.8%), followed by haematemesis in 22 (32.8%) and melena in 19 (28.4%) of the patients. Antral mucosal erosions were the commonest cause of UGIB (49%) in this study, this finding was contrary to the earlier reports from the studies in the Northern part of Nigeria, Egypt and Tanzania where variceal

bleeding was the commonest cause of UGIB. This difference might be explained by the high prevalence of chronic liver disease which in turn is as result of the high endemicity of hepatitis B virus in the Northern part of Nigeria and these other countries. This finding was also contrary to those reported from Europe, India and South America where erosive mucosal disease was identified as the second commonest cause of UGIB. Peptic ulcer disease was the second commonest cause of UGIB in this study (25.4%), contrary to the findings from the west where peptic ulcer disease which has been identified as the commonest cause of UGIB. Variceal bleeding was the third commonest cause of UGIB (11.9%) while gastric mass (1.5%) was the least common in this study.

Conclusion: Antral mucosal erosions were the commonest cause of UGIB in our environment. NSAIDS intake was very high among the populace, especially in mucosal erosion group leading to high morbidity, absent from work and huge financial cost. It is recommended that serious awareness campaigns be mounted to educate the populace of the dangers inherent in indiscriminate use of NSAIDS in our society

SIMILARITIES AND DIFFERENCES IN BREAST CANCERS BETWEEN BLACK AFRICAN AND WHITE EUROPEAN WOMEN

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Breast cancer (BC) continues to remain the most lethal malignancy in women across the world. A number of studies have suggested that there are epidemiological differences between BC among women in Europe and Africa. In Europe, the incidence is five times higher than that in Africa. Risk factors such as menopause, oral contraceptive use, cigarette smoking, and family history of breast cancer have been shown to have different relations to BC among blacks and whites.

Aim: to uncover some of the epidemiological similarities and differences in breast cancers between white European women and black African women.

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 Nigeria and Tanzania mostly hospital-based.

Result: The mean age at presentation varies between Africa and Europe, he is 48 years in Africa and approximately two-thirds are premenopausal. On the contrary, the majority of women present at postmenopause in Europe. That differences in the epidemiology of BC among races could partly be attributed to endogenous hormones. In comparison to Caucasians, African women had 18% higher levels of oestradiol in premenopausal age. These findings may explain the higher incidence of premenopausal BC among women of African origin. Histologically, ductal carcinoma is the commonest type of BC among women in Africa and Europe with similar frequency. However, medullary and mucinous carcinomas are more common in Africa than in Europe. In addition, more women have grade 3 tumours in Africa than in Europe. In Tanzania, for example, 56.4% have tumours with histological grade 3, while, in Nigeria, 45,1% have grade 3 tumour. On the contrary, only 15,8% of Ukrainian women have a grade 3 tumour. This may explain why the progression of BC more aggressive in African women than in European women. There is a significant difference in staging at the time of presentation between European women and their African counterparts. Most women in Africa present when the disease is at an advanced stage. In a study in East Africa, more than 70% of the patients presented at stage III or IV. However, in Europe, women are more likely to present when the disease is still in its early stage. The reason for the advanced presentation in Africa could be due to lack of health care coverage especially in remote rural areas and poverty as healthcare is not free in most countries. This is in contrast to Ukraine where health care is not only free, but also regular screening is available to women of certain ages. This increases the probability of detecting BC at a very early stage. As a result, most women in Africa have mastectomy and adjuvant hormonal therapy or chemotherapy and many others only receive palliative care because the tumour is advanced and inoperable.