

the corpus callosum (29.17% vs. 13.34%). Foci of multiple sclerosis subcortical to the frontal, parietal and occipital lobes in the group with CD were equally with the group without CD. Conclusions: it is established that in patients with multiple sclerosis with cognitive dysfunction, foci of demyelination subcortical to parietal lobes and in the corpus callosum are more common than in patients without CD.

PREDICTION OF THE EMERGENCE OF A SEVERE CONDITION OF PATIENTS WITH CHEMO-RESISTANT TUBERCULOSIS, WHO ARE ON PALLIATIVE CARE, BY DETERMINING THE BODY MASS DEFICIT

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The aim – to establish the ability to predict the severity tuberculosis of lungs with chemoresistance to anti-TB drugs of palliative care (CRTB) deficiency by determining body weight (DMW). Methods and materials. Determining body weight (DMW) was studied in 261 patients with CRTB of palliative care that were treated in Communal institution "Regional TB Hospital." The men were 233 (89,3 %), women – 28 (10,7 %), average age 45,2±9,9 years. To calculate DMW calculator used New BMI (New Body Mass Index). The study took into account three factors: the level of body weight (a) presence of severe condition (b) and palliative treatment (c). To establish a relationship for the investigational factor calculation conducted relative risk with 95 % confidence intervals into account the following parameters: risk difference (RD), Relative Risk (RR), confidence interval (CI). Results. BMI of the study found that DMW was almost half of patients - 124 (47,5 %), including 47 (18,1 %) is determined and severity (within 17,1-18,4 conv. units), 40 (15,2%) - second degree (17-16.1 conv. units) and in 37 (14,2 %) - third degree (<16 conv. units). All patients diagnosed by the clinical data of medium-heavy and heavy general condition, and 54 patients (20,6 %) - died: and extent of – 6,1 %, the second – 5,7 % and the third – 8,8 %. In table 1 show, which reduce the severity of DMW was significantly associated with increasing severity of the general condition of the patient.

Table 1

DMW Interconnection of severity in patients with palliative pulmonary CRTB

The degree of severity of DMW	RD	RR	Standard error Relative Risk	95% confidence interval (CI)
I degree	0,20	2,56	0,28	1,45-4,49
II degree	0,24	2,82	0,28	1,60-4,96
III degree	0,48	4,67	0,24	2,92-7,49

Conclusions: The findings indicate that the decrease of weight in palliative patients with CRTB of lungs is an unfavorable factor and can serve as a prognostic criteria of severity general condition.

NEW MULTIVARIATE MODEL FOR PREDICTION FUNCTIONAL OUTCOME After HEMORRHAGIC HEMISPHERIC STROKE Using PARAMETERS OF COMPUTER TOMOGRAPHY

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Background: Elaboration of statistical models to predict poor functional outcome (PFO) after hemorrhagic hemispheric stroke (HHS) is a very important and relevant in modern angioneurology that can help the practitioners to identify candidates for neurosurgical intervention and improve effectiveness of treatment approaches. We therefore elaborated new statistical for prediction PFO after HHS using parameters of computer tomography (CT). *Methods:* 101 patients (mean age 64,9±1,1 years) were studied within first 21 days after clinical onset of SSICH. Clinical examination included evaluation by National Institute of Health Stroke Scale (NIHSS). CT of the brain was done at admission during first 24 hours after clinical onset of AISS. The volume of intracerebral hemorrhage (VICH) was calculated by ellipsoid formula using parameters of CT: VICH (mL) = (a*b*c)/3. Displacement of a transparent partition (DTP) was verified (mm). Poor functional

outcome was verified in patients with modified Rankin Scale score $\geq 4-5$ on the 21st day. Elaboration of prognostic model was made by logistic regression and ROC-analysis. *Results:* Out of 102 stroke patients, 49 (48,0%) have PFO. Near 9 models were obtained. The model with the largest area under the curve (AUC=0,87) was: $\beta = -0,327 * \text{NIHSS} + 0,184 * \text{DTP} - 3,85$. Significance level of Hosmer-Lemeshow-test for selected model $p = 0,5115$, percent concordant = 76,5. Cut-off value of $\beta > -0,212$ predicts PFO with sensitivity = 79,6% and specificity = 77,4%. *Conclusions:* Elaborated prognostic model might be a powerful tool for predicting PFO after HHS and improving effectiveness of treatment.

PREDICTIVE VALUE OF PERIHEMATOMAL EDEMA IN ACUTE PERIOD OF HAEMORRHAGIC HEMISPHERIC STROKE

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Background: Elaboration of computer tomographic criteria to predict early outcome after hemorrhagic hemispheric stroke (HHS) is a very important and relevant in modern angioneurology that can help the practitioners to identify candidates for neurosurgical intervention and improve effectiveness of treatment approaches. We therefore verified the prognostic value of perihematoma edema for prediction outcome after HHS. *Methods:* 60 patients (mean age $64,5 \pm 1,5$ years) were studied within first 21 days after clinical onset of HHS. Clinical examination included evaluation by National Institute of Health Stroke Scale (NIHSS) and Glasgow Coma Scale. CT of the brain was done at admission during the first 24 hours after clinical onset of HHS. The cumulative volume of intracerebral hemorrhage (VICH) and perihematoma edema (PHE) was calculated by ellipsoid formula using parameters of CT: $\text{VICH} + \text{PHE} \text{ (mL)} = (a * b * c) / 3$. Elaboration of prognostic criteria was made by logistic regression and ROC-analysis. *Results:* Out of 60 stroke patients, 10 (16,7%) died. Cut-off value of $\text{VICH} + \text{PHE} > 92,3$ mL predicts ELO with sensitivity = 80,0% and specificity = 94,0% (AUC = 0,86). Significance level of Hosmer-Lemeshow-test for selected model was $p = 0,1913$, percent concordant = 91,7. *Conclusions:* Cumulative computer tomographic parameter (VICH+PHE) characterized by high sensitivity and specificity for prediction outcome after HHS and may be used for elaboration of multivariate statistical model.

ELABORATION OF MULTIVARIATE MODEL FOR PREDICTION FUNCTIONAL OUTCOME After HEMORRHAGIC HEMISPHERIC STROKE USING CLINICAL PARAMETERS AND INFLAMMATORY ACTIVATION

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Background: Elaboration of statistical models to predict functional outcome (FO) after hemorrhagic hemispheric stroke (HHS) is a very important and relevant in modern angioneurology that can help the practitioners to identify candidates for neurosurgical intervention and improve effectiveness of treatment approaches. We therefore elaborated new statistical for prediction FO after HHS using clinical parameters and markers of inflammatory activation. *Methods:* 101 patients (mean age $64,8 \pm 1,1$ years) were studied within first 21 days after clinical onset of HHS. Clinical examination included evaluation by National Institute of Health Stroke Scale (NIHSS). Neutrophil-lymphocyte ratio (NLR) was calculated on at admission. Poor functional outcome (PFO) was verified in patients with modified Rankin Scale score $\geq 4-5$ on the 21st day. Elaboration of prognostic model was made by logistic regression and ROC-analysis. *Results:* Out of 101 stroke patients, 47 (46,5%) have PFO. Near 10 models were obtained. The model with the largest area under the curve (AUC = 0,881) was: $\beta = -0,338 * \text{NIHSS} + 0,14 * \text{NLR} - 4,42$. Significance level of Hosmer-Lemeshow-test for selected model was $p = 0,5552$, percent concordant = 79,0. Cut-off value of $\beta > -0,6368$ predicts PFO with sensitivity = 89,8% and specificity = 71,7%. *Conclusions:* Elaborated prognostic model might be a powerful tool for predicting PFO after HHS and improving effectiveness of treatment.