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ul. K. Marcinkowskiego 2–6
50-368 Wrocław
www.stn.umed.wroc.pl

ISBN 978-83-942024-3-9

Projekt okładki
Karolina Klat

Korekta
Karina Wrona

Nakład 700 egz.

Druk i oprawa
Wrocławska Drukarnia Naukowa PAN im. S. Kulczyńskiego Sp. z o. o.

265. Diagnostic of gastrointestinal stromal tumors after endoscopic submucosal dissection

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Introduction: Endoscopic submucosal dissection (ESD) has been accepted as a treatment modality for gastrointestinal non-epithelial tumors, such as gastrointestinal stromal tumor (GIST).

Aim:to analyze the efficiency of diagnostics of GIST after ESD.

Materials and methods: The retrospective analysis of diagnostic GIST after ESD at the Medical centre "Oberig clinic" during 2009-2015 years was done. Statistical analysis of clinical material was carried out using the «Microsoft Excel 2010» («Microsoft Corp.», USA) packet analysis statistics. The data were processed by methods of variation statistics with calculation of statistical significance (reliability), two-sided Fisher exact test criterion ksi2, odds ratio (OR). Confidence interval (CI) in the study was accepted by 95% (calculated on the adjusted Wald method), limiting the risk of error - less than 5% (p <0.05).

Results: From the 44's remote submucosal lesions morphologically diagnosed 10 tumors (22.7%, 10/44, 95% CI 10,3-35,1), 8 of which appeared GIST and 2 - leyomyoma (the rest of submucosal lesions proved neuroendocrine tumors, lipoma, fibrous inflammatory polyps, etc.). To diagnose GIST and leyomyoma we used immunohistochemical method with markers CD117, DOG1, PDGRF-., CD34, S100, desmin, Ki-67. The difference is statistically significant (p = 0,0253, ksi2 = 5,00, 16, odds ratio with 95% CI 1,79-143,16). GIST localized: 4 (50%), stomach (p = 0.034, odds ratio with 81% CI 95 1,30-5046,71), 2 (12.5%) - in the small intestine (p> 0.05) 1 (12.5%) - in the ascending colon (p> 0.05), 2 (25%) - in the rectum (p> 0.05). Two leiomyoma were found in the esophagus (p> 0.05). All tumors were removed within healthy tissue, which confirmed morphologically.

Conclusion:GIST is significantly more frequent formations of the gastrointestinal tract than leiomyoma (p <0.05, OR = 16). Significantly more GIST localized in the stomach (p <0.05, OR = 81).

266. Diagnosis and treatment of chronic tonsillitis in children with type 1 diabetes mellitus

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Introduction: Chronic infection of the lymphoepithelial structures of the pharynx, especially in childhood, is always dangerous and may lead to various organs and systems disruption. The presence of chronic tonsillitis (CT) and its frequent exacerbations in children with type 1 diabetes mellitus (DM-1) complicates the underlying disease and significantly affects the quality of life of these patients.

Aim: To define the features of the diagnosis and treatment of chronic tonsillitis in children with DM-1.

Materials and Methods: During the period 2013-2015 years we examined 441 children with DM- 1, who were treated in the endocrinology department of National Children's Specialized Hospital "OHMATDET". The age of patients was from 4 to 18 years. All patients received general and otolaryngology clinical examination, microbiological and cytological examinations of palatine tonsils, examination of local immunity in *oropharyngeal secretion.*

Results: The most common disease of the pharyngeal lymphoepithelial structures in children with DM-1 was CT – 41%. Microbiota of palatine tonsils in such patients is presented by *Staphylococcus aureus*, *Streptococcus viridans*, *Streptococcus pyogenes*, *Klebsiella pneumonie*, *Candida albicans.* The study of local immunity showed the lack of sIgA concentrations, lactoferrin, IL-1β in oropharyngeal secretion. The results of the cytological examination show signs of chronic inflammation in tonsils in children with CT.

Conclusion: Microbiological, cytological, immunological features of CT in children, with DM-1 show the necessity of its early detection and applying an integrated approach of treatment to prevent significant deterioration of the underlying disease and improve quality of life. Using Imupret in combination with local application of a solution of povidone-iodine (Betadine) in these patients is the most active against the identified microorganisms and also physiotherapy treatments leads to more rapid regression of complaints and clinical manifestations of inflammatory process. This method of treatment CT in children with DM-1 showed its high efficiency and safety, which is confirmed by clinical, immunological and laboratory studies.

267. Oxidative stress in patients with newly diagnosed pulmonary tuberculosis with specific lesions of the bronchi

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Introduction: Lesions of bronchi in patients with pulmonary tuberculosis affect the course of the disease and determine the results of the treatment in many cases.

Aim: To determine the changes in oxidative stress indices in patients with newly diagnosed pulmonary tuberculosis with specific lesions of bronchi.

Materials and methods: We examined 46 patients with newly diagnosed pulmonary tuberculosis. The patients were divided into 2 groups. 1 group consisted of 17 patients with newly diagnosed pulmonary tuberculosis with specific lesions of bronchi. The 2nd group consisted of 29 patients who have not tuberculosis of bronchi. The control group included 32 healthy people. Of the oxidative stress parameters evaluated indicators of protein peroxidation: aldehyde-phenylhydrazone (APH), ketone-phenylhydrazone (KPH); intermediate mass molecules (IMM) determined at different wavelength of the spectrophotometer: IMM254, IMM 272, IMM 280, catalase, superoxide dismutase, glutathione restored, glutathione reductase, glutathione peroxidase (GP) and glutathione transferase enzymes.

Results: Determined that the levels of IMM in both groups higher than in control: 0,31 ± 0,03 and 0,31 ± 0,02 vs. 0,22 ± 0,004 units, p□0,001 for IMM 254; 0,26 ± 0,03 and 0,24 ± 0,02 vs. 0,13 ± 0,004 units, p□0,001 for IMM 272; 0,27 ± 0,03 and 0,25 ± 0,02 vs. 0,13 ± 0,004 units, p□0,001 for IMM 280, respectively. Levels of APH and KPH also exceeded the control values in both groups: of 5,72 ± 0,73 and 4,62 ± 0,38 vs 3,81 ± 0,09 optical density/g protein, p<0,001 and p□0,05 respectively for APH; of 3,49 ± 0,36 to 2,89 ± 0,22 vs 2,32 ± 0,09 optical density/g protein, p<0,001 and p□0,05 respectively for the KPH. Between the groups on antioxidant system indicators was not significantly different.

Conclusions: In patients with newly diagnosed pulmonary tuberculosis with specific lesions of bronchi, as in patients who have not tuberculosis of bronchi, increased levels of products of peroxidation of proteins, intermediate mass molecules. All the patients did not differ on indicators of antioxidant protection

268. The frequency of Barrett's esophagus in screening gastroscopy

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Introduction: Barrett's esophagus (BE) is the only known esophageal precursor for the development of esophageal adenocarcinoma. The reported frequency of BE in patients with reflux symptoms varies from 5% to 15% and 2–7% in population. The main method of diagnostic of BE is an endoscopy, but BE is both an endoscopic and pathologic diagnosis.

Aim: to analize the the frequency of Barrett's esophagus in screening gastroscopy

Materials and methods: This is a retrospective study of screening gastroscopies that were performed in 3026 patients in the Central Hospital Security Service of Ukraine during 2014-2016 years. The biopsy material was taken by Olympus EVIS EXERA II gastroscope according to the sampling protocol. Target biopsy was performed from all areas of suspected metaplasia, as well as from four quadrants of esophageal wall and every 2 cm along the metaplastic segment. Morphological examination was performed by experienced qualified gastropathologist.

Results: BE was diagnosed in 116 (3,8%) out of all 3026 (100%) screening endoscopies. Histologically, cardiac metaplasia was detected in 22(18,9%) patient out of 116, fundic metaplasia - in 35(30,2%) cases. Specialized intestinal metaplasia was found in 59 (50,9%) patients. In 22 (19,0%) cases low and high grade dysplasia were diagnosed. Adenocarcinoma of the esophagus was not observed. Our data (3,8%) are consistent with population prevalence of BE - 2–7%.

Conclusion: Morphological verification is the main objective criterion for BE diagnostic. Our findings (3,8%) are consistent with the data of the prevalence of Barrett's esophagus in the population.