

atherosclerosis (coronary, aortal, cerebral, lower extremities). No correlation between prostate volume and presence of MS components was found ($p>0,05$). Conclusion: Patients with BPE complicated by OU are more often affected by concomitant vascular pathology, in comparison to patients with uncomplicated BPE. Age, prostate volume and growth pattern do not affect the progression of OU. Our results support the hypothesis that vascular pathology plays an important role in the development of OU in patients with BPE.

THE MEANING OF DANCING AEROBICS DURING PHYSICAL TRAINING OF STUDENTS OF MEDICAL SCHOOL

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The most popular, mass and popular type of motor activity among students in recent years have been aerobics and its variants. One of the most significant reasons for the decline of interest in aerobics respondents believe; excessive complexity of gymnastic complexes that for students who do not have a sufficient level of coordination abilities and motor experience, is an insurmountable obstacle. To study the effectiveness of using aerobics for improvement of students we have observed for the two groups of students of 1 and 2 courses ZSMU. One of them - the control group (CG) during physical education classes worked on the curriculum, the second - a group of observations (GN) was engaged in a dance aerobics, and facilities for aerobics various coordination complexity chosen differentiated, depending on the level of development of coordination abilities and motor experience of students. Students took a survey to assess the relationship motivationsnotsenostnogo for classes. On the basis of the student dispensary ZSMU at the beginning and end of the school year complex medical examination with a certain level of physical health by Apanasenko. In a year classes in CG and GN there was a significant increase in the amount of points that characterize the level of physical health by 26,40 and 47.2% Increased levels of physical health and performance, respectively, describing his due, in our view, change value motivation relation to physical education classes as a whole, and students in dancing aerobics classes in particular. If in the beginning of the school year, leading motive physical education classes, certification was on the subject, the by the end of the school year, there was a redistribution of motivational-value orientation. The optimal combination of exercise during the course of dance aerobics and complex health facilities contributes to higher self-regulation, self-control and self-analysis increases the level of activity of students and conscious control of their functional state, resulting in increased efficiency, the level of physical fitness and physical health, general health effect is achieved.

PREDICTING EARLY LETHAL OUTCOME AFTER ACUTE ISCHEMIC SUPRATENTORIAL STROKE USING CLINICAL PARAMETERS AND PARAMETERS OF QUANTITATIVE ELECTROENCEPHALOGRAPHY

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Background: Elaboration of statistical models to predict early lethal outcome (ELO) after acute ischemic supratentorial stroke (AISS) is a very important and relevant in modern angioneurology that can help the practitioners to improve treatment approaches. We therefore developed new model using clinical parameters and parameters of quantitative electroencephalography (QEEG). Methods: 120 patients (mean age $67,8\pm 0,8$ years) were studied within first 72 hours after clinical onset of AISS. Clinical examination included evaluation by National Institute of Health Stroke Scale and Full Outline of UnResponsiveness score (FOUR). Separately to affected and intact hemisphere the values of absolute spectrum rhythm power (ASRP), relative spectrum rhythm power (RSRP), brain symmetry indexes (BSI) of δ -, θ -, α -, β -ranges, θ_{lo} -, θ_{hi} -, α_{lo} -, α_{hi} -, β_{lo} -, β_{hi} -subranges were detected. Development of prognostic model was made by logistic regression and ROC-analysis. Results: Out of 120 stroke patients, 13 (10,8%) was dead. Near 60 models were obtained. The model with the largest area under the curve (AUC=0,9964) was: $\beta=11,1-1,282*(FOUR \text{ score on the 1st day})-0,812*(FOUR \text{ score on the 3rd day})+0,31*(RSRP \text{ of } \delta\text{-range in intact hemisphere})-15,305*(BSI \text{ (ASRP of } \alpha\text{-range/ASRP of } \beta\text{-range)})$. Significance level of Hosmer-Lemeshow-test for selected model $p=0,9977$, Percent Concordant=99,6. Optimal cut-off value of β , which predicted ELO with sensitivity=92,3% and specificity=99,3%, was determined. Conclusions: Developed prognostic model might be a powerful tool for predicting ELO after AISS and improving effectiveness of treatment.

DEVELOPMENT OF NEW PROGNOSTIC MODEL FOR PREDICTING POOR FUNCTIONAL OUTCOME AFTER ACUTE ISCHEMIC SUPRATENTORIAL STROKE USING CLINICAL PARAMETERS AND PARAMETERS OF QUANTITATIVE ELECTROENCEPHALOGRAPHY

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Background: Elaboration of statistical models to predict functional recovery after acute ischemic supratentorial stroke (AISS) is a very important and relevant in modern angioneurology that can help the practitioners to improve treatment approaches. We therefore developed new model using clinical parameters and parameters of quantitative electroencephalography (QEEG). Methods: 107 patients (mean age $67,9\pm 0,8$

years) were studied within first 72 hours after clinical onset of AISS. Clinical examination included evaluation by National Institute of Health Stroke Scale (NIHSS). Clinical and social outcome was defined by modified Rankin Scale (mRS) on 21st day from AISS onset. Poor functional outcome (PFO) was clarified in case of 4-5 score by mRS on 21th day. Separately to affected and intact hemisphere the values of absolute and relative spectrum rhythm power (RSRP), fronto-occipital gradients (FOG) of δ -, θ -, α -, β -ranges, θ_{lo} -, θ_{hi} -, α_{lo} -, α_{hi} -, β_{lo} -, β_{hi} -subranges were detected. Development of prognostic model was made by logistic regression and ROC-analysis. Results: Out of 107 stroke patients, 48 (44,9%) had PFO. Near 60 models were obtained. The model with the largest area under the curve=0,9933 was: $\beta=1,918*(NIHSS \text{ score on the 3rd day})+12,769*(FOG \text{ of } \theta_{lo}\text{-subrange in IH})-20,293$. Significance level of Hosmer-Lemeshow-test for selected model $p=0,989$, Percent Concordant=99,3. Optimal cut-off value of β , which predicted PFO with sensitivity=95,8% and specificity=94,9%, was determined. Conclusions: Developed prognostic model might be a powerful tool for predicting PFO of AISS and improving effectiveness of treatment.

FULL OUTLINE OF UNRESPONSIVENESS SCALE – NEW POWERFOOL TOOL FOR PREDICTING EARLY LETHAL OUTCOME AFTER ACUTE ISCHEMIC SUPRATENTORIAL STROKE?

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Background: Identification of vital prognosis in patients with acute ischemic supratentorial stroke (AISS) using clinical parameters is a very important and relevant in modern angioneurology that can help the practitioners to improve treatment approaches. Therefore we decide to verify the clinical scale with the largest prognostic value for predicting early lethal outcome (ELO) after AISS. Methods: 120 patients (mean age $67,8\pm 0,8$ years) were studied within first 72 hours after clinical onset of AISS. Clinical examination included evaluation by National Institute of Health Stroke Scale (NIHSS), Glasgow Coma Scale (GCS) and Full Outline of UnResponsiveness scale (FOUR). Comparison of prognostic values of FOUR, GCS and NIHSS for predicting ELO after AISS was done using comparative ROC-analysis. Results: Out of 120 stroke patients, 13 (10,8%) was dead. On the 1st day from the clinical onset of AISS FOUR score has the largest area under the curve (AUC=0,97) for predicting ELO than GCS score (0,81, $p<0,05$) and NIHSS score (0,91, $p<0,05$). These differences were found also on the 3rd day from the clinical onset of AISS. Predictors of ELO were verified: FOUR score on the 1st day from the clinical onset of AISS ≤ 13 (Se=76,9%, Sp=97,2%) and FOUR score on the 3rd day from the clinical onset of AISS ≤ 12 (Se=84,6%, Sp=98,1%). Conclusions: Full Outline of UnResponsiveness score might be a powerful tool for predicting ELO after AISS and improving effectiveness of treatment.

IMMUNOCORRECTION AS A METHOD OF PREPARATION FOR THE SURGICAL TREATMENT OF PATIENTS WITH GENERALIZED PERIODONTITIS

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In generalized periodontitis there is violation of the immune system, making difficult progress of pathological process. The aim and tasks of our research work was improving the efficiency of surgical treatment in patients with generalized periodontitis by using in comprehensive treatment imunofan ("Bionoks"). The study involved 128 patients with generalized periodontitis, which were divided into 2 groups: I - 62 patients, II-64 patients. All patients had modified craft operation by Tsishynsky-Widmann-Neumann. Patients of II group in preoperative period (10 days before surgical treatment) were attributed immunomodulator (Imunofan 50 mg - 1 ml, 1 time a day, 10 days). We studied dynamics of treatment by using of biochemical, immunological and laboratory examinations. Results of immunological examination in all patients 10 days before the operation indicated secondary immunodeficiency. 1 day before operation parameters of cellular immunity in the second group of patients increased. II group of patients undergoing craft operation better. In 19.3% of patients of I, 4.8% - of II group had postoperative complications (baring necks of the teeth and interdental spaces, reducing the height of the alveolar ridge and so on.). At 6 months - immunological parameters in most of patients of II group were not significantly different from the norm, most patients were operated in the area of teeth formed stable tooth-gingival attachment, X-ray and ultrasound examination showed stabilization of the pathological process and mineralization processes of the jaw born. Conclusions: In patients with generalized periodontitis available secondary immunodeficiency. Usage of imunocorrective therapy in preoperative period increases the effectiveness of surgical treatment in patients with generalized periodontitis.

ANALYSIS OF CASES OF SECONDARY FANCONI SYNDROM BY HIV-INFECTED PATIENTS

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Currently, Tenofovir (TDF) is a nucleotide reverse transcriptase inhibitor (NRTI), which is most widely and successfully used for the treatment of HIV infection. The literature describes nephrotoxic reaction, in a developing renal failure, Fanconi syndrome and diabetes insipidus with TDF in 1-2% of patients. Risk factors for