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ABSTRACTS
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use the term “unexplored dyspepsia”. This primary syndromic diagnosis requires either empirical symptomatic or anti-Helicobacter pylori treatment, or further examination of the patient, especially esophagogastroduodenoscopy (EGDS) in order to establish organic or functional causes of dyspepsia.

Clinical case. The man, 49 years old, with complaints of constipation up to 5 days, pain in the upper abdomen, persistent, decreasing after eating, feeling of bloating in the epigastric region after eating, 12 kg weight loss since April 2018. Was repeatedly examined, took treatment without a pronounced effect. Anamnesis vitæ is unremarkable. Physical examination: BMI = 24 kg / m². The tongue is wet, at the root is coated with white bloom. On palpation, the abdomen is soft, painless. On auscultation, the abdominal intestinal peristalsis saved. Stool - a tendency to constipation, last stool 2 days ago with a laxative. The rest of physical examination is unremarkable. EGDS (02.01.19) shows: Chronic superficial antrum gastritis. Papular antral gastropathy 1 degree. Colonoscopy (28.08.18): dolichosigma, hypomotor syndrome. CT scan of the abdominal organs (30.10.18): pathological lesions in the projection of the stomach and intestinal loops are not defined. Clinical diagnosis: Unexplored dyspepsia dyspepsia: postprandial distress syndrome, syndrome of epigastric pain. Irritable bowel syndrome with constipation with colon dyskinesia of hypomotor type. Pharmacological treatment: Omeprazole 20 mg twice a day, domperidone 10 mg thrice a day. Taking into account the presence of “red flag” such as significant mass loss in association with non-conclusive results of EGDS we highly recommend patient to undergo EGDS with biopsy and rapid urease test to confirm the diagnosis of chronic gastritis and clarify its type in order to prescribe optimal therapy.

Conclusion. Dyspepsia is a common, long-recognized condition with a number of upper abdominal symptoms. But diagnosing this condition requires exclusion of organic diseases of digestive tract.
Clinical case. The man, 55 years old, with complaints of attacks of dyspnea at night, stopped in a sitting position on their own, sometimes dyspnea attacks are accompanied by pain in the chest, transient rises in blood pressure, headaches. Anamnesis is remarkable significant for arterial hypertension (AH) (max 240/180 mm Hg, adapted to 130-140/80 mm Hg), he takes antihypertensive therapy, chest pains since 2012, In May 2015, during ECG holter, a pathological number of ventricular extrasystoles and paroxysms of unstable ventricular tachycardia were detected. In June 2015 - coronary angiography followed by stenting of PKA. In December 2018 due to the deterioration of the condition - re-coronary angiography followed by stenting of the PNA. In January 2019 the deterioration. Diabetes mellitus since 1998. Anamnesis vitae is unremarkable. Physical examination: BMI = 40 kg / m². BP 140/80 mm Hg. Oedema of lower third of both shins. HR =80 bpm, heart sounds are muted. Pulsation on a. dorsalis pedis and a. tibialis posterior are reduced. The rest of physical examination is unremarkable. Complete blood count (17.01.19) shows erythrocytosis. Fasting blood glucose (17.01.19) - 17, 95 mmol/l. Echocardiography (17.01.19): atherosclerotic cardiosclerosis, aorta atherosclerosis, LV hypertrophy. Electrocardiography (ECG) (16.01.19): Atrial fibrillation with heart rate 75-112/ min. Hypertrophy of the myocardium of the left ventricle. Subendocardial ischemia.


Conclusion. Atherosclerotic changes develop not only faster, but also earlier in patients with diabetes, while reducing their life expectancy. In patients with diabetes compared with those without this disease, even though a normal in cholesterol level of low-density lipoproteins in the blood achieved, poor glycemic control in patients with diabetes mellitus is associated with the progression of atherosclerotic changes.

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THE RELATIONSHIP OF THE FUNCTIONAL ACTIVITY OF THE PITUITARY-THYROIDAL SYSTEM AND SEROTONIN PRODUCTION IN EARLY AGE CHILDREN

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Introduction. Serotonin plays a significant role in the regulation of the formation and functioning of the Central Nervous System. It is formed by conversion of the amino acid L - tryptophan. In the embryonic period, like thyroid hormones, it affects glia proliferation, differentiation of neurons, myelination of axons and accelerates the maturation of the nervous system. In the early neonatal period it affects branching of neurons. At any age serotonin acts as a neurotransmitter of synaptic transmission of nerve impulses.

The aim of the study. To study the functional activity of serotonin and pituitary-thyroid system and to evaluate their impact on mental development and neurological status of young children.