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**XVI МІЖНАРОДНА НАУКОВА КОНФЕРЕНЦІЯ  
СТУДЕНТІВ, МОЛОДИХ ВЧЕНИХ ТА ФАХІВЦІВ**

# **АКТУАЛЬНІ ПИТАННЯ СУЧАСНОЇ МЕДИЦИНИ**

**Тези  
доповідей**

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до 25-річчя від дня відродження кафедр  
внутрішньої медицини, хірургічних хвороб,  
загальної та клінічної імунології  
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can be achieved by using, at the outpatient stage, the provision of medical care to an adapted children's GERDQ questionnaire which includes not only questions about typical esophageal clinical symptoms, but also extravascular and atypical GERD symptoms.

**Conclusions.** As a result of the study, the main risk factors that contributes to the formation of GERD in children of two age groups: 6-12 years old and 13-17 years were determined. Most of the risk factors and trigger factors are modified, so the control of the status of children at the stage of provision of primary care that is in the risk group for the formation of GERD, timely diagnosis and correction of risk factors, or reflux disorders that occur in the presence of these factors, will prevent the development of a disease or the appearance of a severe course that will improve the quality of life of the patient.

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**A CASE OF GASTROESOPHAGEAL REFLUX DISEASE WITH EROSION  
ULCERATIVE REFLUX ESOPHAGITIS**

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**Introduction.** An interest in gastroesophageal reflux disease (GERD) is primarily determined by its high prevalence and the continuing increase in morbidity. GERD was recognized as an independent disease in October 1997 (Genval, Belgium). GERD is one of the most common diseases of digestive system which may cause such complications as esophagitis, esophageal strictures, ulcers, perforation, bleeding, Barrett's esophagus, esophageal adenocarcinoma. Over the past three decades the incidence of GERD and esophageal adenocarcinoma, as well as mortality from the latter, have increased markedly. In some regions, the incidence of GERD has reached almost epidemiological levels which is accompanied by a corresponding increase in the incidence of Barrett's esophagus.

**The aim of the study.** Consider the management of patients with gastroesophageal reflux disease with erosive-ulcerative reflux esophagitis.

**Clinical case.** A 48-year-old woman complains of heartburn, sour belching, aggravated in a horizontal position and leaning forward after eating. These symptoms appeared approximately three months ago, patient was not previously examined, did not take drugs. Smokes 8-10 cigarettes a day, consumes alcohol in minimal quantities. Physical examination: BMI - 32 kg / m<sup>2</sup>. HR - 72 beats per minute, BP - 120/78 mm Hg. The abdomen is soft, painless to palpation. Liver and spleen are not palpable. The sign of tapping on the lumbar area is negative. Defecation and urination are normal. Laboratory test results are within normal ranges. ECG: sinus rhythm, HR 72 beats per minute, horizontal position of electric axis of heart, as a variant of norm. EGDS: multiple areas of hyperemia of mucous membrane and separate non-eroding erosions of distal part of esophagus up to 5 mm in diameter. On the basis of the patient's complaints of sour belching, aggravated in a horizontal position and by leaning forward after eating the diagnosis of

"gastroesophageal reflux disease" was made. The diagnosis of "erosive-ulcerative reflux esophagitis" was made on the basis of EGDS data (the presence of multiple areas of mucosal hyperemia and separate non-eroding distal esophageal erosions). The diagnosis of "obesity" was based on inspection data (the presence of a BMI of more than 30 kg / m<sup>2</sup>), stage 1 of obesity corresponds to the value of BMI of 32 kg / m<sup>2</sup>. Clinical diagnosis: Gastroesophageal reflux disease. Erosive-ulcerative reflux esophagitis. Obesity grade 1.

**Conclusion.** We recommend 24-hour intra-esophageal pH-metry; X-ray examination of the esophagus, stomach; tests for determining the presence of H. Pylori; manometric study of esophageal sphincters. Patient management consists of life style modification and drug treatment. Life style modification includes diet, smoking cessation and weight loss. Patient should exclude large amounts of food, take it at a fast pace, eat food with a low fat content and high protein content, avoid taking foods that cause irritant effect on the gastric mucosa. We recommend an antacid to prevent irritation of esophageal mucosa by acid reflux and fast heartburn relief; a proton pump inhibitor to suppress the synthesis of hydrochloric acid and a prokinetic agent to stimulate the motility of the gastrointestinal tract, restore the normal physiological condition of the esophagus. In case of positive HP test result standard triple 14-days therapy for H. Pylori eradication (Maastricht-3) should be prescribed.

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**COMMUNITY-ACQUIRED PNEUMONIA ON THE BACKGROUND OF  
CHRONIC OBSTRUCTIVE PULMONARY DISEASE: CLINICAL CASE**

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**Introduction.** Pneumonia remains one of the most actual problems for a practicing physician. Important pathogenetic significance in the development of pneumonia has preexisted structural and functional changes in the lungs, one of the most frequent one disorder is chronic obstructive pulmonary disease (COPD). Development of pneumonia in patients with COPD is the major components of the poorer prognosis and an increased mortality in such patients.

**The aim of the study.** This clinical case shows the features of pneumonia on the background of COPD.

**Clinical case:** Female patient, 48 years old, complains of dry cough of moderate intensity, difficulty in breathing, headache in the frontal and occipital region, rhinitis with yellowish mucus discharge, fever up 37.5C. COPD was first diagnosed in 2002, since then she is under supervision of pulmonologist. The occurrence of COPD patient associates with excessive smoking. Our patient is a smoker since 16 years, about 3 packs of cigarettes a days, after 2002 - she decreased amount of cigarettes till 1 pack per day. From 2002 patient is on continuous constantly glucocorticoid therapy and salbutamol inhalation. During past year had being hospitalized 2 times