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MR CHARACTERISTICS OF ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION IN THE ACUTE PERIOD AND DURING THE LONG-TERM FOLLOW UP

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Cardiac magnetic resonance imaging (CMR) provides tissue-specific information by assessment of myocardial necrosis/scar tissue and microvascular obstruction (MVO), moreover it is the gold standard method of evaluation of left and right ventricular volumes, ejection fractions and mass. The aim of the study was to evaluate the MR characteristics of ST-elevation myocardial infarction in the acute phase and during follow-up, and the correlation between the MR parameters and the major adverse cardiac events (MACE) during the follow-up period.

104 patients (69 male, 35 female; 60±12 years) were examined with MR after percutaneous coronary intervention because of STEMI within 12 hours in the acute phase (2-4. day) and after 4-6 months (n=82). During the follow-up MACE was regarded as mortality caused by any reason and hospitalisation because of cardiac causes. In long and short-axis planes ECG synchronized cine movie, T2-weighted spectral inversion recovery (SPIR), and delayed contrast enhancement (DE) images were taken. Left and right ventricular volumes, ejection fractions (EF), mass, myocardial necrosis, MVO and scar tissue were evaluated.

We demonstrated a strong, positive correlation between acute scar extent and level of CK-MB, and negative correlation between acute scar extension and acute left ventricular EF (LVEF). The left ventricular parameters at control MR changed significantly (p<0.001). LVEF (47.3±9.7 vs. 51.2±11.6), left ventricular end diastolic volume index (LVEDVI) (88.3±20.9 vs. 96.4±23.3) and stroke volume index (SVI) (41.3±7.1 vs. 47.3±7.7) increased. Left ventricular mass index (LVMI) (73.7±16.9g vs. 66.2±14.3g) decreased and the scar tissue shrank (26.2±17.1g vs. 18.4±13.1g; 17.1% of the left ventricle vs. 13.1%). MVO was detected in acute phase in 35.6% of the patients. During the 602±204-day follow-up MACE was detected in 27 patients. We demonstrated positive correlation between the extension of MVO detected in the acute and MACE (p<0.05).

CMR is an outstanding noninvasive method, which helps us in the evaluation of myocardial viability and ventricular remodeling after acute myocardial infarction, moreover in the detection and quantification of MVO, which prognostic role was proved in this study.

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АСПЕКТЫ АСТЕНИИ В КЛИНИКЕ НЕВРОТИЧЕСКИХ РАСТРОЙСТВ.

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ГРОДНЕНСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ, РЕСПУБЛИКА

БЕЛАРУСЬ, ГРОДНО.

МЕДИКО-ПСИХОЛОГИЧЕСКИЙ ФАКУЛЬТЕТ, КАФЕДРА МЕДИЦИНСКОЙ ПСИХОЛОГИИ

И ПСИХОТЕРАПИИ.

НАУЧНЫЙ(ЫЕ) РУКОВОДИТЕЛЬ(И): Д.МН., ПРОФЕССОР КОРОЛЕВА Е.Г.

ASPECTS OF ASTHENIA IN THE CLINIC OF NEUROTIC DISORDERS.

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Aims. Identifying key components of asthenia in neurotic disorders and their correction.

Materials and methods. 60 patients with neurotic disorders. Methods: the clinical and psychopathological, experimental psychological.

Results. In the main group, after sessions with a corrector «LOGOS-3000» the all of asthenia symptoms and comorbid indicators decreased significantly in a positive way in comparison with the control group.

Conclusions. Sessions with corrector psychophysical conditions «LOGOS-3000» showed good efficacy.

Actuality. Asthenia (asthenic syndrome, chronic asthenic syndrome) - a painful condition characterized by fatigue, frequent changes of mood, tearfulness, sleep disturbances, and etc. The prevalence of asthenia according to various authors ranges from 7% to 45%, depending on their use of assessment methods. Asthenic syndrome is most common in the clinic neuroses. Among patients needing therapeutic help, complaints of asthenic plan include from 35% to 60%.

Methods of treatment of asthenic disorders in people with mental disorders are divided into psychotherapy, psychopharmacological help and methods based on the use of effects on the body of various physical factors.

Due to the wide spread of asthenic component in the clinic of neuroses, it is very important to continue research in that field of study and the correction of the asthenic symptoms.

Aims. Aim is to identify the key components of asthenia in neurotic disorders and their correction with using corrector psychophysical conditions «LOGOS-3000» in the main group, and in the control group, with the use of the placebo effect.

Materials and methods. Materials the research was based on the results of the treatment of 60 patients with neurotic disorders at the Department of neurotic disorders of the 10th Minsk city clinical hospital and of the 3rd Grodno city clinical hospital from the year 2014. The number of women was 20, men - 40 aged 25 to 52 years.

Methods: clinical-psychopathological, Depression Scale of Zung, a questionnaire of Spielberg-Hanin to identify of anxiety, questionnaire to determine of vegetative dysfunction syndrome (VDS), scale of level neurotic asthenia (LNA). It carried out in two stages: before used the corrector of psychophysical conditions at start and at the end, after its application.

Results and Discussion. Corrector psychophysical conditions «LOGOS-3000» has been developed by invited Belarusian scientists of Research Center «Energeton» in the Brest city. It is based on the knowledge of traditional Chinese medicine, reflexology. The proposed device is based on electronic technology (using only the own energy) of the subject and does not require external power sources - batteries, batteries, etc.) Influence on biologically active points for normalization of energy regulation organs and systems of the human body.

Patients were asked to apply «LOGOS-3000» in the hospital for 7 days, as a method of further improvement. Corrector applied twice a day: in the morning and in the evening, before going to bed. A one-time session with the device is 20 minutes.

Results: All indicators such as the neurotic asthenia, vegetative dysfunction syndrome (VDS), depression, anxiety decreased significantly in the main group patients in a positive way in comparison with the control group after sessions with a corrector «LOGOS-3000».

Conclusions.

1. The representation of the group symptoms can be divided into two series: the first is characterized by complaints and subjective experience of the patient; the second is determined by objective evidence of reduction of functionality of an organism in the physical, psycho-emotional and intellectually.

2. Sessions with corrector psychophysical conditions «LOGOS-3000» showed good efficacy in improving of the neurotic symptoms and of the asthenic component in the main group in comparison with the control group.

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RADIOTHERAPY OF TESTICULAR SEMINOMA: REVIEW OF ARTICLES

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Introduction: Compare to other cancers testicular seminoma is very rare oncopathology in male. Semey region had around 40 cases during last 16 years (1998-2014). Treatment provided with beginning from operation, after chemotherapy and radiation. Stage II seminoma was more often. It depended on late diagnostics.

Aim: to analyze articles of radiation therapy of testicular cancer

Materials and methods: work in the Pubmed data base with finding articles by using of keywords

Results: All cases with radiotherapy were conducted after complex treatment: operative and chemotherapy. Related articles reported about stage I seminoma. Main symptoms included a palpable testicular mass and/or testicular enlargement. Total dose begin from 20 Gy till 40 Gy. More often 25 and 30 Gy of total dose were conducted. Age correlated