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Збірник матеріалів науково-практичної конференції з міжнародною участю «YOUNG SCIENCE 4.0» (м. Київ, 30 травня 2022 року).

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Рада молодих вчених висловлює свою вдячність всім лікарям, науковцям і дослідникам, які боронять нашу незалежність, усім колегам і друзям у всьому цивілізованому світі за прояв солідарності з українським народом у цей трагічний час війни. Військова агресія росії проти України є безпрецедентним порушенням основних прав людини, посяганням на життя, демократію, свободу думки та переконань, і керується не менше ніж ненавистю до України. Тому прямуємо у цей нелегкий час разом до перемоги!

У збірнику представлені наукові розробки молодих вчених медиків та фармацевтів України, результати їх втілення в практичну охорону здоров'я. Опубліковані роботи за напрямками: «Акушерство та гінекологія», «Внутрішня медицина», «Хірургія», «Дитяча хірургія», «Ендокринологія» «Клінічна імунологія та алергологія», «Інфекційні хвороби та мікробіологія», «Медична біологія», «Неврологія та медична психологія», «Онкологія та радіаційна медицина», «Патологія експериментальна», «Педіатрія», «Медична реабілітація», «Гуманітарні аспекти медицини», «Стоматологія», «Фармакологія», «Фармація», «Філософія», «Фтизіатрія та пульмонологія», «Клінічна фармакологія», «Офтальмологія та отоларингологія», «Урологія», «Ортопедія та травматологія», «Дерматовенерологів», «Нейрохірургія», «Анестезіологія та інтенсивна терапія», «Медична інформатика», «Медицина і філологія».

Тематика робіт висвітлює актуальні питання теоретичної, експериментальної, клінічної медицини, а також гуманітарні й організаційні аспекти медичної і фармацевтичної галузей, безпеки медичних технологій*.

Рада молодих вчених висловлює щиру подяку ректору Національного університету охорони здоровя України імені П. Л. Шупика академіку НАМН України професору Вороненку Ю. В., першому проректору члену-кореспонденту НАМН України професору Вдовиченку Ю. П., проректору з наукової роботи професору Савичук Н. О.

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^{*}Організаційний комітет не несе відповідальності за зміст тез

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Depersonalization and derealization are the third most common psychiatric symptoms, after anxiety and depression. DDR is more common in comorbid combinations with anxiety and affective disorders, PTSD and personality disorders. In this study, the features of the pathogenetic connection of isolated and comorbid DDR with neurotic and affective disorders are described.

Objective: To investigate the differential diagnostic features of depersonalization and derealization disorders at a young age.

Materials and methods: 29 subjects were divided into four groups: the first group - people with isolated DDR, the second - with comorbid anxiety disorders, the third – with comorbid depressive disorders and the fourth group - people with PTSD. Based on a clinical interview and a block of psychometric scales (Hamilton scale for anxiety assessment, Beck's hopelessness scale; Sheehan's anxiety self-assessment scales, Cambridge Depersonalization Questionnaire, dissociation scales; test of meaning-life orientations in the adaptation by Leontiev, Big Five Inventory) certain patterns of pathogenetic connection of DDR in the pantry of poverty with neurotic and affective disorders were revealed.

Research results: The adaptive capacity of the group of subjects with isolated DDR and DDR with comorbid PTSD is higher: such individuals are more motivated, have lower rates of depression and anxiety, easier to adapt to the environment despite their symptoms. While the category of subjects with comorbid depression and anxiety is more difficult to tolerate the disease and more focused on symptoms, which often contributes to the exclusion of such patients from social life.

Conclusions: The identified features of the pathogenetic relationship of depersonalization-derealization disorder with neurotic and affective disorders need further study and confirmation by a wider sample of subjects.

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A COMFORTABLE COMBINED WAY OF ASSESSMENT OF COLORECTAL ANASTOMOSIS

ЗРУЧНИЙ КОМПЛЕКСНИЙ МЕТОД ОЦІНКИ ХАРАКТЕРИСТИК КОЛОРЕКТАЛЬНОГО АНАСТОМОЗУ

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Introduction: Colorectal anastomosis failure after rectal or sigmoid resection is still a problem in colorectal surgery, and its frequency remains stable through the years. This complication increases postoperative mortality and rehospitalization rate. Existing decisions and proposed new methods to solve these problems like ICG either do not fully do the job or do not have a world-known scale of assessment and have very expensive equipment. Mortality from anastomotic leaks reaches 18.00 % (Wang C.B., et al.).

Objective: to investigate the results of visual assessment of colorectal anastomosis (CA) with the implementation of a scoring system for laparoscopic resection of the sigmoid colon.

Materials and methods: results of the treatment of 70 patients who had undergone resections of the sigmoid colon for cancer were analyzed. The patients were divided into two groups. The first group consisted of 35 (50.00 %) patients, whose treatment method was laparoscopic resection of the sigmoid colon with stapler anastomosis and a combined visual assessment was applied (main group). The second

group consisted of 35 (50.00 %) patients who underwent the same operation but only a leak test was performed. The visual assessment of the anastomosis was performed taking into account both external and internal characteristics. For the external assessment, visual assessment and pneumohydrostatic probe were used, for the internal – an ordinary 10 mm laparoscope was inserted into the anus with CO₂ insufflation at the level of 6 mm Hg. During an intracorporeal assessment of the anastomosis and using videorectoscopy supplier defects, bleedings, and ischemic zones were searched.

Results. Specific complications were observed in 5 (14.28 %) patients of the main group during the surgery. There were some of them: visualized stapler brackets, submucosal hematoma, and pale mucosa color. These complications were eliminated using an additional reinforcement suture line with separated Vicryl 2/0 sutures. No anastomotic leak in the main group in the postoperative period was observed. In the second group 3 patients (8.57 %) had anastomosis failure in the first week after the operation. These cases required reoperation with the removal of the anastomosis and formation of terminal colostomy. No lethal cases were in both group. Using additional methods for assessing anastomosis was time-consuming but efficient in patients with an increased risk of anastomotic leak (p < 0.05). The developed technique for assessing the anastomosis made it possible to improve the total results of the treatment.

Conclusions. Prevention of colorectal anastomosis leaks remains an unresolved problem. It is necessary to further identify strong points of the proposed method of combined visual assessment of colorectal anastomosis and the ways to prevent colorectal anastomosis leak in order to get rid of protective ileostomy necessity.

Keywords: colorectal anastomosis, laparoscopic resection, anastomosis failure, anastomosis reinforcement, anastomosis assessment.

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COMPARISON OF NEOADJUVANT CHEMOTHERAPY SCHEMES FLOT AND CAPOX IN GASTRIC CANCER

ПОРІВННЯ СХЕМ НЕАД'ЮВАНТОЇ ХІМІОТЕРАПІЇ FLOT ТА САРОХ ПРИ РАКУ ШЛУНКУ

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Today, gastric cancer (GC) is one of the most pressing problems of modern oncology, as the incidence and mortality of patients from this pathology remain high. According to the National Cancer Registry, in Ukraine in 2019 the incidence of cervical cancer was 19 cases per 100 thousand population (25 - men and 14 - women); the mortality rate was 14 (20 and 10.6, respectively), which is significantly higher than the European level (14 and 10, respectively). 31% of patients with cancer were diagnosed in stages I-II, in 22% of patients - were in stage III. During the period 2019-20, 21 cases per 100,000 population were registered, and 53% of patients with the first diagnosis died within the first year, so this pathology remains one of the most important medical and socio-economic problems.

Despite previous studies in the optimization of chemotherapy, at present, this question remains relevant, as the frequency of objective response to systemic chemotherapy does not exceed 14-25% with a median survival of 8-12 months.

There are currently three main clinical trials of combination therapy with preoperative chemotherapy: MAGIC [1], FNCLCC / FFCD 9703 [2], and FLOT4 [3].