

progressive acentric and insular epithelialization than of the group of clinic comparison. There were no eschar noted on the damaged area, perifocal inflammation fell substantially. By the seventh day of taking fibrin medication a cytogram of a regeneration type was registered at all the patients of the index group, that was attended by downregulations of neutrophils; expansion of macrophagocyte and desmocyte in compared with the group of clinic comparison. By that moment a cytogram of an inflammation and regeneration type remained at all the patients of the group of clinic comparison. On the twelfth day patients of the index group wound surface became less for 65,7% than at baseline. The index group patients' wound surface epithelialization was finished by the 28,7+/- 2,2 day, but the patients of the group of clinic comparison - by 28,7 +/- 1,7 days. Fibrinous pulvis usage made possible to lessen a patient's wound surface for 30,2% and reduce the dermic graft size for autodermoplasty. The fibrinous pulvis was exhibited with a good regeneration effect in one case with rest wounds after autodermoplasty and partial skin graft decomposition. A positive tendency in curing process was marked during histopathological examination. A wound deficiency was completely exchanged by the connective tissue of cell-fibrillar texture, and the wound surface was covered with differential epidermis. Index group patients' treatment period was 1,5 times less than hi the group of clinic comparison. Conclusion

The first experience of heterogenic fibrin medication usage for curing durably nonhealing cutaneous wounds during thermal genesis regenerative period turned out to be active and prospective for further inquiry and its practical application in medicine.

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Abstracts: In the work the questions of clonorhiasis disease of different animal species and people are con-sidered. Questions of pathogenesis and patho-morphogenetic changes of human organs during clonorhiasis disease were analyzed, as well as its clinic, diagnostics and methods of treatment.

Key words: Clonorhis sinensis, clonorhiasis. Clonorhiasis is widespread in the countries of southeast Asia and more than 19 million people are ill with clonorhiasis in Russia ins found basically in the Amur river basin. Native people of the lower and the middle Amur are affected by clonorhiasis up to 12% and in some regions up to 36,7% . The hotbeds of klonorhiasis are found in the southeast districts of the Amur region. In Blagoveshchensk according to perennial researches the intensity of animals invasion was 40%, and in some areas of the Amur region it reached 80,9% at intensity of invasion up to 1400 trematodes. The parasite of given disease concerns to phylum flat worms and to a class of trematode. C. sinensis has a complex live cycle including two mediate and final masters. The fist mediate masters on the territory of the Amur region are gastropods - Parafossarulus manchouricus

-structural reorganization of the health protection system with the prior development of the first medi-cal - social aid. In this connection the main tasks of health protection reorganizing should be:
-the financial steadiness of the health protecting institutions by changing the order of its financial scope;

- ensuring of the adequate budget - insuring financing of the health industry to state guarantees; -priority of measures -for lowering morbidity and mortality from main causes, threat of epidemics, on the formation of the healthy way of life in the state and municipal health protecting systems; increasing of economic and medical efficiency in using financial, material and personal resources of health protection; -reduction of recovery terms of the population by introducing modern methods of preventive meas-ures, diagnosing and treating diseases, new medical - productive, informative and organizing tech-nologies into practice; -improving of medical - economic and organizing - legal regulating of the economic activity of the health protecting industrial subjects; -development of the non - state sector in the health protecting industry, formation and development of the regulated socially - oriented market of medical services and goods; -defense of patients rights for obtaining timely and qualified medical aid; - increasing of the qualification level and of the social - defensive rate for health protecting workers; - active participation of the population in solving problems of health protection. The primary task of health protection reforming is the execution of structural reorganizations in the sys-tem of rending medical - sanitary aid, reducing and rationalizing of the bed fond, decreasing of the volumes of expensive stationary aid with simultaneous increasing of the volumes of services in the dispensary - polyclinic sector. Absence of the scientifically - based methodology of the health protection reforming resulted in no changes in the system of the state health protection during the transition to the insuring model of health protec-tion, and in decreasing of accessibility and quality of medical aid. General economic non - prosperity in the country, passive position of the regional power organs, insuffi-cient quantity of established tariffs of insurance pays for OMI, non - payments of executive organs for the unemployed brakes the health protection reforming. Results and discussion
This state of the affairs demands changing main directions and approaches to the health protection re-forming, correcting aims and reforms objects. The center of attaching strength intending on developing health protection should be not only, and not so conditions of rendering of medical aid, but a doctor and his/her prep-eration, possession of modern medical technologies, interest in labor results. In this connection territorial and federal state power organs undertake a number of measures on correcting the health protection reform, the more important of which is the forming of the state guaranteed system of en-suring the citizens with free medical aid calling to provide common approaches to the planning of expenses on health protection by means of budgets of all levels and by means of obligated medical insurance.

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