

The number of patients with malignant tumors of the breast and ovaries is 3955. The index of accumulation of contingents allows the Amur region to gain a foothold among the leading regions of DFO in ovarian cancer (12,3) and breast cancer (11,0).

One of the objective criteria for assessing the performance of cancer services is the index of registration accuracy, which gives the possibility of obtaining accurate information on the distribution of EIT and able specialized medical care to cancer patients. It should be noted high level of organization of the relevant services in the region, as are many locations and, in particular, cancer of breast and ovaries is comparable with many areas of the Russian Federation, and even ahead of some of them.

Binding morphology of malignant tumors of female reproductive organs for this type of diagnostic activity, when the number subjected to cytological and histological studies reaches 97.5%, confirms the need to further improve the service.

Dynamics of mortality during the study time period showed that in 1998 there was a steady and consistent increase in standardized mortality rates from malignant neoplasms of the female reproductive system in patients with cancer of the breast and ovaries. Mortality in the first year after diagnosis among cancer patients organs of the female reproductive system (Breasts and ovaries) in the period 1998 – 2016 in the Amur region have consistently decreased.

Thus, in 2016, in the Amur region revealed the incidence rate of malignant neoplasms of the female reproductive system (Breasts and ovaries) by increasing the activity of identifying patients at early stages of disease development. High is the percentage of registered patients in stages III – IV of breast cancer related to the running forms of ZNO. Decreased level of detection of oncological diseases with preventive health checkups, but decreased mortality in the first year since diagnosis. Significantly decreased mortality from breast cancer against the backdrop of increasing it in patients with ovarian cancer.

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CLINICAL CASE OF RELAPSING IDIOPATHIC DISSEMINATED ENCEPHALOMYELITIS

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Abstract. Acute disseminated encephalomyelitis (ADEM) is an autoimmune inflammatory disease of the nervous system which can be characterized as widespread demyelination of the brain and spinal cord, which usually develops after infection or vaccination. ADEM takes a special place among the most frequent and severe forms of disseminated encephalomyelitis. In its pathogenesis, as well as in disseminated sclerosis, an important role is held by autoimmune reactions to myelin antigens.

Atypical pathological ADEM process is monophasic, i.e. acute with later recovery, which is the main diagnostic measure, which makes it possible to distinguish it from multiple sclerosis. ADEM is manifested by severe encephalopathy with pronounced cerebral and focal symptoms. In some cases, it's possible to see the recurrence of the disease, with an exact reiteration of the first attack symptoms, this is a recurrent ADEM. Rarely, there is possibility of ADEM re-attack, which manifests itself by the involvement of new brain areas and, of course, new clinical symptoms appearance, this is called multiphase ADEM.

Objective. Analysis of the clinical case.

Materials and methods. Literature analysis, clinical records.

Here is an example of observation of the patient with recurrent ADEM.

Patient G., female, 44 years old. By reason of the developed right-sided hemiparesis was taking treatment for ischemic stroke in the primary vascular center. On brain CT – there is hypodensitive area in the right parietal-temporal region. Released with improvement. In 2 months, weakness in the right limbs came back, also there was a walking shakiness. Examined in the regional vascular center - in addition to focal symptoms as right-sided hemiparesis and static locomotor ataxia, attention was attracted by the presence of euphoria and decrease of criticism and cognitive functions. There was carried out a complex examination. On the brain MRI large pocket of demyelination in white matter, mainly periventricular were revealed. ADEM diagnosis was established, on the pulse therapy with methylprednisolone there was positive dynamics. MRI monitoring in 2 months – pockets reduction. In 4 months - the focal symptoms re-entered, there were bouts of short-term loss of consciousness without seizures. On MRI - decrease of the “old” pockets volume and a new one was revealed in the left temporal region. Considering the disease flow and examinations, the diagnosis is a multi-phase ADEM. Under the pulse therapy with glucocorticoids, there is positive dynamics, but cognitive and emotional disorders persisted.

Conclusion. Despite the development of ADEM criteria, there are difficulties in its diagnosis, especially in the recurrent cases. It is necessary to carry out a differential diagnosis with systemic diseases, chronic neuroinfections and disseminated sclerosis. The study of the anamnesis, clinical and MRI-monitoring allows to clarify diagnosis, as it was in the given case.

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THE ROLE OF ACUPUNCTURE IN CORRECTION OF IMMUNOLOGICAL VIOLATIONS IN THE ACUTE PERIOD OF ISCHEMIC STROKE

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Abstracts: In order to study the effectiveness of reflexotherapy in correction of immunological disorders in an acute period of ischemic stroke, 45 patients were clinico-immunologically examined (on the 2nd day of patients stay in the hospital and 15 days after the beginning of the course of early rehabilitation). In the main group of patients (30 people), whose basic complex of rehabilitation measures was optimized by the inclusion of reflexotherapy, there was a significant improvement in a number of indicators of cellular and humoral immunity: reduction of leukocytes in peripheral blood ($p < 0.05$), an increase in lymphocyte count ($p < 0.05$), relative and absolute values of T-lymphocytes (CD3 +) content ($p < 0.01$ and $p < 0.05$, respectively), immunoregulatory cells of T-helpers (CD4 +) ($p < 0.05$), decrease in the number of B-lymphocytes to normal values ($p < 0.01$), and an increase in Ig G level ($p < 0.05$). In the control group (15 people), where standard treatment was conducted, there was no pronounced dynamics of the indices. Thus, a comprehensive clinical and immunological study of the effectiveness of non-drug correction of immunological disorders in the acute period of ischemic stroke demonstrated high efficiency of acupuncture, with relative simplicity and safety of its application.

Key words: acute period of ischemic stroke, acupuncture, reflexotherapy, immune status, cellular and humoral immunity

The death rate from stroke in Russia remains one of the highest in the world [7]. Complications that supplement to the pathological process cause death more often than the immediate severity of stroke [2]. In a relatively late period, somatic complications develop due to immobility of patients, autonomic dysfunction and infection [2]. Consequently, their treatment and prevention are of primary practical importance.

Recently in the pathogenesis of ischemic stroke immense importance is attached to the immunological mechanisms, incl. autoimmune process that aggravates the clinical picture and contributes to neurological deficits. The main pathogenesis of stroke is a damage of vascular endothelium [1].

In the literature, various pharmacological methods of correction of immunological disorders in patients who underwent ischemic stroke [3,4,5,6] have been described. However, when they are used, there is a risk of developing side effects, which can significantly limit their purpose.

The centuries-old experience of acupuncture allows to classify it as a method that restores the immune status. The aim of the study was to survey the possible effectiveness of reflexotherapy in correcting immunological disorders in the acute period of ischemic stroke.

Materials and methods A clinical and immunological examination of 45 patients (22 women and 23 men) aged 44 to 81 years (mean age 64.3 ± 1.8) in the acute period of ischemic stroke was performed in the Primary Vascular Department of Blagoveshchensk. Clinical diagnosis was made based on anamnestic information, the results of subjective and objective neurological symptoms and data of additional research methods. The severity of neurologic symptoms assessed by the NIHSS scale, averaged 6.05 ± 0.42 points. To assess the possible effect of acupuncture on the immune status, an immunological study was conducted in 2 groups of patients (representative by sex, age and severity of neurological symptoms).

The first group of patients (control, 15 people) received only standard therapy. Among patients in the second group