

lar-clavicular ligament.

These estimates are the results of treatment of 34 patients in the main group using the scale of Constant and Murley (1987)[24] to confirm the effectiveness of the developed method. At the end of treatment (4 months after surgery), the average score was 95.90 balls, that corresponds to an excellent result, and is no worse than those of the comparison group, which carried out osteosynthesis with a hook plate (93.60 points), fixing with Lee hook (89.70 points), and percutaneous fixation with Kirschner wires (91.10 points).

The application of the proposed method of treatment leads to an increase of the quantity of complications by 12.3% compared with the hamate plate ($P > 0.05$), 25.2%-Lee hook fixation ($P < 0.01$) and 39.3%-Kirschner wires ($P < 0.001$).

The overall hospital stay in the study group was (13.00 ± 0.71) days, that corresponds to indexes over the osteosynthesis with hamate plate (12.20 ± 0.97) days, Lee hook (15.10 ± 0.46) days, and percutaneous fixation with wires (11.70 ± 0.84) days. Thus, the proposed method constitutes an available, less invasive, effective technology that can be recommended for wider use for the surgical treatment of patients with rupture to the AEC and dislocation of the acromial extremity of the clavicle.

DOI: 10.22448/AMJ.2016.15-16.31-32

UDC 616-001.441

FEATURES OF THE FORENSIC EXAMINATION OF THE DAMAGES BY PIERCING-CUTTING TOOLS

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Abstract Determination of the mechanism and conditions for the formation of damages, as well as identification tools of trauma is the main objective of forensics injuries from piercing-cutting tools. Bladed weapons, which include primarily various kinds of knives are most often found in the forensic practice. Identification of injuries tools include the definition of a group of blade accessory tools morphologically damage and personal identification. Great significance for the examination of injuries by piercing-cutting tools is laid on the study of the case materials, clinical and primary medical forensic documentation, as well as an experimental research.

Key words: forensic examination, piercing-cutting tools, identification of injury tools.

Piercing-cutting tools - the most common instruments of crime. Bladed weapons are dominated among them, there are different kinds of knives: household designed to perform various kinds of work and knives are steel arms, which were originally made for combat and self-defense. By design features of blades the knives can be divided into two main types: one-sided sharp and two-sided sharp ones. The cross-section with one-sided sharpened knives is usually triangular-wedge shape but two-sided knife blade in cross-section has the form of a narrow elongated diamond [1].

Piercing-cutting damages arise rarely from traumatic action of glass splinters, pieces of iron, daggers, scissors spaced jaws and other subjects which have sharp points and edges.

Damages from the above tools are wounds that are of typical symptoms. The main elements of such damages are wounded channel and input wounded hole - that is actually wound of the skin which has the form of cracks in the closed lumen bounded by two edges and connecting the ends of the wound.

Wounded channel is a slit-like continuation of the inlet into the interior of the body tissues and has a sky-light bounded on the side wall. Plane wounded channel walls correspond to wounds closed ends and close up along the lines of edges of the wounded channel, which in its turn in blind wound are connected at an acute angle in the deepest point of the injury - the end of the wounded channel.

The study of the morphology of damages, aimed at defining of a common mechanism and conditions of its formation, the mechanism of formation and dynamics of each feature, allows to select the properties that represent the general structure and characteristics of guns injury, i.e., identification characteristics necessary for identification. Accordingly, there is definition of held group affiliation of the blade piercing-cutting instruments, and in some cases there set a specific instance of the guns in tracks of the blade in the micro-relief of damaged cartilages and bones, if there are any.

The main group features include: the number of blades, the length, width and shape of the blade, the blade features of the base, the shape and thickness of the blade butt.

Determination of the number of blades is set by identifying signs of characteristic of the action's butt of the blade in the butt ends of the wound. Action's butt of the blade on the skin generally causes the formation of rounded or U-shaped end of the wound. Also the depth of the wounded channel in the soft tissue, in the part where the blade butt acted there can be seen connective tissue bridges between the walls of the wounded channel.

Features of the wounded channel by piercing-cutting tools allow to restore the shape of the blade, as well as features such as the presence and shape of the bevel of the blade butt, the nature of the tip and the general

shape of the end portion of the blade, which can be very diverse. The degree of precision display data attributes in a specific organ and tissue is dependent on their density, plasticity and consistency of their structure. The best display of these signs occurs in the wounded channel in such parenchymal organs with sufficient density and uniformity, as the liver, kidneys and heart. Lifetime bleeding, inflammatory reactions, the onset of the death of the victim some time after application of the test track and putrefaction changes make it difficult to identify these signs of the blade. Features blade shapes which are reflected in the wounded channel can be set by coloring the wounded channel, getting its casts and radiographic contrast studies of the wounded channel [3].

Where it is necessary, to decide the question of whether it is possible according to the blade stab to cause damage similar investigated, it is advisable to conduct an experimental study on the corpse.

The study of the case, clinical and primary medical forensic documentation is of great importance for the examination of injury sharps. According to the sources it is necessary to clarify the position and posture of the corpse to the place of its discovery, the state of clothes on it, the original appearance of damage and trace-overlay on the clothes and body, wound channel properties. Special attention should be paid to photographs and sketches of the scheme from the scene, from the morgue, often carry information about the signs of damages and other tracks which are not fully reflected in the texts of documents. At researched descriptions, photographs and diagrams of injuries it is advisable to make a refined graphic scheme localization of damages on the victim's body with the designation on them the height of wounds location, direction of their big sizes, sharp and blunt ends, external dimensions, depth and direction of the wounded channel [2,4].

Thus, the forensic investigation of piercing-cutting damages it is necessary first to solve the following important tasks: determination of mechanism, the conditions of formation damages and identification of injury tools. Examination of piercing-cutting damages should be carried out according to plan, which is consistent with the theory of forensic identification and provides the most complete and efficient use of morphological data.

Literature

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DOI: 10.22448/AMJ.2016.15-16.32-33

УДК 579.61

CAUSATIVE AGENTS OF ANTIBIOTIC-ASSOCIATED DIARRHEA IN SOME CURATIVE ESTABLISHMENTS OF THE AMUR REGION

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Abstract. The result of three-year analysis of revealing the causative agent of antibiotic-associated diarrhea by research workers of bacteriological laboratories of the leading curative establishments of the Amur region: SAHE AR "Amur regional infectious hospital" and SAHE AR "Amur regional clinical hospital" is presented in this paper. Toxins of *Clostridium difficile* causative agent were revealed in stools of patients by using immunochromatographic method (ICM) with application of diagnostic systems such as DUO A+B TEST VEDLAB (France). On the basis of the analysis it was noted that in SAHE AR "Amur regional infectious hospital" positive tests were registered at a middle level and in SAHE AR "Amur regional clinical hospital" the number of positive tests increased in 2014.

Key words: antibiotic-associated diarrhea, *Clostridium difficile* toxins

According to WHO criteria, antibiotic-associated diarrhea (AAD) means three or four episodes of liquid or watery stool during two or more days connected with antibacterial drugs intake. According to ICD-10 AAD refers to K 91.8 – "Some other disorders of the digestive organs after medical procedures which are not classified in the other rubrics (including antibiotic-associated diarrhea)". Etiological cause of AAD development is *Clostridium difficile*.

One of the principles of antibacterial therapy is the principle of minimum sufficiency which is not always taken into account by physicians. Uncontrolled intake of antibacterial drugs by patients and prescription of such drugs which are not always necessary result in the development of antibiotic-associated diarrhea.

It is known that antibiotic-associated diarrhea develops very often during oral intake. The more intensively