

ern province Khyber Paktunkhwa, at least 130 people have been diagnosed and 6 have died. Southern province Sindh has seen 400 suspected cases and 6 deaths.

Intensive source reduction exercises (ISRE) to be conducted two months before the traditional Dengue season, which falls between May and October:

- educating people about dengue fever and its prevention at individual level using electronic media and health workers;
- management or removal of “natural” breeding sites by Filling, land levelling and transformation of impoundment margins;
- discarded receptacles (tins, bottles, buckets) scattered around houses – removed and buried in landfills;
- space spraying involves the application of small droplets of insecticide into the air in an attempt to kill adult mosquitoes.

Conclusions. The Punjab Lahore of Pakistan is at high risk of Dengue hemorrhagic fever due to climate conditions, high prevalence of Dengue fever vectors and reservoirs of infection. Complex medical and socio-economic measures is required to prevent similar outbreaks in the Pakistan.

References:

1. <http://health.punjab.gov.pk/>
2. <http://www.jcpsp.pk/archive/2013/Jul2013/04.pdf>

PREGNANCY OUTCOME IN WOMEN WITH ANTIPHOSPHOLIPID SYNDROME

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The antiphospholipid syndrome (APS) is a systemic autoimmune disorder characterized by either vascular thrombosis or pregnancy morbidities such as recurrent miscarriages, intrauterine fetal demise, severe pre-eclampsia and intrauterine growth restriction (IGR). Presence of the anticardiolipin antibody or lupus anticoagulant in the setting clearly defined clinical manifestations confirms the diagnosis of APS (Sapporo criteria). The prevalence of APS in normal population has been quoted as 1-5% [1]. It has a higher prevalence (35%) among patients with systemic lupus erythematosus. Treatment with steroids, low dose aspirin, and low-molecular weight heparin (LMWH) in various combinations improves live-birth rates, however, both minor and serious adverse effects, such as gestational diabetes mellitus, preterm premature rupture of membranes, preeclampsia, osteoporosis, and thrombocytopenia, have been reported in association with these therapeutic interventions. These medications improve fetal survival, but women with APS remain at high risk for serious pregnancy complications. Despite therapy with low-dose aspirin, heparin, or steroids, there remains a high incidence of fetal growth restriction and severe pre-eclampsia. Preterm delivery is frequently required when these complications occur.

Objective: To assess maternal and fetal outcomes in patients with APS treated with low dose aspirin and low-molecular weight heparin during pregnancy.

Subjects and Methods: The medical records of 4106 puerperas, who had been delivered in 2014 year in Grodno Regional Clinical Perinatal Center, were re-

viewed retrospectively. Eleven patients had been diagnosed with APS. Criteria for the diagnosis of antiphospholipid syndrome included at least one clinical manifestation of the disease (recurrent spontaneous abortion, thrombocytopenia, venous or arterial thrombosis) and at least one positive laboratory test (lupus anticoagulant and medium or high-positive anticardiolipin IgG). Anticardiolipin antibody titers were determined by enzyme-linked immunosorbent assay. Lupus anticoagulant activity was determined using the kaolin clotting time, activated partial thromboplastin time. The combination of LMWH and low dose aspirin was used for treatment during pregnancy.

Results: The average age of the patients with APS was 29,8 years (range 23–40) and the average gravidity was 2,5 pregnancies (range one to 4). Six patients had previous labor and delivery in anamnesis. Two patients had twins: diamniotic, monochorionic and diamniotic, dichorionic. 84% percent of the infants were delivered at 36 weeks gestation or later. Seven women were delivered by caesarian section (64%). Placental abruption was diagnosed in one case of preterm labor at 33 weeks of gestation. Cesarean section was done in another case of preterm labor because of preeclampsia. Preterm rupture of membranes was diagnosed in three cases (27%). Preeclampsia and placental insufficiency were each diagnosed in 36% of the pregnancies. The average body weight of the infants was 2930g (from 2100g to 3900g). There were no cases of IGR and only one case of fetal distress. Apgar score rates were marked as 8/9 (55%) and 8/8 (45%).

Conclusion. Pregnancy complications appear to be minimized with the use of low dose aspirin and LMWH. All eleven patients with APS delivered healthy infants – eight girls and five boys. There were no cases of IGR and only one case of fetal distress.

Literature:

1. Miyakis, S., Lokshin, M.D., Atsumi, T., Branch, D.W., Brey, R.L., Cervera R., Derksen, R.H.W.M., De Groot, P.G., Koike, T., Meroni, P.L., Reber, G., Shoenfelds, Y., Tincani, A., Vlahoyiannopoulos, P.G., Krilis, S.A. International consensus statement on an update of the classification criteria for definite antiphospholipid syndrome (APS) // Journal of Thrombosis and Haemostasis, 2005, 4, P. 295–306.

RIGIDITY / FLEXIBILITY OF COGNITIVE CONTROL IN FOREIGN STUDENTS

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An important factor in education is singularity of knowledge that should be used for designing the material of lectures and training manuals for students. One index of cognitive ability is the rigidity / flexibility of cognitive control, which may be different for people of different nationalities.

The aim of research is to determine the index of rigidity / flexibility of cognitive control in students of different nationalities.

Material and methods. The study included 29 students of 2nd-3rd years of the Faculty of Foreign Students of Grodno State Medical University. Depending on ethnicity, they were divided into 2 groups: group 1 (n = 19) – students from India,