

LIPID SPECTRUM OF BLOOD SERUM IN PATIENTS WITH ASTHMA AND OBESITY

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By the criteria of prevalence, severity, complexity of diagnosis, treatment and rehabilitation, social and economic problems asthma takes leading place among the "diseases of the century" and not without reason called "paradox of the twentieth century". Peculiarity of asthma at the present is an increasing of the proportion of severe forms, including among young people, with what is associated a high disability and mortality. It's explained by the presence of comorbidities, which include so-called "socially significant diseases" including hypertension, coronary heart disease, diabetes mellitus and obesity. According to WHO in the world today there are more than 1.5 billion people with overweight, and a third of them has an obesity. The combination of obesity and asthma has a negative influence on the quality of life of the patient, which is associated not only with mechanical barriers of excess fat, but also with the metabolic changes that occur in the body due to excess income of hormones and cytokines, which produces by fatty tissue.

The aim: to assess changes in lipid spectrum of blood in patients with asthma and obesity.

Materials and methods. We have analyzed the lipid profile in 32 patients with asthma and obesity - study group. Comparison groups accounted for 19 people with asthma and normal weight and 21 patients with isolated obesity. The average age of patients of the study group was 42.3 ± 4.6 years, comparison groups – 41.7 ± 5.2 and 44.1 ± 3.4 years respectively. In all groups dominated by women - 59.4%, 57.9% and 57.1% respectively. Asthma history ranged from 3 to 17 years. According to the body mass index 23 patients (71.9%) of the study group had an obesity stage I, 9 persons (28.1%) - II stage. In the comparison group such distribution was 76.2% and 23.8% respectively. Assessment of lipid profile was performed on total cholesterol, serum triglyceride, low density lipoproteins and high density lipoproteins.

Results and discussion. Studying the content of lipid spectrum of blood determined that the presence of obesity observed increases in total cholesterol levels. So a mild form of hypercholesterolemia was recorded in 12 patients (37.5%), cholesterol content was between 5.2 and 6.5 mmol/l; moderate hypercholesterolemia - cholesterol from 6.5 to 7.8 mmol/l - 15 (46.9%) and severe hypercholesterolemia (cholesterol above 7.8 mmol/l) - in 5 patients (15.6%). In patients with an isolated asthma mostly was observed normolipidemiya (12 patients - 63.2%) or mild hypercholesterolemia (7 patients - 36.8%). The isolated form of obesity also accompanied by cholesterol changes that led to the following indicators: mild hypercholesterolemia - in 33.3% of cases, moderate - in 47.6% and severe - in 19.1% of patients. So in the patients of the study group and the comparison group with isolated obesity was almost equal distribution of patients by forms of hypercholesterolemia. Moreover, level of triglyceride and low density lipoproteins was significantly higher while reducing blood levels of high density lipoproteins.

Conclusions. The course of asthma on the background of obesity accompanied by negative changes in lipid metabolism. This fact may contribute to the development of atherosclerosis and steatohepatitis, and the progression of hyperlipidemia - the formation of metabolic syndrome.

SECOND PRIMARY OVARIAN CANCER AFTER FIRST PRIMARY BREAST CANCER

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Background: Breast cancer is the most commonly diagnosed cancer after nonmelanoma skin cancer, and it is the second leading cause of cancer deaths after lung cancer and ovarian cancer is the fifth most deadly cancer in women. Breast and ovarian cancer are features of several he-

reditary syndromes. Metachronous cancer (multiple primary tumors developing at intervals) will appear more commonly as cancer patients live longer lives. Although ovarian cancer management is well established, less is known of ovarian cancer trends among survivors of breast cancer. Therefore, we examined second primary ovarian cancers after first primary breast cancer during the period of observation. In order to ensure that ovarian cancer patients access appropriate treatment to improve the outcome of this disease, accurate analysis of prior cancer disease is essential.

Objectives: The relationship between the occurrence of breast and ovarian cancer in patients, their treatment, time span between the occurrence of diseases and stages.

Subjects and Methods: The medical records of 68 patients with a history of breast and ovarian cancer, who had been operated on primary cancer between 1994 and 2014 in Grodno Regional Clinical Hospital, were reviewed retrospectively.

Results: 68 patients were divided in 3 groups according to first and second diagnose respectively: A) primary breast cancer and second primary ovarian cancer patients from 35 to 77 years old Forty-seven patients (69%), B) primary ovarian cancer and second primary breast cancer - from 38 to 69 years old sixteen patients (24%), C) primary breast cancer and breast cancer + second primary ovarian cancer women from 39 to 47 years old Five patients (7%). The mean age for the first diagnose in every group was same that is 50 years. So the median age of primary breast and primary ovarian cancer is the same - 50 years. The mean age for the second diagnose was different: for second breast cancer 53 years and for second ovarian cancer was 55 years. We've analyzed the protocols of treatment for 1st diagnosed primary breast cancer. Surgery treatment for primary breast cancer had 48 out of 52 patients. Patients undergo mastectomy with 37 on chemotherapy with 25 on radiotherapy combination. In 3 cases only radiotherapy was administrated. 3 patients disagree from treatment. According to International Federation of Gynecology and Obstetrics (FIGO) stages: stage I 13 patients, Stage II 7 patients, Stage III 32 patients. Treatment of second ovarian cancer: 42 of 47 patients undergo surgery, with 47 having chemotherapy. According to International Federation of Gynecology and Obstetrics (FIGO) stages: Stage I 9 patients, Stage II 2 patients, stage III 32 patients and stage IV 4 patients.

Conclusion: Patients with lower stage of primary breast cancer further developed the second primary ovarian cancer and they are 69 % of all patients with primary metachronous breast and ovarian cancer. Furthermore, the average interval between first and second cancers is substantial, and suggests opportunities for interventions (prevention and screening) that might reduce the burden of sequence two and higher cancers.

RESULTS OF "OXYCELANIM" APPLICATION FOR TREATMENT OF WOUNDS OF LIVER

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Wounds of the liver are one of the most common pathologies of the abdominal cavity. Fatality at the closed trauma of the liver reaches 30-50%, based on open lesions are more favorable mortality in them is 12-25%. However, despite the progress made in recent decades, significant advances in the liver surgery, mortality in its damages remains high.

Objectives: To show the effectiveness of "Oxycelanim" in combination with Low-Level Laser Therapy for coverage of the liver defects.

Subjects and Method: Operations were carried out on 20 white mongrel male rats with weighing 200-250 g. Atypical resection of the diaphragmatic surface of the liver was performed (size 1 * 1 cm). In the first group of operations the wound defect was covered by Oxycelanim plate (Gentamicin+Thymogen), which was fixated by 4 interrupted sutures. In the second group the wound was covered by Oxycelanim and was treated by Low-Level Laser Therapy of laser apparatus "Rodnik-1" for 10 minutes ($\lambda = 0,67 \pm 0,02$ m; P = 20 mW). Postoperatively, the rats of the second series of experiments were conducted Low-Level Laser Therapy irradiation daily by contact method