

treatment of furuncles and carbuncles of the maxillofacial region, taking into account the significant prevalence of the pathology of the cardiovascular system and allergic reactions [3]. One of such methods is electroacupuncture, which is during the treatment of various inflammatory diseases has already established itself as a safe, easy-to-use technique leading to the development of a number of therapeutic effects, namely analgesic, vascular, trophic, anti-inflammatory, anti-stress[1,2]. However, the scientific and medical literature does not contain data on the effectiveness of its use in the treatment of furuncles of the maxillofacial region, which indicates the relevance of the study.

Materials and Methods. We examined 20 patients with maxillofacial furuncles, which were divided into two equal groups. The first group of patients underwent standard complex treatment, including primary surgical treatment (PST) of a purulent focus, antibacterial therapy, physiotherapy after acute inflammation. The second group included patients with the same diagnosis, but with reflexology instead of physiotherapy. Evaluation of the effectiveness of treatment was carried out according to the following criteria: the area of the inflammatory infiltrate and the cytological picture of smears from a purulent wound. Thus, the area of the inflammatory process was calculated according to the following formula $S = \pi r^2$, where S is the area of the circle (cm^2), the number π is equal to 3,14 and r is the radius of the circle (cm). For this purpose, a caliper was used, pretreated with an antiseptic solution. For a cytological study of an infectious-inflammatory focus, a smear of the contents of the bottom of the wound was performed on a pre-skimmed slide glass. The preparation was then stained with hematoxylin-eosin and examined using a Leica TCS SPE laser scanning confocal microscope with the LAS AF software. The analysis of the obtained images was carried out on the computer using the program LAS F 3.6.

Results. When studying the dynamics of the infectious-inflammatory focus in the first group of patients on the first day, the mean value of the infiltrate area was $6.84 \pm 0.35 \text{ cm}^2$. The average value on the third day of examination of this area was the following - $3.59 \pm 0.21 \text{ cm}^2$. On the fifth day the area of the inflammatory infiltrate was $1.4 \pm 1.74 \text{ cm}^2$. The results of the examination of patients of the second group showed that on the first day after the PST, the mean value of the infiltrate area for the pathology was $7.02 \pm 0.24 \text{ cm}^2$. The same index on the third day of observation was $3.4 \pm 1.32 \text{ cm}^2$. The result of measuring the inflammatory infiltrate for the fifth was $0.8 \pm 0.56 \text{ cm}^2$. Thus, the reduction in the area of the infiltrate of the boils of the maxillofacial area with standard complex treatment was 79.53%, when the reduction in the area of infiltration of the boils of the maxillofacial area at 88.6% was included in the therapy of the electrotechnical apparatus. The results of the cytological study: for the first day of collection of material from the bottom of the purulent focus in all 20 patients with furuncles the ratio of cellular elements corresponded to the inflammatory pattern. On the third day, in 60% of the patients in the first group, the cellular composition of smears was characterized as inflammatory, and in the remaining 40% as inflammatory-regenrant. In patients of the second group in 70%, the cellular composition of smears was characterized as inflammatory, and in 30% as inflammatory-regenerative. The following situation was observed on the fifth day after the purulent foci of the purulent foci: in 100% of patients with maxillofacial furuncles, which underwent standard complex treatment, the ratio of cellular elements corresponded to the regenerative-inflammatory pattern. In patients who received a reflexotherapy course in addition to standard treatment, this ratio of cell elements was observed in 60%. The remaining 40% ratio of cellular elements corresponded to the regeneration pattern.

Prospects for further research. When included in the complex treatment of patients with boils in the maxillofacial area the course of electroacupuncture, there is a more intense relief of the local inflammatory process, namely: a decrease in the area of the inflammatory infiltrate and a positive dynamics of the change in the cytological picture of the purulent focus in comparison with the results with standard therapy. Further research in this area will improve the complex treatment of furuncles in the face area. And this allows us to recommend electroreflexotherapy for a wider use in clinical practice in patients in this category.

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Key words: furuncles, maxillofacial area, reflexotherapy.

Accepted for printing on 16 Sept 2018

DOI: 10.29256/v.02.02.2018.escbm56

MONITORING OF EXPRESSION OF ONCOMARKERS IN CANCER AND PRE-CANCER OF THE RECTUM

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Cancer of the rectum (CR) remains actual problem of oncology and medicine in general. The importance of adenoma of the rectum in the development of the CR is confirmed in clinical and biological studies [1]. Dysplasia is considered as morphological pre-cancerous changes. Among markers of proliferative activity is Ki-67 antigen. Expression of Ki-67 in highly differentiated adeno-carcinomas of the rectum (G1) is significantly higher than in adenomas with varying degrees of dysplasia. Expression of mp53 is found in 64% of cases of colorectal cancer

(CC). The proliferative activity of Ki-67 at CC is 54% and is inversely correlated with the degree of differentiation. High proliferative activity of the tumor (more than 71%) was combined with mp53 expression [2]. Increased expression of mp53 is important in the CR and is found in 44 - 67% of cases, while overexpression of mp53 in adenomas is almost non-existent and is unstable [1,2,3]. Antigen-dendritic cells (DC) expressing S100 protein, tumor associated macrophages (TAM) expressing CD68, are important parts of antitumor response. [4]. An increased number of chromogranin-A-positive cells in the CR is associated with an unfavorable prognosis, and at the same time, the active role and percentage of these cells in the rectum adenomas have been poorly studied. A number of authors believe that an increased number of CD3 +, CD20 +, IgA + cells in the CR is associated with a positive prognosis [5]. Taking into the consideration all mentioned above the aim of the research was to evaluate expression of oncomarkers in cancer and precancer of the rectum.

Materials and Methods. The study included 32 patients with tubular-villous and villous adenomas of the rectum with epithelial dysplasia in the 2nd degree after adenomectomy. Biopsy material of 18 patients with CR in the I-III stage of the process, who were radically operated. Determination of expression levels of oncoproteins was used for differential diagnostic purposes. According to the histological structure, all tumors were assigned to adenocarcinomas (G1, G2, G3). Expression of CD 20, Ki-67, mp53, CD 68, Chromogranin A were determined by immune-histochemical methods.

Results. The index of the proliferative activity mark, determined by the expression of Ki-67 and expressed in percent, in the tissues of the CR was 2 times higher compared with high proliferative activity of the tumor ($p < 0.001$). The level of expression of the mutated apoptosis protein mp53, overexpression of which, according to the majority of authors, is a factor of unfavorable prognosis in CR [2,3,4], exceeded that in high proliferative activity of the tumor by more than 4 times ($p < 0.001$). Attention is focused on studying the indices of local antitumor immunity. The content of antigen-presenting DC (S100 positive) in high proliferative activity of the tumor was twice as high as in the CR ($p < 0.001$). The number of tumor-associated macrophages (CD 68 +) in the tissues of the CR significantly exceeded those in the tissues of high proliferative activity of the tumor ($p < 0.004$). When studying the indices of local T and B immunity, the following regularities were revealed: the content of T-lymphocytes (CD3 +) and B-lymphocytes (CD20 +) in tissues of CR was significantly lower than in the tissues of high proliferative activity of the tumor, respectively ($p < 0.005$ and $p < 0.001$). The IgA content in the tissues of high proliferative activity of the tumor was greater than in the tissues of the CR ($p < 0.001$). The expression of Chromogranin A in tissues of the CR was significantly higher than in the tissues of high proliferative activity of the tumor ($p < 0.001$). Summing up, it can be said that the tissues of the CR are characterized by significant changes in the parameters of local immunity, which manifests itself in the suppression of the T and B cells, a decrease in IgA secretion, a decrease in the number of ADC, and an increase in the amount of TAM. A feature of carcinogenesis in CR is the increase in the tumor tissues of the amount of Chromogranin A-positive cells with neuroendocrine differentiation.

Prospects for further research. further research will be possible to associate a differential diagnosis between precancerous conditions and cancers of different localizations.

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Key words: cancer, pre-cancer, rectal cancer, oncomarkers.

Accepted for printing on 25 Sept 2018

DOI: 10.29256/v.02.02.2018.escbm57

INFLUENCE OF ACID ON ANTI-BLINDING SYSTEM OF BLOOD IN PATIENTS WITH ARTERIAL HYPERTENSION

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Relationship between cardiovascular morbidity (CVD) and mortality varies depending on the presence of other concomitant cardiovascular risk factors. High blood pressure is often accompanied by the presence of metabolic risk factors [1,2,3]. Comorbid pathology and hyperuricemia remain in focus of interest. More attention is paid to the study of the effect of uric acid on the development of endothelial dysfunction. Despite results in study of the influence of uric acid on the development of endothelial dysfunction and the development of hypertensive disease, less attention is paid to the study of the state of hemostasis in patients with arterial hypertension with concomitant hyperuricemia. The purpose of our research was to study the fibrinolytic and anticoagulant hemostasis system in patients with hypertensive disease and hyperuricemia.

Materials and Methods. The research was carried out at the department of propaedeutics of internal medicine №1 of the OO Bogomolets National Medical University, based on the Kyiv Clinical Hospital on the railway transport №2