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## Abstract book

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## SECTION OF CLINICAL MEDICINE №1 (THERAPEUTIC DISCIPLINES) СЕКЦІЯ КЛІНІЧНОЇ МЕДИЦИНИ №1 (ТЕРАПЕВТИЧНІ ДИСЦИПЛІНИ)

### CLINICAL CASE OF SYSTEMIC LUPUS ERYTHEMATOSUS

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**Introduction:** systemic Lupus Erythematosus (SLE) is an autoimmune and chronic inflammatory disease of the connective tissue that involves multiple body systems. The study is to determine the importance of oral manifestations in the clinical diagnosis and management of patients with SLE. We signify the importance of the dental specialist in detecting and acknowledging the symptoms of SLE in the oral cavity, aid with the professional opinion with the appropriate diagnosis based on the oral changes.

**Case history:** the 38-year-old woman, according to the medical history, has been suffering from SLE since 2014, when she developed sub febrile body temperature, pain in muscles and joints, shortness of breath, hemoptysis. She was repeatedly treated as an inpatient in the city's medical institutions. In June 2018, due to excessive insolated hematomas appeared on the mucous membrane of the mouth, trunk, limbs, feverish temperature. Features of the course of the disease are the development of characteristic changes in the oral cavity, damage to the hematopoietic system with the development of hemorrhagic syndrome, the need to seek active dental care at the onset of the disease. The patient has been under supervision in the clinic of internal medicine since May 2019.

**Examination:** the patient is conscious, weak. The skin is pale, dry, multiple areas of hyperpigmentation are observed throughout the body. Areas of hyperpigmentation were noted on the skin of the bridge of the nose, cheeks, and the red border of the lips. Subconjunctival hemorrhage of the left eye. During a dental examination the patient had complained of difficulty eating due to the amplification of pain when biting, had constant gum bleeding when brushing teeth. The colour of the oral mucosa is pale pink, ulcers are not detected. Where teeth 41 and 18 show signs of acute periapical periodontitis. According to the results of the additional examination, manifestations of severe anemia and thrombocytopenia were revealed.

**Treatment:** during supervision in the clinic, the patient receives modern treatment (glucocorticosteroids, immunosuppressive drugs, symptomatic treatment. Under the influence of treatment, the condition of the patient improved significantly. The patient was discharged from the hospital on January 16, 2023. For further treatment, the following is recommended: methylprednisolone 12 mg, mycophenolate mofetil 1000 mg a day. A positive effect on changes in the oral cavity and the state of oral symptoms due to the use drug therapy was noted.

**Discussion:** as a result of adequate treatment and observation, the patient's general condition and hematological indicators stabilized. Approach to studying anamnesis, diagnostics and a personalized approach to therapy in the commonwealth of a general practitioner and a dentist will improve the quality of life of patients with the additional advantage of reducing the burden on health care.

**Keywords:** Systemic Lupus Erythematosus, Periodontitis, Candidiasis, Mycophenolate Mofetil.

### BRONCHIAL OBSTRUCTION AS A FACTOR OF HEMODYNAMIC DISTURBANCES AND ELECTRICAL INSTABILITY OF THE MYOCARDIUM

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**Relevance:** chronic obstructive pulmonary disease (COPD) is characterized by significant morbidity, which is contributed by risk factors of the modern environment, as well as high mortality due to respiratory failure and cardiovascular complications.

**Aim:** to study pulmonary function, indicators of central hemodynamics and electrical activity of the heart in patients with COPD.

**Materials and methods:** a retrospective cohort study was conducted. The results of the examination of 23 patients of both sexes aged 57.7+8.1 years with a diagnosis of COPD were processed. The control group consisted of 15 practically healthy volunteers.

The subject of the study was spirometry indicators – vital lung capacity (VLC), forced expiratory volume (FEV), forced expiratory volume in the first second (FEV1), Tiffno index (FEV1/FVC); echocardiography data – left ventricular ejection fraction (LVEF), dimensions of the right ventricle (RV), right atrium (RA), left atrium (LA), mean pulmonary artery pressure; data of the daily Holter monitoring (HM) of the electrocardiogram (ECG) - the number of premature atrial complexes (PACs) and premature ventricular complexes (PVCs). Statistical processing: determination of arithmetic mean (M) and root mean square