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2-га Міжнародна студентська наукова конференція «International Medical Students Conference in Poltava 2021» (IMEDSCOP 2021) включена до плану проведення наукових, науково-технічних симпозиумів, з'їздів, конференцій, семінарів, нарад в Україні в 2020-2021 рр. (посвідчення №362 від 10 вересня 2020 р.)

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

SKULL PLASMACYTOMAS: A RARE MANIFESTATION OF MULTIPLE MYELOMA. CASE REPORT

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Introduction: Recently, the incidence of plasma cell neoplastic disorders has been growing rapidly in Ukraine as well as all over the world, which may be due to prominent advances in diagnosis. One of the most common plasma cell neoplasms is multiple myeloma (MM). Myeloma is a master of camouflage, has thousands of masks and can be presented with different symptoms: anemia, lytic bone lesions, bone fractures, renal failure and quite often soft tissue tumor growths, called extramedullary plasmacytomas. That's why every case of this disease is unique. We would like to present you a rare case of MM which clinically presented with several large plasmacytomas of the skull.

Case history: A 65-year-old male was referred to Hematology department of Poltava Regional Clinical Hospital n. a. M.V. Sklifosovsky with a history of multiple slow growing cranial masses. Patient noticed their appearance 3 month before, but as they were painless didn't pay much attention. Two weeks ago the patient developed nausea, dizziness, severe general weakness, that made him to go to his family doctor, who after brief examination sent patient to hematologist.

Examination (pathological changes): Physical examination revealed five painless, firm, subcutaneous tumor masses in the frontal, parietal and occipital regions of the skull, the biggest one up to 5 cm in diameter. No neurological impairments were noticed. The computer tomography of the head was done, that showed well-demarcated soft tissue tumors with total bone destruction. According to the results of fine-needle biopsy of the frontal tumor the plasma cells infiltration was present.

The complete blood count showed moderate anemia (hemoglobin level was 92 g/L) and ESR acceleration up to 78 mm/hour. The biochemical blood test revealed hypercreatininemia – 769 $\mu\text{mol/L}$, hypercalcemia – 2.8 $\mu\text{mol/L}$ and high total protein level 102 g/L.

Multiple myeloma stage III according to the International Staging System (ISS) was diagnosed based on bone marrow examination: the myelogram showed 43% of plasma cells; multiple plasmacytomas, serum monoclonal IgG/Kappa protein of 57 g/L, Bence-Jones protein in urinalysis and β_2 -microglobulins of 9.7 mg/L.

Treatment/results: Patient was treated with combined chemotherapy (CT): cyclophosphamide, thalidomide and dexamethasone, but unfortunately from the moment MM was diagnosed, he had very poor prognosis because of renal failure and anemia presence. After first CT course patient died.

Discussion: Extramedullary plasmacytoma may be the manifestation of MM at the time of diagnosis and appears anywhere in the body, but cranial localization is very rare. Such uncommon clinical presentation may confuse the doctor and interfere with correct diagnosis.

Keywords: plasma cell neoplasm, multiple myeloma, skull plasmacytoma, bone lesions.

CHANGES IN EXTRACELLULAR MATRIX COMPONENTS METABOLISM IN PATIENTS WITH NONALCOHOLIC STEATOHEPATITIS ON THE BACKGROUND OF OBESITY AND COMORBIDITY WITH CHRONIC KIDNEY DISEASE

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Actuality. Nonalcoholic steatohepatitis (NASH) is a common disease, but changes in extracellular matrix components metabolism in patient on the background of obesity and comorbidity with chronic kidney disease (CKD) is not sufficiently researched.

Purpose – to find out the features of the carbohydrate-protein components state of the connective tissue of the extracellular matrix of the liver and kidneys in NASH in patients with obesity of the I degree and CKD of the I-II stage.

Method and materials. 140 patients with NASH with comorbid obesity of 1st degree and CKD of I-II stage were examined. Patients were divided into 2 groups that were randomized according to age, sex, degree of obesity, and stage of chronic kidney disease. The first group of 58 patients with NASH on the background of obesity (without CKD), the second group of 52 patients with NASH on the

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