

children aged 10 to 17 years in Moscow. Results seasonal changes of vitamin D in the blood serum demonstrates the relationship of this vitamin from the month of the year. The lowest concentration of vitamin D was observed in may, and a more favorable pattern in summer and autumn than in winter-spring. The result of another study in girls aged 10-17 in different months of the year showed that the average content of vitamin D in October and November was significantly higher than in February and March, tells about the depletion of the body 25(OH)D in winter in conditions of low insolation. A recent study of adolescents living in the Amur region revealed that 26.2 percent of the surveyed low in vitamin D, higher levels were noted in adolescents living in rural areas (Evseeva et al., 2014). According to the findings of many scientific studies it was found that average content of 25(OH)D in blood serum, according to most experts, agree on the following criteria[7]: • normal 25(OH)D >30 ng/ml. • insufficiency of 25(OH)D 21-29 ng/ml; • deficiency of 25(OH)D 0.05). From the bone-joint system, there are differences in the levels of vitamin D at 5 % level of significance, with low levels of vitamin D observed in the cadets with the chest deformity and flat feet. Thus, there is a contribution to an insufficient level of vitamin D are contributing factors such as the combination of in the body available virus - bacterial infection on the background of chronic pathology of gastrointestinal tract and disorders KSS-71,4%. It has the value of summer holiday of teenagers in areas of high solar insolation resulting in increased and even in winter was significantly higher than in adolescents, the vacation of which took place in the zone of low insolation (p < 0.001). Influenced by and taking multivitamins which include prophylactic dose of cholecalciferol (400-500ME) Alphabet, and Vitrum Duovit in contrast to the group with low vitamin D and adolescents did not take multivitamins (p < 0.001).

The analysed results indicate a high frequency of failure and deficiency of cholecalciferol in the Amur region in children 15-17 years of 86.6% with a mean level of vitamin 25(OH)D = 26,74 ± 0,81 ng/ml.

Conclusion. To prevent low vitamin D level of adolescents is necessary to study 25(OH)D, its correction and control, taking into account risk factors for developing deficiency of vitamin D. Prophylactic administration of vitamin D should continue, and adolescent children year-round, given the low solar insolation, with the use of vitamin d compounds.

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- DOI 10.22448/AMJ.2019.2.96-97

NATIVE FIBRIN MEDICATION USAGE FOR CURING DURABLY NONHEALING CUTANEOUS WOUNDS AND ULCERS.

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Summary: The curing of 9 patients' durably nonhealing cutaneous wounds (thermal injury) was analysed medication (pulvis and cream) made of porcine blood was used for local treatment.

Key words: wound, fibrinous pulvis, fibrinous cream.

Curing durably nonhealing cutaneous wounds and ulcers is a one of important and largely unresolved problems. We set a goal to use native fibrin medication made of porcine blood in curing durably nonhealing cutaneous wounds, caused by thermal injury.

9 patients 3 women and 6 men at the age of 45-65 were under medical supervision. Seven of them had degree burns; two of them had second and third-degree frostbite. The duration of the wound process was from one three months. The average injured body area was equal to 132,4-1,3 square centimeters. Indications for native fibrin medication usage was ineffectiveness of standard local treatment therapy achievement of self epithelialization, donors resource shortage in connection with previous derma scrapping. F medications were used during the period of spreading only after the wounds had been completely cleared from necrotic tissue. For this purpose all the patients were cured locally and nonoperatively in combination with debridement and autoplasty in some cases. Fibrin medication was used in the form of pulvis and cream for local treatment. Fibrin pulvis or cream was spread along the wounded area treated with antiseptic and covered with a gauze wad. Redressments were made every day or two. The results of native fibrin medication usage were estimated at the patients of the index group and the group of clinic comparison, who were treated traditionally (with "Levomekol" cream). As a criteria of wounded process curing we used a clinical, planimetric, bacteriologic and cytodetection technique. Results and discussion Native fibrin medication was used for self epithelialization durably cutaneous wounds to prepare for autoplasty: rudimentary wounds curing after autoplasty. After taking fibrin medication all the patients felt satisfactorily. After 2-3 days wounds algesis fell substantially at patients of the index group, but for patients of the group of clinic comparison algesis remained for 10-12 days. No sense of discomfort, connected with native fibrin medication taking, was felt by the patients of the index group. Their body temperature remained normal. No inflammation connected with curing process was marked at clinical blood analysis, f At the moment of examination bacterial content of nonhealing cutaneous wounds in the index group and the group of clinic comparison was almost equal and did not exceed 103 - 104 colony-forming unit (CFU) per 1 gram of damaged area. In both groups the axenic culture was equal to 45-48% preferentially in the form of Saureus, Streptococcus pyogenes, Proteus Vulgaris, P.Aeruginosa. 32-34% of the patients had associations of two stocks, other patients had three or four stocks of microgerms. The microscopic flora was poliresistant to the most exhibited germicides. In spite of related bacteriologic presentation of wounds the patients of the index group had more

progressive acentric and insular epithelialization than of the group of clinic comparison. There were no eschar noted on the damaged area, perifocal inflammation fell substantially. By the seventh day of taking fibrin medication a cytogram of a regeneration type was registered at all the patients of the index group, that was attended by downregulations of neutrophils; expansion of macrophagocyte and desmocyte in compared with the group of clinic comparison. By that moment a cytogram of an inflammation and regeneration type remained at all the patients of the group of clinic comparison. On the twelfth day patients of the index group wound surface became less for 65,7% than at baseline. The index group patients' wound surface epithelialization was finished by the 28,7+/- 2,2 day, but the patients of the group of clinic comparison - by 28,7 +/- 1,7 days. Fibrinous pulvis usage made possible to lessen a patient's wound surface for 30,2% and reduce the dermic graft size for autodermoplasty. The fibrinous pulvis was exhibited with a good regeneration effect in one case with rest wounds after autodermoplasty and partial skin graft decomposition. A positive tendency in curing process was marked during histopathological examination. A wound deficiency was completely exchanged by the connective tissue of cell-fibrillar texture, and the wound surface was covered with differential epidermis. Index group patients' treatment period was 1,5 times less than hi the group of clinic comparison. Conclusion

The first experience of heterogenic fibrin medication usage for curing durably nonhealing cutaneous wounds during thermal genesis regenerative period turned out to be active and prospective for further inquiry and its practical application in medicine.

DOI 10.22448/AMJ.2019.2.97-98

CLONORHIASIS

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Abstracts: In the work the questions of clonorhiasis disease of different animal species and people are con-sidered. Questions of pathogenesis and patho-morphogenetic changes of human organs during clonorhiasis disease were analyzed, as well as its clinic, diagnostics and methods of treatment.

Key words: Clonorhis sinensis, clonorhiasis. Clonorhiasis is widespread in the countries of southeast Asia and more than 19 million people are ill with clonorhiasis in Russia ins found basically in the Amur river basin. Native people of the lower and the middle Amur are affected by clonorhiasis up to 12% and in some regions up to 36,7% . The hotbeds of klonorhiasis are found in the southeast districts of the Amur region. In Blagoveshchensk according to perennial researches the intensity of animals invasion was 40%, and in some areas of the Amur region it reached 80,9% at intensity of invasion up to 1400 trematodes. The parasite of given disease concerns to phylum flat worms and to a class of trematode. C. sinensis has a complex live cycle including two mediate and final masters. The fist mediate masters on the territory of the Amur region are gastropods - Parafossarulus manchouricus

-structural reorganization of the health protection system with the prior development of the first medi-cal - social aid. In this connection the main tasks of health protection reorganizing should be:
-the financial steadiness of the health protecting institutions by changing the order of its financial scope;

- ensuring of the adequate budget - insuring financing of the health industry to state guarantees; -priority of measures -for lowering morbidity and mortality from main causes, threat of epidemics, on the formation of the healthy way of life in the state and municipal health protecting systems; increasing of economic and medical efficiency in using financial, material and personal resources of health protection; -reduction of recovery terms of the population by introducing modern methods of preventive meas-ures, diagnosing and treating diseases, new medical - productive, informative and organizing tech-nologies into practice; -improving of medical - economic and organizing - legal regulating of the economic activity of the health protecting industrial subjects; -development of the non - state sector in the health protecting industry, formation and development of the regulated socially - oriented market of medical services and goods; -defense of patients rights for obtaining timely and qualified medical aid; - increasing of the qualification level and of the social - defensive rate for health protecting workers; - active participation of the population in solving problems of health protection. The primary task of health protection reforming is the execution of structural reorganizations in the sys-tem of rending medical - sanitary aid, reducing and rationalizing of the bed fond, decreasing of the volumes of expensive stationary aid with simultaneous increasing of the volumes of services in the dispensary - polyclinic sector. Absence of the scientifically - based methodology of the health protection reforming resulted in no changes in the system of the state health protection during the transition to the insuring model of health protec-tion, and in decreasing of accessibility and quality of medical aid. General economic non - prosperity in the country, passive position of the regional power organs, insuffi-cient quantity of established tariffs of insurance pays for OMI, non - payments of executive organs for the unemployed brakes the health protection reforming. Results and discussion
This state of the affairs demands changing main directions and approaches to the health protection re-forming, correcting aims and reforms objects. The center of attaching strength intending on developing health protection should be not only, and not so conditions of rendering of medical aid, but a doctor and his/her prep-eration, possession of modern medical technologies, interest in labor results. In this connection territorial and federal state power organs undertake a number of measures on correcting the health protection reform, the more important of which is the forming of the state guaranteed system of en-suring the citizens with free medical aid calling to provide common approaches to the planning of expenses on health protection by means of budgets of all levels and by means of obligated medical insurance.

DOI 10.22448/AMJ.2019.2.98-98