

*Materials of Conferences***CLINIC CHARACTERISTICS OF PROFESSIONAL BRONCHIAL ASTHMA**

Babkina V.I., Bachinsky O.N., Neronov A.F.,
Samosudova L.V.
*Kursk State Medical University
Kursk, Russia*

The object of the investigation is to identify the prevalence of professional bronchial asthma among the population of Kursk region and to optimise the therapy of the patients according to GINA 2006.

The methods of the investigation are the analysis of the medical histories of 1512 patients which are registered in Kursk Center of Professional Disease, prospective clinical trial of the patients with professional bronchial asthma.

Results: professional bronchial asthma was detected in 59 cases (4% of the patients with professional diseases), who earlier worked with professional hazard. Women prevail - 75% among the patients. The duration of the disease which is less than 5 years is registered among 14% of the patients, more than 10 years among 76% of the patient population. The majority is the patients of able-bodied population with the age from 30 to 60 – 66%, retirees – 34%. Concerning the level of control the professional bronchial asthma of 51 patients (86%) was partly controlled and 8% - uncontrolled. Such grades of severity and steps of treatment of professional bronchial asthma were determined: moderate bronchial asthma 2 step of treatment - 8%, bronchial asthma of average severity 3 step of treatment - 41%, severe bronchial asthma 4 step of treatment - 51% of the patients. Chronic cor pulmonale with Congestive heart failure 2A is diagnosed among 61% of the patients. The ground of the basic therapy is 2 combined medicines: Formoterol/Budesonide (Symbikort) and Salmeterol/ Flutikazone (Seretide). Fenoterol (Berotek N) and Fenoterol/ Ipratropiia bromid (Berodual N) were used according to the requirement. More than the half of the patients received Prednizolon enterally (from 10mg to 30mg per day) starting from the first days the disease was detected. All the patients used prolonged theophyllin.

Conclusion: the analysis of the received data allowed us to take reasonable steps in order to optimise the treatment of the patients with professional bronchial asthma. 20 patients (34%) were transferred to the therapy with Symbikort in regimen -SMART (Symbicort Maintenance and Reliever Therapy). In this group of patients the increase of the level of the control of bronchial asthma was noted (the ACT-test was used to estimate the level of control) in comparison with the regimen of the therapy with fixed doses of combined (LABA and ICS) medicines.

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«BOL-CHITAL» - A NEW INNOVATIVE PRODUCT IN MAXILLOFACIAL SURGERY

Bolshakov I.N., Patlataya N.N., Levenets A.A.
*Krasnoyarsk State Medical University named after
Prof. V.F. Voyno-Yasenetsky
Ministry of Public Health and Social Development
Krasnoyarsk, Russia*

Maxillary bones are the most frequent locations of destructive changes, a considerable part of which is located at the level of teeth roots. These foci's development occurrence corresponds to a high level of complex cavities of teeth in the persons of both sexes in all age groups. The bony tissue reparative regeneration processes' optimization is one of the most important problems of reconstructive surgery, in the maxillofacial area, in particular.

The major task after the radicular gnathic cyst surgical removal is the defect correction due to new hard tissue formation stimulation. The operative therapy main method, according to many authors [5], still remains cystectomy with single-step resection of root apexes emerging into the cyst cavity. The resected teeth's function depression, the possibility of reinfection from the cut off microtubules and traumatism should be referred to disadvantages of the operation [6]. Besides, bone cavities lowering the strength of maxillary bones and able to cause functional and esthetic disorders remain after the excision of radicular cysts.

There appeared new trends in the gnathic cysts treatment, such as filling of bone cavities with biocomposite materials after cystectomy to prevent early complications. It is connected with the fact that at a standard operational intervention the blood clot reduction occurs and it often results in the bone cavity infection and subsequent complications. The filling of bone defects of jawbones with biocomposite materials after cystectomy is aimed at:

- the prevention of possible complications connected with the blood clot reduction and disintegration, and also the secondary infection of the wound;
- the optimization of bone tissue regeneration in the defect area and jawbones' form and function recovery.

For this reason, the materials used for the bone cavity filling after cystectomy should possess a range of necessary properties.

First, they should have good biocompatibility factors, be biodegradable and not cause inflammatory response in the patients.