

Materials of Conferences

**INFLUENCE OF SEX DIFFERENCE
ON THE PAIN CHARACTER
AND TACTICS OF CURE**

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According to World Health Organization, in the developed world, the pain on the scale of its dissemination is quite comparable to the pandemic. The pain - a subjective phenomenon, not amenable to any objective.

In particular emotions and tolerance of pain may be influenced by ethnic characteristics, demographic factors, age and sex. Current studies of the age and gender differences of perception of pain, is one of the new approaches to this problem (Averkin N.A., Filatova E.G., 2000; Adashinskaya G.A., 2003; Veyne A.M., 2006).

We researched 3 groups of patients with neurogenic (such as neuralgia facialis vera and trigeminal neuralgia), somatogenic (postoperative pain, pain due to joint inflammation, abdominal pain) and psychogenic painful syndromes (Tension headache, vertebral pains), low-back pain, myalgias and migraines. We researched the peculiarities of pain perception and the emotionally-affective relation to it (alarm level and level of depression) in these groups.

Methods of research: Scoring by Numerical Rating Scale (NRG) scale from 0 – «no pain» to 10 – «unbearable pain», Hamilton scale for alarm and depression valuation (HARS).

Results revealed that men have more anxiety disorders (7-8 points) in relation to an expressed painful syndrome (6-7 points). Women prevailed over the depressive component (10-12 points) and the level of pain perceived was insignificant (3-4 points). In 3 groups – by lowering the alarm level – it will lower the pain perception. By lowering the depressive component, the pain reactions became stronger in group of men; in the group of women, no reliable difference was observed.

A combination of pharmacotherapy (Analgetics, Anxiolytic and Antidepressants) let to registration of considerable lowering of the pain perception and improvement of emotional condition.

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**THE FREQUENCY OF ASSOCIATED
PATHOLOGY OF GASTROINTESTINAL
TRACT OF THE PATIENTS WITH
THE GASTROESOPHAGEAL REFLUX
DISEASE**

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The aim of research: to reveal the frequency of association of gastroesophageal reflux disease (GERD) with other diseases of gastrointestinal tract (GIT).

Materials and methods: there were examined 115 patients with the GERD, their average age were 42±7,6, from them 36 women and 76 men. The criterion of including to the research was the presence of nonerosive or erosive GERD. Patients went through the standard examination which includes fiberoptic esophagogastroduodenoscopy (EGD) with the morphological verification of diagnosis, radioscopy of esophagogastroduodenal region, ultrasonic research of abdominal organs (ultrasonic examination of abdominal organs), diagnosis of infection *Helicobacter pylori* (HP) was carried out by means of urease breath test and histobacterioscopic, the examination of bowel included lower gastrointestinal series and/or colonoscopy.

Results: It was established that 90 cases (78,3%) GERD was combined with the chronic gastritis (CG). The structure of CH while the EGD occurred with the following way: 25 patients (27,8%) had the focal atrophic gastritis, 2 patients (2,2%) had the total atrophic gastritis, 42 patients (46,7%) had the catarrhal gastritis, 21 patients (23,3%) had the erosive gastritis. 35 patients (30,4%) had GERD associated with the ulcerous disease (UD), and in 33 cases (94,3%) there was diagnosed UD of duodenum, in 2 cases (5,7%) – UD of stomach. 75 patients (65,2%) had GERD combined with the chronic pancreatitis, 20 patients (17,4%) with the GERD had chronic cholecystitis, 30 patients (26,1%) with the GERD had chronic nonspecific colitis, 65 patients (56,5%) with the GERD had the infection *Helicobacter pylori*. Besides, in 30 cases (26,1%) GERD was associated with the hernia of esophageal opening of diaphragm, in 45 cases (50%) – with the *antro*-pyloric duodenal discoordination, in 40 cases (34,8%) – with the anomalies of form of gall bladder.

Conclusion: received facts demonstrate the most frequent associations of gastroesophageal reflux disease with the chronic gastritis and pancreatitis, helicobacteriosis, markers of undifferentiated dysplasia of connective tissue of gastrointestinal tract (the hernia of esophageal opening of diaphragm, *antro*-pyloric duodenal discoordination, anomaly of gall bladder form.

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NEW COMPONENTS OF OPERATIVE THERAPY OF LUMBAR OSTEOCHONDROSIS

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If excepting nonradical discal hernia excision and technical faults during surgery, then the main reason for pain syndrome relapse after operative therapy of lumbar osteochondrosis in 8,9% cases is relapse of hernia of the operated intervertebral disc. Eliminating the possibility of discal hernia relapse development, the result of operative therapy of lumbar osteochondrosis can be much better.

Taking into consideration the fact, the aim of our research is to work out a method of preventive treatment of pain syndrome relapse and technology of the obtained result estimation of operative therapy of lumbar osteochondrosis.

The essence of the method of preventive treatment of pain syndrome in operative therapy of lumbar osteochondrosis concludes in that during operation on lumbar intervertebral discs after excision of pathologically changed intervertebral disc, irrigation of the formed cavity and the remained in it not excided part of pulpal core is carried out with chondrolitin enzyme. As chondrolitin enzyme Caripazimum (35 PU saluted in 1ml of isotonic saline) is used, which is inserted into cavity of the operated intervertebral disc with the help of special device for irrigation of the operated intervertebral disc with chondrolitin enzyme. The irrigation is carried when a patient is pronate and that prevents enzyme getting into epidural cavity. A patient stays in such position for an hour as the enzyme's activity longs 60 minutes. A patient may be raised to his feet after necrobiotic process is completed in 3-4 days.

In case of absence of the effect of using the suggested method in the nearest after-operation period (in rising a patient on his feet, that increases interdisk pressure) a pathologic situation appears in the form of falling out of not excided fragments or microparticles of the disc into artificially formed defect of posterior

longitudinal ligament into the field of spinal cord root. In this case compression or cicatrical- adhesive process around it may be caused. This data show the necessity of monitoring the efficiency of operative therapy of lumbar osteochondrosis by neurovisualization of lumbar spine in the nearest after-operation period after raising a patient on his feet.

This method was used in treating 72 patients with lumbar osteochondrosis. There were no complications during the operation or in after-operation period. There were no neurovisualization signs of relapse of hernia of the operated intervertebral disc or signs of epidural abscess development on the level of operated segment. Result of the operative therapy according to "Polyfactor estimation of the operation results in lumbar osteochondrosis" corresponded to "good".

The essence of the method of "Polyfactor estimation of the operation results in lumbar osteochondrosis" concludes in that clinical symptoms of lumbar osteochondrosis are conditioned by joint impact of a complex of different pathologic situations in the field of the nidus. Not eliminated components of the complex during the operation and errors of the operation predetermine clinical implications of the disease in after-operation period. Quantitative terms of the implications of the disease in before-operation and after-operation periods and their comparison become possible in quantitative terms of clinical implications of the disease, pathologic processes, conducting to implications of the disease.

To estimate the results of operative therapy of lumbar osteochondrosis we use individual card, which consists of sectors of pain syndrome intensity, neurologic, neurovisualization, electrophysiological implications of the disease and sector of possible complications of the operation. Post-event analysis of the data of complex check-up of patients with lumbar osteochondrosis and its comparison with clinical picture of 396 patients allowed determining quantity value of every neurologic symptom and pathologic sign, taking part in forming implications of the disease.

Using method of polyfactor estimation of the operation results in lumbar osteochondrosis allows detecting 3 result groups – good, no effect and unsatisfactory.

Taking into consideration the obtained data and the experience of the primary using of preventive treatment of pain syndrome relapse and estimation method of its efficiency in operation on lumbar intervertebral discs allows recommending the suggested methods (able to minimize the disease relapse in after-operation period) as new components of operative therapy of lumbar osteochondrosis.

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