

*Materials of Conferences***HYGIENIC PECULARITIES OF FORMING OF CRITICAL INTESTINAL INFECTIONS IN SOTHERN KAZAKHSTAN**

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One of the serious medically-social problems of public health is high morbidity of critical intestinal infections (CII), which is registered in the majority of countries in the world. The aim of our research is the carrying out of analysis of dynamic of morbidity among the population of southern Kazakhstan of many years and single out the peculiarities of forming and conformities of revealing of epidemic process while critical intestinal infections.

During the period from 1985 to 2008 years the morbidity of CII at the territory of southern Kazakhstan is 380,74 to the 100 thousands of population. The dynamic of morbidity of CII was characterized by the growth from the middle of eighties, the pick of morbidity in 1989-1991 years with the second tendency to lowering. The most high showing was registered in 1990 (613,3 to the 100 000 of population) and reliably exceeded in 1,5 times the indicator by the republic.

There was stated the correlative dependence between some factors of environment and forming of high level of morbidity:

between the morbidity of population of CII and the quantity of inadequate tests of water by the bacteriological showings ($r = 0,62$, $n = 19$);

monthly morbidity of CII correlated with the quality of milk production by the bacteriological showings ($r = 0,62$, $n = 19$);

between the morbidity of children and teenagers of southern region of republic with sanitary-hygienic and technical level of infant and teenage objects ($r = 0,51$, $n = 19$);

between the morbidity of CII of all population with the condition of morbidity of organs of digestion ($r = 0,72$, $n = 19$);

between the morbidity of CII among the total population and with unsatisfactory technical condition of nutritional objects ($r = 0,69$, $n = 19$).

Received results of research will be used by us while the development and realization of preventive activities, including hygienic, medically-organizational, informatively-explanatory work and hygienic education of population. The introduction of the complex of preventive activities will allow to optimize the quality of environment

and to promote the decrease of the morbidity of critical intestinal infections in the southern region of Kazakhstan.

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THE CHILDREN LIFE QUALITY ANALYSIS WITH THEIR PHYSICALLY CHALLENGED POSSIBILITIES

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The Abstract. The children medical and social rehabilitation (MSR) global challenge with their physically challenged possibilities is the child normal life quality (LQ) preservation. So, it is much necessary the LQ index examination and the following study for the children rehabilitation arrangements more efficient conducting with their physically challenged possibilities. Thus, the life quality (LQ), by the WHO definition, – this is the physical, the psychological, the emotional, and the social functioning characteristic, having based on his subjective perception.

The children LQ indices dynamics examination and the study with their physically challenged possibilities, against the background of the MCR academic course passing by them, has been **the study and the research target.**

The Materials and the Methods. The 54 children with their physically challenged possibilities and their physical challenged capacities and their corresponding powers, having been specially registered, and, having passed the MCR academic course, which is being acted in the structure of «The Rehabilitation Center for the Physically Disabled Children» the STM of the Turkestan city of the South-Kazakhstan Region, have been thoroughly examined. The children LQ estimation at the age of 8-12 years has been carried out by the «PedsQL» special form, the version 4.0, having described the physical functioning (PF), the emotional functioning (EF), the social functioning (SF), and also the life at the school (LS).

We have already received a number of the significant differences, at the given research and the study stage. So, the PF under-aged children with

their physically challenged possibilities just before the MCR academic course and through the month have been authentically much better (e.g. $59,3 \pm 2,4$), than just before the MCR academic course $52,2 \pm 2,5$ (e.g. $p=0,039$). The EF under-aged children with their physically challenged possibilities just after the medical treatment have been authentically much better (e.g. $69,5 \pm 1,8$), than just before their rehabilitation $55,1 \pm 2,1$ (e.g. $p \leq 0,001$). So, the difference between the SF under-aged children with their physically challenged possibilities at the beginning of the medical treatment (e.g. $48,8 \pm 1,9$) and through the month (e.g. $54,3 \pm 1,7$) has also been authentic (e.g. $p=0,016$). The LS under-aged children with their physically challenged possibilities has been considerably improved from $49,7 \pm 1,7$ up to $52,3 \pm 1,6$ just after the MCR academic course finishing, in the comparison with the given indices just before academic course beginning indices (e.g. $p \leq 0,001$).

Thus, according to the secondary school (SS) or the high school (HS) scale data, by the children themselves valuation, their LQ has already been improved with the time, against the background of the MCR academic course passing.

So, the medical and social rehabilitation (MSR) academic course is making positively its direct influence upon the under-aged children with their physically challenged possibilities the vital functions and the vital activity physical, the emotional, and the social sides, that is being revealed in all the scales indices further improvement, having characterized their LQ.

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RECOMBINATORY MORPHOGENESIS OF LYMPHATIC SYSTEM IN PRENATAL ONTOGENESIS OF HUMAN

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Morphogenesis of lymphatic system is the result of interactions of different uneven increasing vessels, its forms change such as structure and topography of vessels and their combinations:

1) differential morphogenesis of primary venous bed – its division on secondary veins

(magistrals) and lymphatic chinks with tributaries (collaterals) after this anlage lymphatic sacs and primary vessels in the result of interactions of arteries with primary veins;

2) transformatory morphogenesis of primary lymphatic bed – its conversion into secondary lymphatic bed, when are passed anlage of lymph nodes in the result of interactions of arteries and veins with primary lymphatic vessels;

3) modificatory morphogenesis of secondary lymphatic bed – its modification by means of uneven growth and deformation of its walls with various appearance of valves and intervalvar segments, smooth myocytes. For instance pressure of aorta and its branches on some parts of thoracic duct causes increased formation of valves and smooth myocytes in these parts – they limit reverse lymph flow and support direct lymph flow. These processes can pass consecutively as stages of lymphatic system morphogenesis or parallelly and even in intimal relation especially last two processes. Thus morphogenesis of lymphatic system passes as process of recombination of arteries and veins and then lymphatic vessels, is manifestation of autodifferentiation of cardiovascular system when its parts enter into reinteraction including after their transformation.

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MULTI-LEVEL SEGMENTARY ORGANIZATION OF THE LYMPHATIC BED

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Lymphatic bed (LB) is the part of whole cardiovascular system but has specific construction. LB consists of different segments which organize flow out of surplus of tissue fluid as lymph in conditions of deficit of lymph flow energy. Multi-level segmentary organization of the LB includes its (kwazy) segmentary connection with arteries in the nerve-vascular bundles of different organs and regions of human body and fold construction of LB walls. Segments of LB can divide on general or intersystem (LB and blood bed) and special or intrasystem (intervalvar), general segments – on regional or periarterial, organic or