illnesses of the lungs. In the other words the systematic narcotization within the 4–5 and more years should be regarded as a condition of prebronchitis.

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THE OPIOMANIACS' INFECTION WITH THE HEPATITIS VIRUSES B AND C

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Patients with a narcomania are a group of high risk of hepatitis B (HBV) and hepatitis C (HCV) development. They are consisting a peculiar tank for the diffusion of narcotic and virus epidemic [1]. The toxic influence of narcotic preparations, infection by hepatitis B and C viruses or their combination, of narcotics intravenous administration promotes pathological process in a liver. The hepatitis C virus has the highest chroniogenic potential and is the main reason of all groups of a chronic liver disease formation– chronic hepatitis, cirrhosis, hepatocellular carcinoma [2].

Research aim is the assessment of hepatotropic viruses (B and C) infection degree in groups with high risk where finding injection narcomaniacs.

Materials and research methods. We are observed 113 narcomaniacs consuming opium intravenously in a number of 2,0–3,0 grams daily. Middle age of opiomaniacs is 24,6 ± 1,6 years old (from 19 to 39 years). The majority of observed were males (85,1%), only 14,9% – female.

It was used diagnostic immune enzyme test-system. It is a set of the components the basis of which was recombinant antigens of the hepatitis C virus, corresponding to the HCV genome proteins coded sites. For identification of a hepatitis B virus antibodies and antigens applied also a reagent set. The principle of it was consisted in the interaction of antibodies to HCV with the antigens immobilized in the small cavities of a polystyrene tablet. Formation of an antigen antibody complex was discovered by the serum immune enzyme conjugate which yielded primary positive results. Then repeatedly was checked in a confirming test strip. The immune enzyme analysis, it was spent on a Sanoti Paster spectrophotometer.

Results and discussions. The analysis of HCV and HBV infection of frequency testifies to their high prevalence among injection narcomaniacs: HBsAg – 18%, HBeAg-6%, anti-HBcIgM – 17,6%, anti-HBe – 45%, anti-HBs – 43%, and anti-HBcIgG – 19,6%. It should be noted at the 6% of narcomaniacs with chronic hepatitis was found anti-HBcIgM and HBsAg combination that testified about the condition of HBV replication. Anti-HBcIgG is defined at the 19,6% of narcomaniacs and it was criterion of the acute virus hepatitis transferring. Expressed frequency (45%) anti-HBV at opium consumers excluded of HBV replication activity practically at a half of patients. Thus, it wasn't excluded infected by a mutant form of a virus.

It is noted high HCV infection of the injection narcomaniacs. So, anti-HCV – positive observed patients appeared 83,1%. Thus, the frequency of HCV depended on opium consumption, duration: at narcomaniacs lasting narcomania of 1 year – anti-HCV – positivity is revealed at 33,3%, with the term of opium intoxication 2–3 years – at 41,4% and lasting 4–5 and more than years – at 83,9%. There are data that the average duration of the chronic hepatitis C formation after an initial infection deviates from 10,0 ± 11,3 to 13,7 ± 10,9 years and in 20 years at 20% of such patients develops cirrhosis and a hepatocellular carcinoma [3].

Thus, the special attention is deserved by the fact of high frequency of circulation of virus hepatitis B and C markers at narcomaniacs of young age, and extent of HCV infection directly depends on of a narcotization experience and is progressively enlarged in process of narcotic intoxication time elongation.

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NONSPECIFIC ULCERATIVE COLITIS IN COMBINATION WITH RHEUMATOID ARTHRITIS

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Introduction. Rheumatoid arthritis, in the structure of rheumatologic diseases, consists about the 10% and is one of the most widespread inflammatory joint diseases. According to different authors mention [1] joints damage often meets at nonspecific ulcerative colitis, but a separate combination of rheumatoid arthritis and nonspecific ulcerative colitis is rare. In our clinical case of the patient with long-term rheumatoid arthritis with the expressed joints deformation and full disability

were observed and in the subsequent at the patient nonspecific ulcerative colitis with its complications developed.

Case description. Patient N. is 66 years old, hospitalized in the surgery department of № 1 city hospital of the Karaganda city from 23.09.2013 till 09.10.2013 with the following diagnosis:

Nonspecific Ulcerative Colitis. Sigmoid colon phlegmon. Diffuse purulent peritonitis.

IHD. MI (2000, 2008). Aortic atherosclerosis. Arterial hypertension III degree, risk 4. Chronic Heart Failure I degree, Functional Class I.

Rheumatoid arthritis. Seropositive, late stage, I stage of activity, with systemic manifestations (rheumatoid nodules and arthropathy). Functional Damage III degree.

Anemia I degree, on the background of rheumatoid arthritis and gastrointestinal pathology. DIC syndrome, IV stage.

Complaints: abdominal pains, meteorism, nausea, repeated vomiting with the gastric contents, liquid stool, dryness in a mouth, weakness.

Anamnesis morbi: Within the last 8 years she noted pains at first in knee joints with gradual transition to ankle joints. There were rheumatoid small nodules around the 4 years ago. Because of joint pains incidentally, she accepted nonsteroid anti-inflammatory drugs. The last deterioration within a day when for no apparent reason began abdominal pains. At once she didn't ask for medical care, in dynamics pain began to grow. She accepted laxatives, without positive effect. Due to her condition deteriorated, she called «ambulance» and was hospitalized in the surgical department of the 1st city hospital.

Other anamnestic data: In 1996 she had a cholecystectomy. In 2000 and 2008 she had myocardial infarction. Within 10 years she suffered from arterial hypertension her BP was 180/110 mm Hg. She accepted hypotensive drugs by situation.

The Allergic anamnesis isn't burdened.

Objective data: patient condition is heavy, because of pain and intoxication syndromes, and accompanying pathology. Her consciousness is adequate. Integuments are usually colored. Peripheral lymph nodes aren't increased. The thorax is correct form, participates in the breath act. On auscultation in the lungs is listened rigid breath on all fields, crepitations aren't present. The respiratory rate is 19 per min. Heart sounds are muffled, rhythm is correct. BP is 140/90 mm Hg, pulse is satisfactory properties, 90 beats per min. The tongue is dryish, has a white cover. The abdomen has the correct form, is evenly blown up. There is a postoperative scar without inflammation signs in epigastria. On palpation abdomen is painfulness. On percussion: tympanic sound, the peristaltic movement is weakened in all departments. The Blumberg's symptom is positive. The liver isn't increased. The spleen isn't palpated. Gases don't leave. The stool is absent. Pasternatsky symptom is negative from both sides. Urination is free, painless.

Perrectum: The perianal area isn't changed. The tonus of a sphincter is kept. Rectum walls overhang isn't present. On glove excrement traces is usually colored.

Laboratory diagnostic tests: in blood – leukocytosis, ESR acceleration; in urine analyses – a moderate proteinuria; in coagulogram PTI is decreased (60%), soluble fibrin monomer complexes are positive; in biochemical analyses – without changes; histologically intestines biopsy research showed – sharp erosive and ulcerative colitis with vessel thrombosis; on ECG – a sinus rhythm, HR is 80 per minute, electric axis is deviated to the left.

Treatment: In clinic the patient received conservative treatment. On the conservative therapy background, abdominal pains are remained. There were peritonitis symptoms. She was operated. Intra operatively was found sigmoid colon phlegmon. It was made: left hemicolonectomy, with one opening colostomy, sanitation and drainage of an abdominal cavity.

In the postoperative period the patient was in reanimation department, received the appointed treatment: tramadol 2,0 IM, № 3; ceftriaxone 1,0×3 times per day IV, № 4; glucose 5% – 400,0, № 4; 0,9% physiological saline solution – 1200 l, № 4; 1% morphine solution – 1,0 IV, № 3, metrogyl 500 – 100,0 IV, № 4, dimedrol 1,0×1 per day IM, № 3; ketotop 2,0 IM, № 1; prednisolonum 60,0 IV, № 4; *humulin* 4 UN IV; clexane 0,4 PC № 4, hemotransfusion 209,0 ml, № 122012110042061, 290,0 ml, № 122062110044152.

After condition stabilization the patient is transferred to surgical department where continued to receive the appointed treatment: 0.9% physiological saline solution – 800,0 IV, № 11; xefocam 2,0 IM, № 8; Glucose solution 5% – 500 + potassium chloride 7,4% – 20,0 + insulin 4UN IV, № 7; Amiclav 1,2×3 times per day IM, № 11; metrogyl 100×2 times per day IV, № 10; fraxiparine 0,4 PC, № 11, morphine 1,0 IM, № 2; fercayl 2,0 IM, № 11, tramadol 2,0 IM, № 3, nexium 40 mg, № 3; Prednisolonum 60,0 mg IV, № 9, bandagings, colostoma care.

The postoperative period proceeded hard, due to accompanying pathology.

On the 6th day of the postoperative period the control drainage is removed. Postoperative wound without inflammation signs, healing by primary tension. Seams are removed. Colostoma functions. The patient independently eats, stool is regular through colostoma.

Patient's condition at the moment of the hospital leaving: She is in a satisfactory condition on the further out-patient management.

Discussion. Further treatment of this patient, first of all, is connected with reconstructive operation. Use of immunosupressive therapy before new operation can call infectious complications. Only after the recovery operation, it is possible to speak about treatment, both nonspecific ulcer colitis, and rheumatoid arthritis.

According to some authors [2, 3] it is possible to use the following scheme of treatment: (sulfasalazine 4–6 g per day, mesalazine 3–4,8 g per day) – per os and mesalazine 2–4 g per day per rectum or corticosteroids – Prednisolonum 20–30 mg per day or a hydrocortisone 125–250 mg per day in the form of enemas. In the absence of effect Prednisolonum 1 mg on 1 kg per day in combination with rectal introduction of corticosteroids and mesalazine (Prednisolonum 20–30 mg per day or hydrocortisone 125–250 mg or mesalazine 2–4 g per day).

Conclusions. Thus, treatment of this patient remains in discussion and depends, first of all, from the patient's condition during the postoperative period, from the progression of nonspecific ulcerative colitis and rheumatoid arthritis.

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PECULIARITIES OF STRUCTURE FETAL PANCREAS CONGENITAL MALFORMATIONS OF ORGANS AND SYSTEM

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The study of the pancreas in the process of ontogenesis is very important in connection with the increase of pathology among children and plenty of congenital anomalies. The purpose of research – to reveal the peculiarities of the structure of the pancreas fetuses with congenital malformations organs and systems. The study was carry out on autopsy material (pancreas of 139 fetuses from 16 to 40 weeks of growth). Causes of death 139 fetuses were different conditions appearing in in the perinatal period ($n = 91$; 65,5%) and congenital anomalies ($n = 48$; 34,5%). Autopsy material was climbed in one day after death and fixed in 10% solution of the neutral formalin. And then we carried out morphometry (measured mass of the pancreas (gr), examined versions of pancreas to its contour, determined the shape of the tail and head of the pancreas). Paraffin blocks were prepared according to the standard technique, histological sections were stained with hematoxylin and eosin. Using ocular test systems we determined the following characteristics: the volume of nuclei cells of the pancreas, nuclear-cytoplasmic index, specific gravity (Aai) of stroma, exocrine and endocrine components of gland, Aai of large islets. Were compared obtained data with mid latitude standards and the results of earlier studies. The data were statistically processed using SPSS software, version 19,0. The critical level of statistical significance was accepted 0,05 (p).

Peculiarities of the structure of the pancreas fetuses with congenital malformations of organs and systems can be considered:

1. Prevalence of glands curved shape with cut tail and quadrangular head.

2. Dependence on the age of the mass of the pancreas, perimeter, length, volume and width in the area of head, body and tail, thickness in three departments ($p = 0,0001$).

3. Dependence on causes of death the form of segments in the head and body of a gland, specific density of organ, stroma ($p = 0,0001$)

The obtained data dictate the need for further detailed study of the morphology of the pancreas and its structural components depending on the cause of death of the fetus.

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