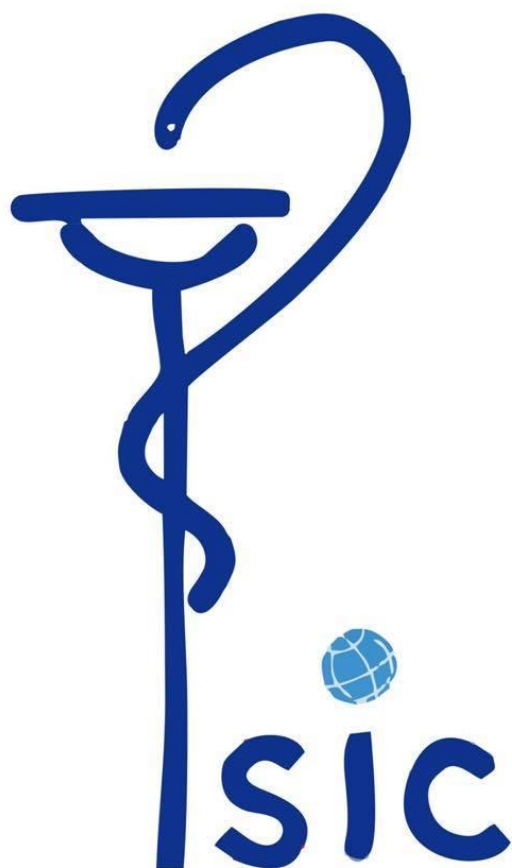




***IXth International Interdisciplinary
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«Actual problems of clinical and
theoretical medicine»***

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***«Actual Problems Of Clinical And
Theoretical Medicine»***



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CLINICAL ASPECTS OF THE TREATMENT OF CHARCOT OSTEOARTHROPATHY

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Charcot osteoarthropathy (CO) at a diabetes mellitus is the most threatening complication of syndrome of diabetic foot (SDF), resulting in irreversible disability and, as a result – to the fall-off of quality of life of patients. Today CO is determined as the disease of bones and joints, characterized by pain or by painless destruction of bones and joints of extremities, what be going on on a background loss of sensory innervation.

RESEARCH. From data of open literary sources of electronic base of PubMed to study the modern methods of treatment of diabetic osteoarthropathy.

MATERIALS AND METHODS.

The criterion of selection were publications for period 2010-2015, that answered the canons of evidential medicine.

RESEARCH RESULTS. The analysis of modern literary sources showed that curative measures at CO depend on the phase of development (sharp, chronic, phase of complications) and have complex approach. Thus patients require a supervision and treatment at once for a few specialists, including a surgeon not only, and and endocrinology, traumatologist, orthopaedist. Consultation of

vascular surgeon is also needed, as as a rule CO is accompanied by violations of circulation of blood.

In a sharp phase treatment is begun with the complete or partial statics and dynamics mechanical unloading of the staggered extremity (orthopaedic shoe and special off-loading insoles; imposition total gipseous longets; the special orthopaedic shoe ,with holding insoles adaptations, limiting motions in a talocrural joint at walking, orthezis) on 8-12 weeks. Roentgenologic control is carried out in 2-3 months, with the purpose of control after cicatrization of breaks and exposure of new deformations of bones.

In a chronic phase treatment is begun with providing of stability of joints (with limitation or complete freezing of motions in them) by means of surgical methods (arthrodezys, eczostozectomy, the plastic arts of the Achilles tendon, reconstructive operations on a bone-ligamentary vehicle feet). Also reduce statics and dynamics pressure on the different areas of sole part of foot (with the purpose of prophylaxis of on ulcerogenezis a foot) by means of the special orthopaedic shoe with insoles. Podotherape treatment feet and



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podiatric care of foot in a cabinet the "Diabetic foot" plays one of leading roles the prophylaxis of ulcerogenesis on a foot. No less important is educating patients to the podiatric care of foot. If necessary use preparations influencing on metabolism of bone fabric.

At presence of complications originally optimize the flow of diabetis. It is further correct to conduct local treatment (treatment of wound, antibacterial therapy, aseptic bandage) with the use of system antibacterial therapy and unloading of the staggered area of foot.

CONCLUSIONS. The analysis of literary data showed that CO is the most heavy pathology developing at SDF. Complication of treatment consists in many-sided nature pathogeny resulting in involving of practically structural all of the tools of foot with the loss of basic functions. For treatment CO is used the complex approach sent to the prophylaxis of complications first of all. The important stage of treatment is the mechanical statics and dynamics unloading of foot. No less important is educating of patient to the podiatric care of foot.

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MORPHOFUNCTIONAL STATE OF HEART AND CAROTID ARTERIES IN MALES AGED 18-25 YEARS WITH DOCUMENTED HIGH BLOOD PRESSURE

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Actuality. The results of epidemiological studies suggest, that the incidence of the disease among young people from 5 to 14 %. In the NHANES study (1999-2006 yr.), which included 2,587 of young people aged 20-45 years, two-thirds of the participants had at least 1 risk factor for cardiovascular disease. According to a meta-analysis (2013) cohort studies, which included 5785 participants aged 20-38 years, which have been studied indicators of ideal cardiovascular health and their relationship with intima-media

thickness of the carotid arteries, confirmed that the ideal cardiovascular health found only 1% of young adults.

The aim of the study was to investigate the structural and functional state of heart and carotid arteries in males aged 18-25 years with different levels of blood pressure (BP).

Materials and methods. A total of 120 males aged 18-25 years (mean age $23,5 \pm 0,34$ years) with documented high BP were included. Exclusion criteria were: secondary



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