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X МІЖНАРОДНИЙ СЕМІНАР СТУДЕНТІВ ТА МОЛОДИХ ВЧЕНИХ, ПРИСВЯЧЕНИЙ ВСЕСВІТНЬОМУ ДНЮ БОРОТЬБИ З РАКОМ

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тельной частотой осложнений. Ключевыми моментами в ее использовании являются тщательная селекция пациентов и возможность обеспечить адекватный послеоперационный уход.

ОСОБЛИВОСТІ ДІАГНОСТИКИ ТА ЛІКУВАННЯ ЛЕЙОМІОМ ВЕРХНІХ ВІДДІЛІВ ШЛУНКОВО-КИШКОВОГО ТРАКТУ, УСКЛАДНЕНИХ КРОВОТЕЧЕЮ

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Лейоміоми шлунково-кишкового тракту (ШКТ) виникають доволі рідко і становлять 1–3% усіх новоутворень цієї локалізації. З огляду на рідкісність патології досвід діагностики та лікування цього захворювання невеликий. Довгий час захворювання може бути безсимптомним, частіше проявляється ускладненнями — кровотечею, непрохідністю, розривом стінки порожнистого органа.

Мета: вивчити особливості морфологічної будови лейоміом верхніх відділів ШКТ, ускладнених кровотечею.

Об'єкт і методи. Ретроспективно та проспективно проаналізовано результати лікування 27 пацієнтів, госпіталізованих у хірургічне відділення Вінницької обласної клінічної лікарні ім. М.І. Пирогова в ургентному порядку з клінічною картиною гострої шлунково-кишкової кровотечі (ШКК), у яких діагностовано лейоміоми різних відділів ШКТ. Усі пацієнти були прооперовані з приводу цього захворювання протягом 2006–2018 рр.

Результати. Лейоміоми різних відділів ШКТ діагностовано у 0,5% пацієнтів. Серед них жінки становили 43,6%, чоловіки — 56,4%. Дане захворювання найчастіше виявляли у пацієнтів віком 50–70 років. У 88,9% хворих були діагностовані лейоміоми шлунка, у 3,7% — лейоміоми стравоходу, у 7,4% — лейоміоми дванадцятипалої кишки. У більшості досліджуваних зразків лейоміом верхніх відділів ШКТ була відсутня типова для класичної лейоміоми гістологічна будова. Найбільш характерними були ознаки лімфоцитарної інфільтрації, запалення, порушення живлення в масиві м'язових волокон самої пухлини і в стінці судин, що в подальшому ставало причиною напівнекрозу і некрозу судинної стінки та крововиливів у товщу пухлини. Чітко можна було візуалізувати явища ангіоматозу, неоангіогенезу, порушення будови судинної стінки: вона була стоншена, просвіт судин розширений, замість типової округлої форми виявляли судини лакунарного типу. Висічення лейоміоми шлунка в межах здорових тканин з ушиванням стінки органа виконано у 44,5% пацієнтів, сегментарна резекція шлунка — 37,0%, резекція шлунка за Більрот-II — 7,4%, резекція стравоходу з лейоміомою і накладанням езофагогастроанастомозу — 3,7%, висічення лейоміоми дванадцятипалої кишки в межах здорових тканин із пластикою кишки двухрядним швом — 7,4% пацієнтів. Лапароскопічно виконано 14,8% оперативних втручань. При імуногістохімічному дослідженні зразків пухлинної тканини виявлено позитивну реакцію на гладком'язовий актин SMA, десмін.

Висновки. Незважаючи на доброякісний характер і повільний ріст, лейоміома ШКТ вперше може проявлятися у вигляді ускладнення — ШКК. Це свідчить про пізню діагностику первинного захворювання. Причиною виникнення ШКК може бути нетипова морфологічна будова лейоміоми. Єдиним ефективним методом лікування цього захворювання є хірургічний. Вид і тактика оперативного втручання залежать від розміру та локалізації новоутворення.

DIAGNOSTICS AND TREATMENT OF TUMOR-LYSIS SYNDROME DURING CHEMOTHERAPY OF NON-HODGKIN'S LYMPHOMA

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Tumor lysis syndrome (TLS) is one of the most dangerous and serious emergency conditions in oncological practice, especially in pediatric oncology. It is characterized by acute and massive lysis of tumor cells during chemotherapy (CT), which leads to serious hematological and organ disorders in a short time.

Aim: to define risk factors of developing the TLS, to form risk groups depending on the primary disease, to identify symptoms of a group of risk factors.

Materials and methods. 120 cases of clinical TLS development in the CT department of Dnipro State Multi-Field Clinical Hospital № 4 were selected and analyzed. Straight and sideway signs of the development of clinical TLS were identified, the effectiveness of allopurinol and acetazolamide in the systemic treatment of TLS was estimated.

Results. 975 cases were analyzed and 120 (12.3%) of CT with development of clinical TLS were selected from them. 73 (61.0%) cases were with Burket's lymphoma, 27 (22.5%) cases with B-large cell lymphoma and 15 (16.5%) cases with indolent non-Hodgkin's lymphomas. The average age of patients was 41 years (from 19 to 62 years). Hyperuricemia was detected (> 476.0 pmol/l) 90.0% of patients, hyperkalemia (> 6.0 mmol/l) was detected in 97.0% of patients, hyperphosphatemia was found in 74.9%, hypocalcemia (< 1.75 mmol/l) was found in 36.6% of patients. Serum creatinine increasing more than 1.5 times was found in 84.2%, various cardiac arrhythmias were detected in 40.8%, seizure syndrome, convulsions or muscle fibrillation was observed in 7.5% cases. The main methods of relieving clinical TLS are: 1) urine alkalization with sodium bicarbonate or acetazolamide to pH of 6.5–7.0; 2) use of allopurinol or febuxostat to reduce the level of uric acid. In severe hyperkalemia (> 7.0 mmol/l) (13.3%), as well as in severe hyperphosphatemia (> 5.0 mmol/l) (5.8%), patients underwent hemodialysis.

Conclusions. TLS it's a frequent complication during CT of lymphoproliferative diseases. It is clinically manifested by renal failure, cardiac arrhythmias and convulsions. The most common laboratory manifestations are violations of uric acid, potassium and phosphorus metabolism. Pathogenetic therapy and hemodialysis are used to combat these disorders.

TREATMENT OF KAPOSIFORM HEMANGIOENDOTHELIOMA

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Kaposiform hemangioendothelioma (KHE) is rare neoplasmic disease that is characteristic of newborns (1:7.5 million). Children have an association of KHE with Kasabach — Merritt — Syndrom (KMS). This tumor is quite aggressive, does not regress on its own, and is capable of metastasis, both locally and hematogenous. Manifests erythematous dark purple spots on the skin and mucous membranes.

Aim: to study all available sources that contain information about the treatment of the metastatic form of KHE to determine the subsequent treatment strategy of the patient and describe a clinical case.

Materials and methods. PubMed case report analysis, analysis of MD Anderson, DeVita, Washington Society of Oncology Guidelines.

Results. About 80 cases of KHE in adults and only a dozen cases of metastatic form have been described. The search on PubMed shows only cases of a local neoplasm, which is treated radically surgically (excision or embolization) or radiologically for adults and children. There is insufficient information about the medical treatment of this disease, and almost all case-repots of the disease are associated with radical surgery. Only isolated cases of drugs treatment were described with vincristine + corticosteroids. All cases found are associated with KMS or primary tumors.

We are conducting a systemic treatment of a 31-year-old patient with CGE with non-radical excision of the primary focus on the skin of the inner surface of the forearm with the continuation of the disease (shoulder skin, soft tissues of the lumbar region, both light and pleura) after 6 courses of chemotherapy (etoposide, vincristine, endoxan, mesna, doxorubicin, prednisolone) without the dynamics of CT control (CTC), 3 courses of chemotherapy docetaxel, gemcitabine without the dynamics of CTC now. Starting in October 2018, the patient is receiving chemotherapy for docetaxel, oxaliplatin, and bisoposol. According to the CTC, after 2 courses without visceral dynamics, but with positive dynamics on the skin, oral mucosa and soft tissues of the lower back. We continue the drug treatment of this patient for up to 6 courses (now the 4th course), followed by CTC and drug dispensing, and we are also considering the use of immunotherapy.

Conclusions. In our clinical practice, we first encountered KHE after prolonged combination treatment without positive dynamics. The use of a combination of docetaxel, oxaliplatin and bisoprolol has a positive effect with a visual assessment of secondary lesions. We continue the drug treatment of this patient for up to 6 courses (now the 4th course), followed by CTC and drug vacations, and we are also considering the issue of using immunotherapy.

PERCEPTION OF THE DISEASE AND QUALITY OF LIFE IN LUNG CANCER PATIENTS

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According to the World Health Organization (WHO) data, lung cancer is the fifth main reason, causing death. Lung cancer patients experience a variety of negative emotions, that affects their physical, psychological wellbeing (quality of life).

Aim: to examine patients' understanding about the disease to evaluate the impact of lung cancer on emotional, physical status, future expectations and religious beliefs.

Materials and methods. During the period from March 2014 to May 2017, a prospective fifth main reason causing death. Lung cancer patients experience a variety of negative emotions that affects their physical and psychological wellbeing (quality of life) to assess the impact of the lung cancer on emotional, physical status, future expectations and religious beliefs. The study of lung cancer patients was performed at the Indira Gandhi Medical College Shimla, Himachal Pradesh. A questionnaire was created about the effects of lung cancer impact on patients' quality of life and the perception of the disease. The study population consisted of 116 consecutive questioned patients (78.0% of men, 63 years of age 12 months), 86 years; average duration of the disease — 12 months.

Results. 37.0% of the patients could not answer the question how to do chemotherapeutic drugs work, 35.0% worry about adverse effects of chemotherapeutic therapy, 56.0% did not suffer from long-term emotional effects of lung cancer. 84.0% of the patients were physically reduced from the onset of the disease, 36.0% stopped smoking after learning their diagnosis. 34.0% had taken additional, in their opinion, health enhancing drugs. 81.0% of the questioned patients' religious beliefs, after the lung cancer was diagnosed, did not change and 16.0% claimed it became stronger. 41.0% were reluctant to predict the course of the disease.

Conclusions. A large number of patients deny experiencing long-term emotional changes and avoid anticipating the disease outcome. However, the majority of patients admit that the lung cancer diagnosis had a significant effect on their physical condition. A significant amount of patients with lung cancer do not understand the treatment effectiveness, so many take additional remedies and do not change their smoking habits. The information that patients receive about the disease and the treatment is not sufficiently understood or quickly forgotten, so in order to increase the benefits of treatment, the doctor should provide information in a comprehensible and comprehensible way.

INFLUENCE OF PSYCHOTHERAPY FOR CANCER PATIENTS

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Nowadays cancer is one of the biggest problems in modern society. It spreads throughout cells in our body. There are more than one hundred kinds of cancer. And almost for everybody this diagnose is very tough and traumatic. Despite the fact that there is a big variety of treatment, psychotherapy is also a very common approach which can help cancer patients when they face with psychological difficulties.

The main aim of this article is to review materials which are connected with this topic, and make a summary based on all these materials. To do this I have analyzed more than 10 Internet sources, scientific journals, book, and so on.

Results. It is very common that patients with cancer are recommended to ask for a help psychotherapists. During this psychotherapy meetings therapists provide help not only to patients with cancer, but also to their family members and relatives: therapist helps patients and their families to manage and respond correctly to their emotions about life's challenges.

There are many aspects which can be achieved during psychotherapy meetings with cancer patients:

- learning ways of coping with this diagnosis and feeling more in control and less overwhelming;
- managing with fear, anxiety, depression, and so on;
- exploring what cancer experience means to the patient;
- exploring concerns around sexuality and intimacy;
- learning ways how to manage with side effects of treatment and cancer symptoms (e.g. vomiting, pain, and so on);
- learning how to maintain relationship with family and friends;
- learning how to discussing financial aspects and helpful resources;
- learning how to discussing issues which come after completing treatment.

In addition, there are three common types of therapy which patient with cancer can choose depending on his or her needs: