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Section 5. Medical science

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Analysis state of health population of children in the rural district of the industrial region of Ukraine

Background. Main hygienic problem in Ukraine is caused by depopulation processes among the rural district inhabitants of industrial regions during 30 years period¹. Therefore mediko-demographic research and investigation diseases of peasants lead to the improvement of state sanitary inspection and creation new priorities in the branch of children and adolescents health protection².

Methodology. In order to estimate health of children and adolescent primary incidence of diseases and general diseases by the separate nosological forms had been carried out, such as carcinogenic tumors (C00-C97), diabetes (E10-E14), hypertensive illness (I10-I15), ischemic illness of heart (I20-I25), bronchial asthma (J95-J99), gastritis and duodenitis (K20-K31), according to the International Classification of Diseases — X. Scientific substantiation of experimental rural district selection was based on the hygienic standardization in the gender categories: (0–14) years children and (15–17) years adolescents, uniformity of social-hygienic parameters, types of water supply systems (mostly decentralized and bottled), health service for peasants in the rural ambulance stations. Investigation of the primary incidence among children population was carried out according to the statistical report of Regional Information Health Department Centre along 2008–2011 years.

Evaluation and Dissemination. Positive tendency to the increasing diseases of the children at the age (0–14) years was revealed on an average annual level of diseases in the experimental rural district, compare with analogical level in the Zaporozskii region by following classes of diseases: infectious and non — infectious pathology — rates of growth (RG) were 8.3% (district) and 3.0% (region); non — infectious pathology — RG 7.7% (district) in comparison with 2.7% (region); infectious and parasitic diseases — RG 16.9% (district) against 6.8% (region); non — carcinogenic — RG (66.1–11.5)%; carcinogenic tumors — RG (221.7–11.4)%; nervous system and sense organs diseases — RG (51.9–10.6)%; respiratory system diseases — RG (12.5–3.1)% respectively in the both rural district and regional territories. It had been determined that the first place in the structure of diseases among (15–17) years adolescent groups connected with infectious and non — infectious pathology.

It was established tendency to the increasing infectious pathology (from 44210.82 ± 0.27 to 49021.05 ± 0.28) cases on 100 000 population of peasants. At the same time, second place in the structure of (0–14) years children diseases take non — infectious pathology, with typical tendency to increase during 2008–2011 years on 6.4% in the experimental district: from $(42821.97 \pm 0.16$ to $47828.79 \pm 0.25)$ cases on 100 000 population. On the third place there were determined respiratory system diseases. This pathology characterizes increasing on 11.2% among (0–14) years age group of peasants.

On the other hand, same tendency to growth had been revealed at the age group (15–17) years of peasants, its annual average level was (13724.38 ± 0.18) cases (district) against (15650.94 ± 0.19) cases on 100 000 population (region).

Despite this common tendency, among (15–17) years peasants discovered another tendency to decreasing such classes of diseases as infectious and parasitic pathology with negative RG (-8.0%); endocrine system (-24.0%); diabetes (-18.9%); mental disorders (-14.5%); short-sightedness (-9.1%); blood circulation system diseases (-6.6%); including some nosological units: hypertension (-17.4%); ischemic illness (-27.1%); gastritis and duodenitis (-36.7%); skin and hypodermic pathology (-35.7%); bone and muscular system (-6.6%) (figure 1).

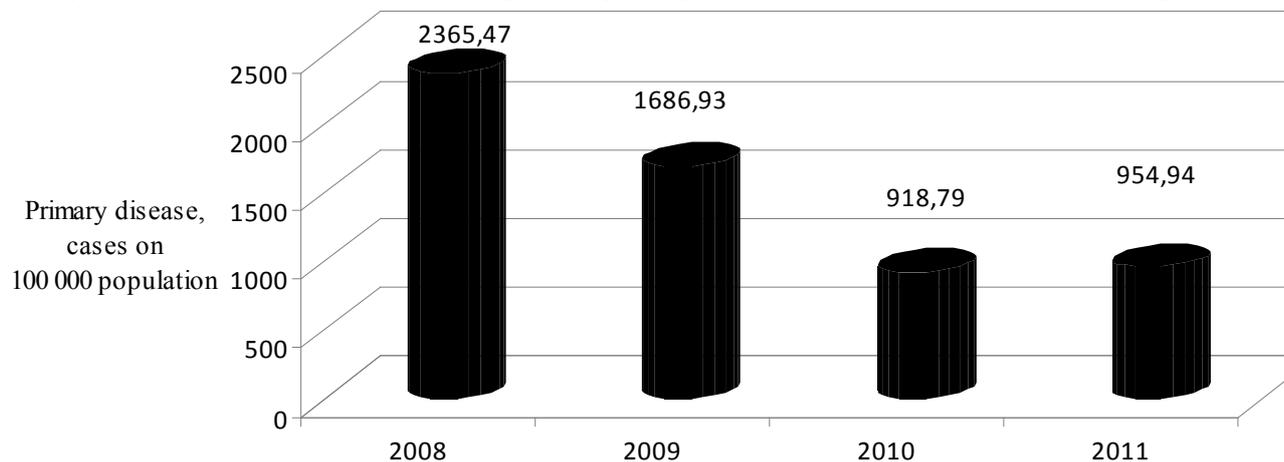


Fig. 1. Tendency to decreasing skin and hypodermic pathology at the (15–17) years peasants in the rural district during 2008–2011 years.

Primary incidence of diseases, carried out in both age groups of peasants, discussed existence tendency to the increasing infectious and non — infectious pathology. Thus, in the experimental district primary incidence of infectious and non — infectious diseases had been constantly growth at the (0–14) years peasants (from 168823.44 ± 0.23 to 173071.57 ± 0.30) cases. Average annual rates for this class of general diseases were (164360.13 ± 0.24) cases (district) against (170357.35 ± 0.28) cases on 100 000 peasant population (region) (figure 2).

Same tendency was registered for primary incidence of non-infectious diseases, which were on the measure (from 154845.11 ± 0.16 to 156299.27 ± 0.21) cases on 100 000 peasants. The third place by the frequency occupied respiratory system diseases. Prevalence in this class

¹ Hryhorenko L. V. Analyses of the cases outbreaks associated with drinking water in the different countries of the world/Hryhorenko L. V.//Ukrainian Scientific Medical Youth Journal. – N 1. – Kiev, 2013. – P. 100–103.

² Hryhorenko L. V. Dynamics of the children health indicators – inhabitants of rural districts in the Dnipropetrovsk region/Hryhorenko L. V., Shevchenko A. A., Dziak N. V.//Hygiene of settlements. – Volume 57. – Kyiv, 2011. – P. 358–366

of diseases among (0–14) y. o. children was on average in the measure (87260.22±0.14) cases (district) against (104638.46±0.32) cases on 100 000 peasants (region).

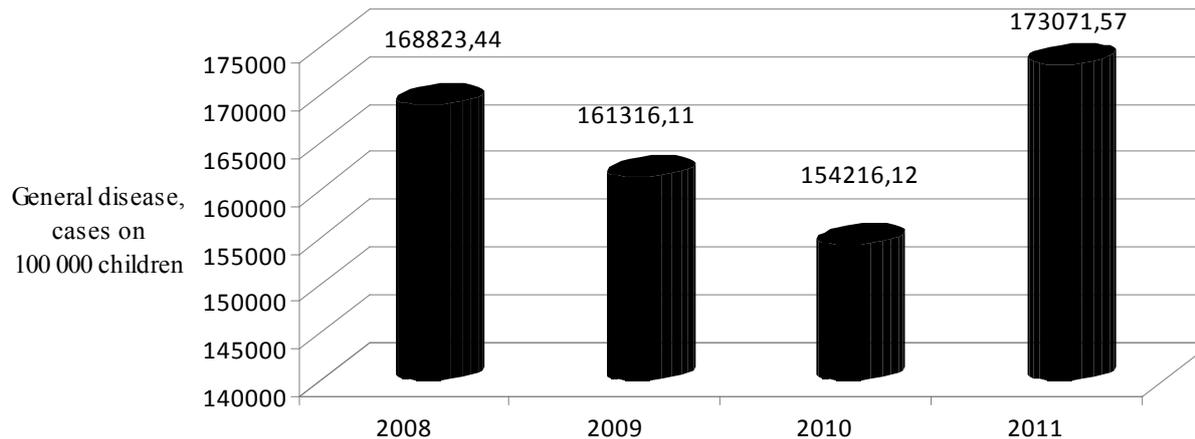


Fig. 2. Tendency to increasing primary incidence of infectious and non — infectious pathology at the (0–14) years peasants in the rural district during 2008–2011 years.

Analysis primary incidence of the diseases among (15–17) y. o. peasants during 2008–2011 years determined negative tendencies to growth all classes, except such diseases as: infectious and parasitic, blood circulation system, digestion system, skin and hypodermic pathology, bone and muscular system, carcinogenic pathology, bronchial asthma, gastritis and duodenitis. The highest frequency of prevalence diseases had been found among children at the age group (15–17) y. o. from 2008 till 2009 years, which were inhabitants of an experimental rural district: infectious and non-infectious (143326.14±0.27) cases; non-infectious (140161.98±0.23) cases; carcinogenic (2796.59±0.27) cases; endocrine system (7918.07±0.22) cases; blood circulation system (58014.16±0.23) cases; respiratory system (17569.86±0.18) cases; digestion system (12255.51±0.14) cases; skin and hypodermic pathology (1651.26±0.20) cases; bone and muscular system (5576.40±0.20) cases on 100 000 peasants.

Conclusion. Priority problem of ecological sciences was based on the negative influence environmental factors to the children and adolescents health. It had been established tendency of diseases and its prevalence among age groups (0–14) and (15–17) y. o. of peasants — inhabitants of the rural experimental district, situated in an industrial region of Ukraine until 2008–2011 years. Statistically significant high level of diseases at the (0–14) y. o. peasants in the experimental district had been determined during 2008–2011 period of supervision by such classes I, II, VI, VII, X of International Classification of Diseases — X. At the same time tendency to significant decreasing primary incidence of diseases III, IV, IX, XI, XII classes and nosological form (K20-K31) was revealed.

It had been proved statistically significant reduction of morbidity among children of all age groups in the rural district for 2008–2011 years period by following classes of diseases with negative RG: III (-6.4%), IV (-22.1%), V (-11.9%), VII (-11.5%), IX (-7.0%), XII (-34.2%), XIII (-7.4%), including nosological forms I10-I15 (-17.4%), I20-I25 (-27.1%), K20-K31 (-34.6%). There was non — significant decrease of incidence in the nosological form J95-J99 (-2.2%) and III class of diseases (-4.4%). For similar period the greatest increase of prevalence diseases according to the ICD-X was registered among (15–17) y. o. adolescents in the following classes: I (1.0–1.03) times, IV (1.01–1.08) times, including nosological forms E10-E14 (1.02–1.09) times, VI class (1.1–1.2) times, IX (1.05) times, X (1.04–1.06) times, XIX (1.05–1.09) times.

Among (15–17) y. o. peasants were revealed negative RG in such classes of diseases as: III (-6.3%), nosological forms C00-C97 (-10.6%), J95-J99 (-15.0%), K20-K31 (-10.5%), VII (-41.3%), XII (-31.4%) and XVII (-14.6%) classes.

On the one hand, unfavorable tendency to increase percent of frequently sickly children (from 53.3 to 58.8)% and, on the other hand, reduce percent of absolutely health peasants — I group of health (50.8–42.1)%, prevalence to increase II (33.6–39.6)% and III groups of health (15.6–18.3)% during 2008–2011 years are probably caused by low resistance of the child's body to acute respiratory viral infections, and due to increase percent of peasants with chronic diseases in the stage of compensation.

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Comparative evaluation of various surgical corrections of Hirschsprung's disease in adults

Introduction

Hirschsprung's disease is characterized by congenital absence or a significant decrease in a number of neurons in ganglions of intramural nervous plexuses of the colon. Hirschsprung's disease is one of severe developmental anomalies of the colon and takes a leading place in the structure of digestive tract diseases. There are certain preconditions for slow, sometimes a latent course of Hirschsprung's disease in adults consisting in existence of variants of congenital morphological alterations, such as short zones of aganglionosis, hypogangliosis types while expressed degenerate processes in the muscular tissue of distal parts of the colon are absent¹.

¹ Ameh E. A. Hirschsprung's disease in the newborn: experience in Zaria, Nigeria//Ann trop pediatr. - 2001.-№ 21(4).- Vol. 33942.; Doronin, VF, N. Bykov, V. Martynenko, EV Lukyanenko. Methods of surgical treatment and postoperative complications of Hirschsprung's disease in children//The collection of scientific papers: Topical issues of pediatric surgery. , Stavropol, 1995. -C.26–30.; Coran A. G. Recent advances the management of Hirschsprung's disease/A. G. Coran,