

MEDICAL CORRECTION OF TERMINAL UVEAL GLAUCOMA

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Introduction: Terminal painful no compensated glaucoma of uveal genesis often requires retrobulbar blockade with ethyl alcohol or, in case of ineffective treatment, enucleation of the eyeball.

Objective: To work out medical therapy of terminal uveal glaucoma.

Materials and methods: 11 patients with uveal painful terminal glaucoma have been under our observation. We succeeded in elimination of the painful syndrome and in saving of the eyeball, exclusively, by means of medical treatment.

The age of patients was from 54 to 65, 7 women and 4 men. The patients were afflicted with unilateral terminal painful uveal glaucoma. Sharpness of eyesight on the eyes was 0 (zero). Before treatment intraocular pressure (IOP) was 47 ± 4.3 mm t/g.

Routine ophthalmological examinations including USD of both eyes were performed. The patients received the following medical preparations: cycloplegic drugs (atropine 1/three times a day); topical corticosteroids (dexametasone 0.1four time); topical β -blookers (thymol 0.5% twice a day); on the background of general anti-inflammatory therapy.

Results: After conducted therapy painful syndrome was arrested, IOP reduced to 28 ± 2.6 mm tlg ($p < 0.05$). The patients got recommendations to drop cycloplegic drugs corticosteroids and β -blookers after discharge from the hospital constantly. Further examination 6 months later demonstrated stability of the results obtained. The eyes were quiet; pains were absent, IOP-within the norm up to subcompensated level (27 ± 1.9 mm tlg). There were no indications for surgery.

Conclusions: In case of painful terminal uveal glaucoma the introduced complex of anti-inflammatory and hypotensive therapy results in organ-saving effect. The above mentioned therapy is advisable to use in case of pain of any genesis in a blind eye (except oncopathology), which will likely exclude enucleation.

Key words: uveal painful terminal glaucoma, medical therapy.

OTITIS MEDIA FORMS IN CHILDREN WITH UPPER RESPIRATORY INFECTION

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Introduction: The upper respiratory infection is highly prevalent among young children and often results in otitis media. The incidence and characteristics of otitis media complicating URI has not been studied in Moldova.

Objectives: To evaluate the prevalence, the clinical features and particularities of diagnostics of otitis media in children with upper respiratory infection.

Methods: We performed a prospective study of 50 children (age range from 6 months to 7 years) with upper respiratory infection. We collected anamnesis data and performed the routine otorhinolar-