

PECULIARITIES OF PREMENSTRUAL SYNDROME TREATMENT IN WOMEN WITH HYPERTHYROIDISM

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Today among all endocrinological disease in women thyroid pathology is the second only to diabetes. Premenstrual syndrome (PMS) plays a leading role in reducing the quality of life for women of the reproductive age. The manifestations of PMS are particularly worse in women with hyperthyroidism.

We examined 35 patients with premenstrual syndrome and / or irregular menstruation with concomitant hyperthyroidism. In the examined patients the nature of the menstrual cycle, the degree of manifestation of premenstrual syndrome, the level of PRL and its biologically active fraction (BFA), LH, FSH, estradiol (E2), progesterone (Pg) were analyzed. In order to correct the detected impairments a dose of up to 30 drops of Mastodinon twice a day for three menstrual cycles was used. Mastodinon caused a significant decrease in the levels of total prolactin ($15,5 \pm 1,0$) IU / l, BFA to ($8,5 \pm 0,7$) IU / l and its contents - to the ($54,7 \pm 4,5$)%, significant increase in LH concentration to ($9,3 \pm 0,6$) IU / l, FSH - to ($7,7 \pm 0,7$) IU / l, E2 - up ($179,2 \pm 9,9$) ng / L and Pg - to ($20,5 \pm 1,8$) mg / l.

Restoration of ovulatory cycles occurred in 86.0% of patients, regular menstrual cycles were established in 94.3% of patients, all patients had normal length of the menstrual cycle, duration and volume of menstrual bleeding.

Use of Mastodinon led to the elimination of Algodysmenorrhea, emotional and psychological, neurovegetative, vegetative vascular and endocrine-metabolic manifestations of PMS in 94.3% of patients. After using Mastodinon for 3 menstrual cycles breast secretions continued only in 4 (11.4%) patients. Thus the use of Mastodinon had positive effects on the menstrual function and PMS by eliminating hyperprolactinemia and restoring the pituitary regulation of reproductive function.

PAROXYSMAL DISORDERS IN CHILDREN, BORN BY YOUNG MOTHERS

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Mothers' young age is the first of the factors, leading to the development of pathology in the period of pregnancy, morbidity and mortality of newborns. P.Olaussoy, S.Chattiugius, B. Haghund (2001) determined, the risk of perinatal complications at the age of 13-15 years is four times higher than at the age of 20 - 24, and at the age 16 - 17 is twice higher.

Purpose of the work is to study the variants of paroxysmal disorders in children, born by young mothers. We examined 150 children, born by young mothers (mothers aged 13-17 years), who were treated in the children's municipal clinic No 8. 15 children had paroxysmal disorders (10 boys and 5 girls).

2 children had paroxysmal disorders from the first day of life, in the other 5 – disorders developed during the first six months, in the other 3- during the first year, in other 5 – during 3 years and during 10 years 2 children developed the disease. The paroxysmal disorders structure includes symptomatic focal epilepsy (33,3%), symptomatic multifocal epilepsy (6,7%), cryptogenic-focal epilepsy (20%), situational-conditioned epilepsy (affective-provoked) (6,7%), symptomatic generalized epilepsy (13,3%).

The neurological status at the moment of admission to the hospital of one part of children was characterized by severe moving disorders: spastic tetraparesis (46,2%), in combination with hyperkinetic syndrome (15,4%), disorders of skull-brain nerves (30,8%). Another part of children had diffuse muscle hypotony (15,4%), pyramidal insufficiency (15,4%).

Thus, disorders of epileptic genesis, usually symptomatic, are part of the paroxysmal disorders in the examined children.

INDEPENDENT COMPONENTS OF THE COGNITIVE INDUCED POTENTIALS IN PATIENTS WITH DEPRESSIVE DISORDER

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The purpose of this study was to identify the changes in the independent components of induced potentials in patients with different depressive genesis disorders in two models of active Go / NoGo test of selective attention (VCPT - visual continuous performance test, ECPT - emotional continuous performance test). The study involved 34 patients aged from 26 to 79 years with clinically verified depressive syndrome. Both tests consisted of 400 samples, the samples were pairs of visual stimuli: the animal-animal (sample Go), animal-plant (sample NoGo), herb-herb (Ignore), and the plant-Man (Novel), or face image variations of different emotional modality. The samples were presented randomly with 25% probability. Novel assay was accompanied by an audible signal. The subjects were instructed to press a button as quickly as possible, upon presentation of a pair of «animal-animal» or «angry face, angry face» and not to click on the presentation of the other pairs of stimuli. For the EEG registration electrode cap Electrocap was used with 19 electrodes placed on the surface of the head in line according to the international system 10-20. Before processing, the EEG was converted into a common average montage. Calculation of independent components of induced potentials was carried out automatically in the program using the WinEEG INFOMAX algorithm. To highlight the eight components which have the largest amplitude, spatial filters are used, calculated on the basis of the normative database of Go / NoGo test. Dedicated independent components were averaged separately for groups of patients and for the comparison group.

To determine the localization of independent components of evoked potentials, and obtain the corresponding topographies the program sLORETA was used. Independent component analysis of induced potentials in VCPT represented significant and meaningful reduction in the amplitude of the component of patients with depressive disorders which was generated in the superior parietal cortex, known for reflecting a reaction to the sound. Analysis indicated the amplitude of the component reduction, which is generated in the occipital cortex, known for reflecting the primary processing of visual stimuli. Analysis displayed the reduction of the component amplitude, which reflects the reaction to the new incentive and monitoring activities. Independent component analysis of evoked potentials in the ECPT also showed a significant and meaningful reduction in the amplitude of the component that is generated in the occipital cortex and known for reflecting the primary processing of visual stimuli. This analysis displayed the decrease of the component amplitude that is generated in the prefrontal area, and probably that reflects the reaction to a new stimulus. These characteristics of induced potentials may correlate to the clinic with a depressed patient's weakness in reactions to any external stimuli.

Keywords: depressive disorder, event-related potentials, ICA.