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VASCULARIZATION OF PROXIMAL FEMORAL EXTREMITY - AN ANATOMIC STUDY

AUTHOR: BOLOGA RAMONA - ANDREA

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35

MEDICAL RESEARCH**ANATOMY OF THE OVARIES IN EARLY FETUSES**.....37

AUTHOR: HLADYSH LIUDMYLA

CO-AUTHORS: D.V. PRONIAIEV, LARSENIUK

ASSESSMENT OF VERTEBRAL FRACTURES OCCURRED IN PATIENTS WITH RHEUMATOID ARTHRITIS - CORRELATION WITH DISEASE ACTIVITY SCORE38

AUTHOR: TEODorescu CLAUDIU

CO-AUTHORS: MARIAN IULIA-ANCA, SERBAN REBECCA-CRISTINA, MARINEAJA MARIETA-MADALINA

ATRIAL SEPTAL DEFECT39

AUTHOR: CEM NAKICI

CO-AUTHORS: HASAN AKGÜL, SADI SAYLI

CARDIORENAL SYNDROME IN PATIENTS WITH ACUTE DECOMPENSATED HEART FAILURE - CLINICAL AND PATHOPHYSIOLOGICAL CHARACTERISTICS 40

AUTHOR: VOICULESCU CALIN-ALEXANDRU

CO-AUTHORS: OREZANU ANDREI, UNGUREANU ADRIAN-IONUT, FLORICEL GEORGIANA, VASILESCU ANDREI

CATHEPSIN-D EXPRESSION IN BREAST LESION41

AUTHOR: TACHIMAZIDZIU EVA

CO-AUTHORS: GHEORGHE ALEXANDRA MARIA, FIROIU SILVIA MIHAELA, BIBAN GEORGIANA-BIANCA

CHANGES OF CHORIONIC GONADOTROPIN, HUMAN PLACENTAL LACTOGEN AND PROTEIN SP1 IN CHORION IN CASE OF MISSED MISCARRIAGE.....42

AUTHOR: PUSHKASHU ANASTASHA

CO-AUTHORS: Y.S. KARLYCHUK

CHARACTERISTICS OF DUODENAL MORPHOGENESIS DURING THE PERINATAL PERIOD43

AUTHOR: HURINA IRYNA

CO-AUTHORS: O.M. SLOBODIAN, D.V. PRONIAIEV

CHICK CHORIOALLANTOIC MEMBRANE AS A MODEL FOR THE STUDY OF DUPUYTREN'S FIBROMATOSIS44

AUTHOR: FARHANGEE ARSALAN

CO-AUTHOR: MOHAMMAD ASLIM KUNHAWARD, BUSAN ALINA-MIHAELA, BOLOGA VIRGINIA, AHMAD WAHEED GHYASSI

CONTRIBUTIONS TO THE ALVEOLAR STAGE OF LUNG DEVELOPMENT45

AUTHOR: GIBEA PATRICIA

CO-AUTHORS: GHEORGHE ANDREEA GEORGIANA, GUGORIEVIC DENIS, GIBEA BIANCA MIHAELA, BOTGAN ANDREI-ALBERTO

CORRELATIONS BETWEEN PSYCHOMOTOR RETARDATION AND REASON OF HOSPITALIZATION IN CHILDREN HOSPITALIZED IN FIRST PEDIATRICS CLINIC.....46

AUTHOR: BUSAN ALINA MIHAELA

CO-AUTHOR: BOLOGA VIRGINIA, ARTENE STEFAN-ALEXANDRU, FARHANGEE ARSALAN, DONDERA ANA-MARIA

CORRELATIONS BETWEEN THE CEREBRAL BLOOD FLOW AND STROKE VOLUME DURING CEREBROVASCULAR ACCIDENTS IN RATS.....47

AUTHOR: BOBORELI ALEXANDRA-CRISTINA

CO-AUTHORS: BOZ S ANCA-COCURUTA, CIORDIANU CAMELIA-STEPANIA, IOMBENESCU MARIA LIVIA, STANESCU CARMEN

CORVITIN ADMINISTRATION IN PATIENTS WITH ISCHEMIC HEART DISEASE48

AUTHOR: RYBAR OLGA

CO-AUTHORS: IRYNA OXONIKAR

EARLY H/D OUTCOME IN METHANOL POISONING49

AUTHOR: MOHAMED ABU GAUSH

CO-AUTHORS: AHMED BAZZA

EFFECTIVENESS OF THIOPHETIN (GLUTOXIM) IN THE COMPLEX TREATMENT OF CHRONIC ALCOHOLIC HEPATITIS50

AUTHOR: YEVENENIA PARASTYENKA

CO-AUTHORS: -

EPIDEMIOLOGY OF CERVICAL CANCER IN DOLU COUNTY DURING 1982-201251

AUTHOR: PLESCU OANA ELENA

CO-AUTHORS: ARTENE STEFAN-ALEXANDRU, POTIRCA ELENA DIANA, VOICULESCU ANCA, OREZANU ANDREI, PANBURU FLORIN MIHAILA

HELLP SYNDROME COMPLICATED WITH HEPATIC SUBCAPSULAR HEMATOMA .52

AUTHOR: VIROTEANU IULIA-ALICE

CO-AUTHOR: VOINEX MIHAIL-VICTOR, POPA MIHAIL IOAN, UNGUREANU MOPHORA IULIA, VOICU ADELA MARIA

HEPATORENAL SYNDROME IN CIRRHOSIS.....53

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CO-AUTHORS: VOINEX MIHAIL-VICTOR, VIROTEANU IULIA-ALICE, DINU CATALINA MARIA, PIRVU ANA-MARIA FLORIANA

CHANGES OF CHORIONIC GONADOTROPIN, HUMAN PLACENTAL LACTOGEN AND PROTEIN SP1 IN CHORION IN CASE OF MISSED MISCARRIAGE

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It has been found a correlation between the frequency of successful outcome of pregnancy and favourable condition of the endometrium. During menstrual cycle the endometrium undergoes certain changes under the influence of hormonal level. These changes are necessary for successful implantation of the embryo and its further development. Among the obstetric complications that do not tend to decrease, a large proportion is a miscarriage (10-26%), but in its structure – a missed miscarriage (8-12%), the causes of which aren't often determined. Materials and methods. Immunohistological methods, according to optic density of a specific staining, studied the concentration of the following hormones: chorionic gonadotropin, human placental lactogen and specific protein in the 138 chorions of incomplete abortion in the term of 5-6 and 7-8 weeks of gestation (main group), and 60 chorions of women with artificial abortion in the term of 5-8 weeks of gestation (control group). Results. Beginning with the 5-6 weeks of gestation, in case of incomplete abortion, the concentration of chorionic gonadotropin decreases to 26% and 31% in the term of gestation of 7-8 weeks respectively. Reduction of human placental lactogen to 34% in the term of 5-6 weeks of gestation and to 23% in the term of 7-8 weeks. The levels of SP 1 protein in comparison with the control group are rather low – to 38% in the term of 5-6 weeks of gestation and to 33% in the term of 7-8 weeks of gestation in case of incomplete abortion. Conclusions. 1. In case of incomplete abortion in the term of 5-6 and 7-8 weeks of gestation lowering of protein concentration in the chorion membrane is observed by means of immunohistochemical methods. 2. More substantial difference of reduction is peculiar for human placental lactogen (HPL).

CHARACTERISTICS OF DUODENAL MORPHOGENESIS DURING THE PERINATAL PERIOD

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Introduction. In recent years researchers concentrate their attention on the diagnosis and treatment of congenital malformations of the digestive organs that require surgical treatment. Within the mortality pattern of children with surgical diseases the share of lethal sequelae reaches 90%. Particular attention is given to timely perinatal diagnostics which permits to determine a policy of pregnancy management. Material and methods. The study was carried out on 120 specimens of fetuses and newborn infants in situ, using the methods of macromicrodissection, preparation of consecutive microscopic sections, roentgenography, morphometry. Results. A chronological order of spatio-temporal transformations of organs and structures, exerting a syntopic effect on the forming of the topography and form – building of the duodenum, in particular, the visceral surface of the liver, the head of the pancreas, the kidneys, the sigmoid colon has been traced in the perinatal period of the development. A typical form of the duodenum during the perinatal period of human ontogenesis is circular (64±5)%. Histostructurally the wall of the duodenum at the beginning of the perinatal period (4-5 months) is characterized by the presence of primary crypts and the muscle plate of the mucous tunic, a diverse thickness of the layers of the muscular coat; the villi of the mucous membrane, goblet cells, Brunner's glands in the submucous layer, an almost identical thickness of the layers of the muscular tunic take shape in the duodenum of 8-10 month old fetuses and newborns. Conclusion. Two periods of an accelerated development (months 5 and 8-10) and a period of a retarded development (months 6-7) are intrinsic to the duodenum during the perinatal period. Key words: duodenum, fetus, human, anatomy.