



**INTERNATIONAL STUDENT FAMILY
MEDICINE SCIENTIFIC AND PRACTICAL
CONFERENCE**

VILNIUS 2018

BOOK OF ABSTRACTS

Sponsors



Program

Friday, April 6th

8.00 - 9.00. Registration

9.00 – 9.30. Opening ceremony.

PEDIATRICS

9.30 – 9.55. Assoc. Prof. Dr. Eglė Markūnienė, “THE FIRST POSTNATAL CARE HOME VISIT. WHAT THE DOCTORS SHOULD KNOW?”

9.55 - 10.20. Judita Dovydenaitė, occupational therapist ““DEVELOPMENTAL CARE OF THE PRETERM INFANT: DURING HOSPITALIZATION AND AFTER DISCHARGE”

ORAL SESSION 10.25-11.45

10.25 - 10.35 REASONS AND WAYS OF ADOLESCENTS DELIBERATE SELF-POISONING IN PEDIATRIC HOSPITAL

Authors: Augė Lesinskaitė, Rokas Šambaras. Supervisor: Assoc. Prof. Odeta Kinčienė.

10.35 – 10.45 PERINATAL HUMAN IMMUNODEFICIENCY VIRUS INFECTION: THE CARE DURING PREGNANCY, LABOUR AND NEONATAL PERIOD

Author: Urtė Skirmantaitė. Supervisor: Nijolė Drazdienė, M.D., PhD

10.45 - 10.55 PREVELANCE OF IGE-RELATED ALLERGY AND ASSOCIATION WITH RISK FACTORS IN A GROUP OF LATVIAN CHILDREN WITH FOOD ALLERGY

Authors: Marija Namestnikova, Kristine Jakone, Ilva Daugule. Supervisor: Assoc. prof., Ilva Daugule MD

10.55 - 11.05 WHAT AFFECTS PUBLIC VIEWS ON ROTAVIRUS IMMUNISATION?

Authors: Lina Malinauskienė, Greta Grajauskaitė. Supervisor: Assist. Prof. Sonata Varvuolytė

11.05 – 11.10 CUTANEOUS LARVA MIGRANS IN DENMARK

Authors: Akvilė Šmigelskytė, Julie Stenvang. Supervisor: Maria Kibaek, M.D.

11.10 – 11.20 THE OPINIONS AND EXPERIENCE OF PARENTS IN LATVIA REGARDING POST-VACCINATION REACTIONS

Authors: Liene Vitola, Nadīna Paegle. Supervisor: Assoc. Prof. Sandra Gintere

11.20-11.30 „THE COMPARISON OF EPIDURAL ANALGESIA AND OTHER LABOR PAIN MANAGEMENT METHODS EFFECT ON THE DELIVERY OUTCOMES“

Authors: D. Majauskytė, K. Maneikis. Supervisors: Assoc. Prof. E. Kontrimavičiūtė, M.D., PhD; Prof. D. Ramašauskaitė, M.D., PhD

11.30 – 11.40 „NEWBORNS WHO HAS BORN LARGE FOR GESTATIONAL AGE ASSOCIATION WITH OVERWEIGHT AND OBESITY IN PRE-SCHOOL CHILDREN IN LATVIAN FAMILY MEDICINES PRACTICES“

Author: Lasma Milgrave. Supervisor: Gunta Tīcme, M.D.

11.40 – 11. 45 „ATYPICAL FORM OF A BENIGN ROLANDIC EPILEPSY IN CHILDHOOD: A CASE REPORT“

Author: Lukas Gambickas. Supervisor: Assist. Prof. Sonata Varvuolytė

POSTER SESSION 11.50-12.30

„THE ROUTINE IMMUNIZATION IS NOT A RISK FACTOR FOR ATOPIC DISEASES“

Authors: Agnė Krživickytė, Justina Kučinskaitė. Supervisor: Dr. Agnė Jagelavičienė, Prof. Dr. habil. Vytautas Usonis

„CHRONIC PORTAL VEIN THROMBOSIS IN CHILDHOOD: CASE REPORT“

Author: Aistė Pilkienė. Supervisor: Assist. Prof. Sonata Varvuolytė

„COMPARISON OF PREGNANCY, LABOUR AND NEWBORN OUTCOMES BETWEEN OPTIMAL AND ADVANCED MATERNAL AGE“

Authors: Erika Michalkevičiūtė, Rūta Masiulienė. Supervisors: Ričardas Daunoravičius MD; Ieva Daunoravičienė MD

„COMPARISON OF SATISFACTION WITH PAIN MANAGEMENT DURING THE DELIVERY WITH EPIDURAL ANALGESIA AND WITHOUT“

Authors: Kazimieras Maneikis, Dovilė Majauskytė. Supervisor: Assoc. Prof. Eglė Kontrimavičiūtė, M.D., PhD

„PERINATAL COMPLICATIONS IN GESTATIONAL DIABETES MELLITUS: COMPARISON BETWEEN GOOD AND POOR GLYCEMIC CONTROL“

Authors: Emilija Žukauskaitė, Alina Voišnis. Supervisors: Gintarė Naskauskienė, Doc. Žydrūnė Visockienė, Modesta Petravičiūtė.

EPILEPTIC SEIZURES AS A MANIFESTATION OF CAVERNOMA

Authors: Julija Grigaitė. Supervisor: Sonata Varvuolytė, M.D., PhD

VITAMIN B12 DEFICIENCY ANEMIA IN CHILDHOOD. CASE REPORT (break exhibition)

Author: Audra Vyšniauskaitė. Supervisor: Prof., PhD Lina Ragelienė

DELIVERY BY CAESAREAN SECTION AND CHILDHOOD ASTHMA (break exhibition)

Authors: Justina Kučinskaitė, Agnė Krživickytė. Supervisor: Dr. Agnė Jagelavičienė, Prof. Dr. habil. Vytautas Usonis

PEDIATRIC VESICoureTERAL REFLUX. CASE REPORT (break exhibition)

Authors: Audra Vyšniauskaitė. Supervisor: Arūnas Liubšys MD, PhD

THE ROLE OF ALLERGIC SENSITIZATION TO THE RELATIONSHIP BETWEEN ATOPIC DERMATITIS AND ASTHMA IN CHILDREN (break exhibition)

Authors: Justina Kučinskaitė, Agnė Krživickytė. Supervisor: Dr. Agnė Jagelavičienė, Prof. Dr. habil. Vytautas Usonis

12.30 – 13.30. Lunch break and poster exhibition

COMMUNICATION

13.30 – 13.50 Prof. Dr. Sigita Lesinskienė “COMMUNICATION WITH CHILDREN AND THEIR PARENTS IN MEDICAL PRACTICE: ATTACHMENT ISSUES, CHALLENGES AND POSSIBILITIES”

13.50 – 14.10 Dr. Dainius Jakučionis “POSITIVE RAPPORT BETWEEN DOCTOR AND PATIENT”

14.10 – 14.30 Dr. Daiva Brogienė “DEFENSIVE MEDICINE AMONG GENERAL PRACTITIONERS”

ORAL SESSION 14.30-15.00

14.30 – 14.40 THE RELATIONSHIP BETWEEN BURNOUT AND WORKING IN DIFFERENT DEPARTMENTS

Author: Eglė Mickutė. Supervisor: Rima Viliūnienė, M.D.

14.40 – 14.50 THE REASONS WHY PARENTS FIRST TURN TO EMERGENCY DEPARTMENT AT CHILDREN'S CLINICAL UNIVERSITY HOSPITAL AND NOT THEIR FAMILY DOCTOR

Authors: Kateryna Bulavkina, Lauma Vasiļevska. Supervisor: Assoc. Prof. Ilze Grope

14.50 – 15.00 EMPATHY AMONG HEALTH PROFESSIONALS: DIFFERENCES BETWEEN GENDER AND MEDICAL SPECIALTY

Authors: Kristina Žukaitė, Liucija Barškutytė. Supervisor: Rima Viliūnienė, M.D.

POSTER SESSION 15.05-15.30

INFLUENCE OF RESIDENT PHYSICIAN PRESENCE DURING FAMILY DOCTOR CONSULTATION AND IMPACT TO ITS QUALITY

Author: Monika Šaduikytė. Supervisor: Sonata Varvuolytė, M.D., PhD

STUDENTS' KNOWLEDGE OF PRIMARY CARDIOPULMONARY RESUSCITATION IN VILNIUS

Authors: Greta Bružytė, Deima Eitmontaitė. Supervisors: Prof. hab. dr. MD Pranas Šerpytis, M.D.; Renata Androsaitė, M.D.

RELATION BETWEEN STUDENTS OF VILNIUS AND CARDIOPULMONARY RESUSCITATION

Authors: Deima Eitmontaitė, Greta Bružytė. Supervisors: Prof. hab. dr. MD Pranas Šerpytis, M.D., Renata Androsaitė, M.D.

STRESS EVALUATION AND SUGGESTED IMPROVEMENT AMONGST FAMILY DOCTORS IN LATVIA

Authors: Valdis Dakuļs, Liene Rituma. Supervisor: Prof. Jānis Zaļkalns

SEXUAL EDUCATION LEVEL OF HEARING IMPAIRED LATVIAN STUDENTS

Authors: Kristiāna Čačka, Līga Gaisiņa, Evelīna Korsaka. Supervisor: Dainis Balodis MD

IS IT POSSIBLE TO IMPROVE GENERAL PRACTITIONERS (GPs)' ATTITUDES TOWARDS SELF-ASSESSED GLYCEMIC CONTROL (SAGC) PRACTICES AMONG DIABETES PATIENTS: PILOT FOLLOW UP STUDY OF THE ROLE OF JOB CHARACTERISTICS IN PRIMARY CARE

Authors: Jolanta Volkova, Kotryna Tamaševičienė. Supervisors: MD PhD Antanas Norkus, M.D., PhD; Irena Žukauskaitė PhD; Jūratė Pečeliūnienė M.D., PhD

15.30 – 17.00 PREPARATION for the evening

17.00. SOCIAL EVENING (MEDICAL ALIAS, SONGS AND DANCES) Totorių str. 18

Saturday, April 7th

ADULTS

9.00-9.20. Dr. Emilija Petrauskienė "LOW BACK PAIN: PATIENT EDUCATION IS ESSENTIAL"

9.20 – 9.40. Dr. Jūratė Pečeliūnienė "DIABETIC AUTONOMIC NEUROPATHY IN PRIMARY CARE: THE FAR SIDE OF THE MOON?"

ORAL SESSION 09.40-11.20

9.40 – 9.50 THE EFFECT OF DIFFERENT INTENSITY OF PHYSICAL ACTIVITY ON THE PRESSURE OF THE EYE

Author: Gabrielė Kalvelytė. Supervisor: Saulius Galgauskas MD

9.50 – 9.55 CASE REPORT OF RAPIDLY PROGRESSING ECTOPIC ACTH SYNDROME: PECULARITIES OF DIAGNOSTIC AND TREATMENT STRATEGY

Author: Gabija Visockytė. Supervisor: Gintarė Naskauskienė, MD

9.55 – 10.05 LYME DISEASE: FEATURES OF DIAGNOSTIC AND TREATMENT STRATEGIES AMONG FAMILY DOCTORS IN LATVIA

Author: Viktorija Kutuzova. Supervisor: Gunta Ticmane, M.D.

10.05 – 10.10 UNUSUAL FIRST PRESENTATION OF PSORIASIS IN AN ELDERLY PATIENT: A CASE REPORT

Author: Akvilė Gedminaitė. Supervisor: Assist. Prof. Sonata Varvuolytė

10.10 – 10.20 THE ROLE OF FAMILY PHYSICIAN IN CONTRACEPTIVE UNDERSTANDING AMONG LATVIAN FEMALE ADOLESCENTS

Authors: Līga Gaisiņa, Kristiāna Čačka, Evelīna Korsaka. Supervisor: Līga Kozlovskā MD, PhD

10.20 – 10.30 THE LEVEL OF KNOWLEDGE ON THE USE OF ANTIBIOTICS AMONG THE GENERAL POPULATION IN LATVIA

Authors: Ieva Muižniece, Denija Piešiņa. Supervisor: Prof. Jānis Zaļkalns, M.D.

10.30 – 10.40 MEDICAL STUDENTS' VIEWPOINT FOR AND AGAINST VACCINATION AGAINST INFLUENZA

Authors: Marija Ševčenko, Julija Grigorjeva. Supervisor: Vija Silina MD, PhD

10.40 – 10.50 MULTIPLE CANCERS IN PATIENT WITH LI-FRAUMENI SYNDROME

Author: Ignė Gečaitė. Supervisors: Birutė Brasiūnienė, M.D., PhD; Lina Daukantienė, M.D., PhD

10.50 – 11.00 PULMONARY EMBOLISM IS A DISEASE THAT YOU HAVE TO THINK OF IN ORDER TO SUSPECT IT

Authors: Rūta Vosyliūtė, Eglė Kabašinskaitė. Supervisor: res. Dalia Balčienė MD

11.00 – 11.05 EARLY STAGE SUPERFICIAL MALIGNANT MELANOMA WITH UNUSUAL SYMPTOMS BEFORE DIAGNOSIS: A CASE REPORT

Author: Akvilė Gliubutė. Supervisor: Assist. Prof. Sonata Varvuolytė

11.05 – 11.10 COMMUNITY ACQUIRED PNEUMONIA (CAP) - CLINICAL CASE REPORT

Authors: Eglė Kabašinskaitė, Rūta Vosyliūtė. Supervisor: res. Dalia Balčienė MD

11.10 – 11.20 BONE METABOLISM CHANGES IN DIABETIC AND NON-DIABETIC PATIENTS AFTER KIDNEY TRANSPLANTATION

Author: Justina Rauluševičiūtė. Supervisors: Marta Kantauskaitė, Marius Miglinas, Urtė Alovociūtė

POSTER SESSION 11.20-12.00

ANALYSIS OF HIGH AND INCREASED CARDIOVASCULAR RISK PATIENTS IN FAMILIAL HYPERCHOLESTEROLEMIA and ANALYSIS OF DIAGNOSTIC FAMILIAL HYPERCHOLESTEROLEMIA SETS FOR CAROTID PLAQUE

Authors: Eglė Kabašinskaitė, Gabrielė Juškytė. Supervisor: Assoc. prof. dr. Vilma Dženkevičiūtė

COMPUTER VISION SYNDROME AMONG MEDICAL STAFF IN LITHUANIA: AN EVALUATION OF PREVALENCE AND PATTERNS

Author: Austėja Butkutė. Supervisor: Kristina Małyško, M.D.

PAIN DURING MENSTRUATION: ASSOCIATIONS WITH BODY MASS INDEX, MENSTRUAL CHARACTERISTICS AND USE OF MEDICATION

Authors: Donata Saulė Vilšinskaitė, Greta Vaidokaitė. Supervisor: doc. Žana Bumbulienė MD PhD

MAXILLARY SINUSITIS TREATMENT AFTER UPPER MOLAR TOOTH EXTRACTION

Author: Justas Kelbauskis. Supervisor: Aidas Baškys

POLYMORBIDITY MANIFESTATION IN DIFFERENT AGE AND SEX GROUPS IN AN AVERAGE FAMILY DOCTOR PRACTICE IN LATVIA

Authors: Inese Sileniece, Guntis Balodis. Supervisor: Prof. habil. Dr. Jānis Zaļkalns

THE POLYPHARMACOTHERAPY IN PSYCHIATRIC PATIENTS IN PRIMARY CARE

Author: Eglė Mickutė. Supervisor: Algirdas Dambrava, M.D.

EXTENDED DIFFUSE LARGE B-CELL LYMPHOMA: A CASE REPORT

Author: Akvilė Gleibutė. Supervisor: Assist. Prof. Sonata Varvuolytė

12.00-12.30. Coffee break

GERIATRICS

12.30-12.50. Prof. Dr. Jūratė Macijauskienė “COMMUNICATION WITH PERSONS WITH DEMENTIA SYNDROME: HOW TO LISTEN AND HOW TO TALK”

12.50-13.10. Assist. Prof., Dr. Asta Mastavičiūtė, "SAFE USE OF MEDICATIONS FOR THE ELDERLY PATIENT"

ORAL SESSION 13.10-13.45

13.10 – 13.20 THE RELATIONSHIP BETWEEN PHYSICAL ACTIVITY AND QUALITY OF LIFE IN OLDER ADULTS

Authors: Greta Kataviciute, Andrejus Cernovas. Supervisors: Prof. dr. Vidmantas Alekna; prof. dr. Marija Tamulaitiene

13.20 – 13.30 PHYSICAL PERFORMANCE ASSOCIATIONS WITH QUALITY OF LIFE AND COGNITIVE FUNCTION IN ELDERLY WOMEN

Authors: Julija Grigaite Supervisors: prof. dr. Marija Tamulaitiene, prof. dr. Vidmantas Alekna, Andrejus Cernovas.

13.30 – 13.35 CAROTID- CAVERNOUS FISTULAS AND THEIR ROLE IN FAMILY PRACTICE: A CASE REPORT

Author: Lukas Šlaševičius. Supervisor: Robertas Kvaščevičius, M.D., PhD

13.35 – 13.45 THE RELATIONSHIP BETWEEN LONELINESS AND EMOTIONAL STATE IN INSTITUTIONALIZED ELDERLY

Author: Akvilė Gedminaitė. Supervisors: Andrejus Cernovas, Prof. Vidmantas Alekna

POSTER SESSION 13.45-14.30

PATIENT WITH DIAGNOSED ANXIETY AND DEPRESSION: OVERTREATMENT. CLINICAL CASE REPORT.

Authors: Unda Druska, Emilija Kozuba. Supervisor: Ilze Aizsilniece MD

SUICIDE RISK FACTORS IN CANCER PATIENTS: A REVIEW OF THE LITERATURE

Author: Kamilė Pociūtė. Supervisor: Giedrė Bulotienė, M.D.

ANTI-BP180 AUTOANTIBODIES IMPACT TO BULLOUS PEMPHIGOID AND NASAL POLYPOSIS: A CASE REPORT

Author: Akvilė Gleibutė. Supervisor: Assist. Prof. Sonata Varvuolytė

IMPLICATION OF TROPONIN I LEVELS FOR LONG-TERM CLINICAL PROGNOSIS IN PATIENTS WITH ACUTE CHEST PAIN (ACP)

Author: Rūta Masiulienė. Supervisor: doc. dr. Vilma Dženkevičiūtė

ASSOCIATION BETWEEN ANXIETY DISORDERS AND MARKERS OF PLATELET ACTIVATION and ASSOCIATION BETWEEN ANXIETY DISORDERS AND CIGARETTE SMOKING, NICOTINE DEPENDENCE AND MOTIVATION TO QUIT SMOKING

Authors: Karolina Sukackaitė, Ksenija Kravcovaitė. Supervisor: Viktorija Andrejevaitė MD, PhD

LINKAGE BETWEEN SMOKING, BLOOD PRESSURE AND BODY MASS

Authors: Liucija Barškytė, Kristina Žukaitė. Supervisor: Viktorija Andrejevaitė MD, PhD

GLYCATED HEMOGLOBIN AND LIPID PROFILE CORRELATION WITH ANTIDIABETIC DRUG CHOICE IN LATVIAN FAMILY MEDICINE PRACTICES

Author: Beate Ulmane. Supervisor: Gunta Tīcme, M.D.

THE ISSUE OF WEIGHT MANAGEMENT IN SLEEP APNEA PATIENTS PRACTICES

Author: Agnė Krživickytė, Justina Kučinskaitė. Supervisors: Rasa Gauronskaitė MD, Irina Liustrickytė MD, Andrius Komarovec MD, Vaiva Kumpauskaitė MD, Dalia Balčienė MD, Rolandas Zablockis MD, PhD, Prof. Edvardas Danila

THE DYNAMICS OF TUBERCULOSIS MORBIDITY IN THE REPUBLIC OF BELARUS AND NEARBY COUNTRIES (break exhibition)

Authors: Anastasiya Aleksandrovna Vankovich., Yelena Romaschenko. Supervisor: Ass. Prof. G. L. Borodina, M.D., PhD

MORTALITY FROM TUBERCULOSIS IN REPUBLIC OF BELARUS AND OTHER COUNTRIES OF THE EUROPEAN REGION OF WHO (break exhibition)

Authors: Anastasiya Aleksandrovna Vankovich, Yelena Romaschenko. Supervisor: Ass. Prof. G. L. Borodina, M.D., PhD

14.30-15.30. Lunch and posters exhibition

15.30 – 18.00. Workshops

18.00 - 18.20 Award ceremony

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PEDIATRIC SESSION

REASONS AND WAYS OF ADOLESCENTS DELIBERATE SELF-POISONING IN PEDIATRIC HOSPITAL

Authors: Augė Lesinskaitė¹, Rokas Šambaras¹

Scientific research supervisor: dr.asc. prof. Odeta Kinčinienė²

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²Vilnius University Faculty of Medicine, Clinic of Children Diseases

Keywords: Self-poisoning, Adolescents, Suicide.

Introduction: Alcohol consumption and drug use among minors is a sensitive issue in many parts of the world. Alcohol consumption and drug use among Lithuanian minors is greater than what is considered the average in the European Union (EU). A surprising 87% of minors in Lithuania have consumed alcohol at least once in their lives, whereas the average percentage in the EU is 80%. Moreover, 20% of Lithuanian minors have tried drugs, while the EU average is 18%. Minors who have attempted suicide by overdosing on medication or other chemical substances are also brought in pediatric hospital. Suicide among minors is an especially relevant issue in many countries. When minors have suicidal thoughts and attempt suicide, the frequency of recurring actions increases, and so does the probability of successful suicide.

Aim: to evaluate deliberate self-poisoning peculiarities and circumstances between two groups: I – self-poisoning with aim to get inebriated, II - with clear aim of suicide.

Materials and methods: the retrospective study that includes patients aged <18, with deliberate acute self-poisoning by medicaments, drugs or alcohol between 2014 and 2016 was performed in Vilnius City Clinical Hospital PICU. I and II groups were compared according to sex, age, season of intoxication, severity of intoxication (GCS), used substances, other self-harm.

Results: during the study 390 cases were analysed. In I group there were 305 (78,21%), in II group - 85 (21,79%) cases. Gender distribution in I group: 62% boys and 38% girls ($p<0,05$), in II group - 13% boys and 87% girls ($p<0,05$). In group I dominant season was winter (31,2%) and spring (30,9%) in group II. Severity of intoxication was compared by GCS: in group I average score was 11,46 and 13,42 in group II ($p<0,05$). In the majority of cases in group I the cause of intoxication was alcohol 72,8%. In the majority of the cases in group II the main cause of intoxication were medications 88,9%, most commonly - benzodiazepines (43%). Other self-harm: 14% in I group, 66% in II group ($p<0,05$).

Conclusions: girls are more likely to self-poison with aim of suicide, and boys - to get inebriated. Mostly adolescents attempt suicide in spring, while, in winter, most adolescents try to get inebriated. GCS scores were lower between adolescents who tried to get inebriated, the most commonly used substance was alcohol. Most common used medications to commit suicide were benzodiazepines.

PERINATAL HUMAN IMMUNODEFICIENCY VIRUS INFECTION: THE CARE DURING PREGNANCY, LABOUR AND NEONATAL PERIOD

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Keywords: HIV infection, pregnancy, congenital HIV, Zidovudine pharmacoprophylaxis.

Introduction: Although medical management of HIV has reduced the overall incidence of HIV, it is still a significant issue. HIV infection in pregnancy may increase the risk of postpartum infection and infection-related mortality. Without treatment, approximately 15–30% of infants born to HIV-positive women can become infected with HIV during gestation and delivery, with a further 5–15% becoming infected through breastfeeding. Successfully identifying HIV infection during pregnancy through screening tests is essential in order to prevent in utero and intrapartum transmission of HIV. Properly applied prophylaxis during ante-, intra-, and postpartum periods reduce the risk of perinatal HIV transmission to less than 2%. We present a recent case of the patient admitted to the Children's Hospital, Affiliate of Vilnius University Hospital Santaros Klinikos.

Case report description: A 28 years-old HIV infected woman got pregnant. HIV infection was diagnosed 8 years ago and she was treated with antiretroviral drugs ever since. During her pregnancy no RNA copies were found. She was also tested for syphilis and hepatitis and the results revealed negative. Oligohydramnion has been identified during obstetrical examination. A woman gave birth at 40th gestational week on natural paths and a baby boy was born. His Apgar score was 9 and his general condition was satisfactory. The blood sample was taken right away for the special HIV RNA copies analysis based on the suspicion of congenital HIV infection and the preventive treatment with *Zidovudine* was started.

Conclusion: Pregnancy in HIV-infected women is associated with adverse maternal and newborn complications. Therefore pregnant HIV-positive women should be followed during all perinatal period in high-risk healthcare centers. For the prevention of HIV transmission from mother to child the antiretroviral treatment during pregnancy and labour is recommended for HIV-positive women and for their newborns right after birth. Providing proper care to the pregnant woman and the newborn allows to expect good outcomes.

Summary: A young HIV infected woman got pregnant and was treated with antiretroviral drugs during her pregnancy and labour. Her newborn got preventive antiretroviral treatment based on the suspicion of congenital HIV infection and further examination of his condition was carried out.

PREVELANCE OF IGE-RELATED ALLERGY AND ASSOCIATION WITH RISK FACTORS IN A GROUP OF LATVIAN CHILDREN WITH FOOD ALLERGY

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Keywords: IgE antibodies, children, food allergy, risk factors.

Background: Prevalence of allergic diseases has grown rapidly and continues to rise. Recently the role of IgE in the development of allergy has been discussed. Although the most common foods that cause an increased allergic response are cow's milk, eggs, wheat, fish, and peanuts, the most allergenic products could vary in different populations. In addition, several factors as type of delivery, breast feeding, family atopy and the use of antibiotics in the first year of life could influence the development of allergy.

Purpose: To detect the proportion of IgE related food allergy and most often observed allergenic products among allergic children, and further, to analyse association between family anamnesis, type of delivery, breast feeding and presence of IgE related allergy.

Material and Methods: A retrospective study was carried out in children hospital "Gailezers" out-patient allergologist consultation, analyzing data about all children attending the consultation during 2016.

Results: The total patient sample included data about 174 children (107 male, mean age 6.7, SD±4.27 years). Total IgE antibody titre was elevated in 42% (73/174) in children. Total IgE levels were increased in 47% (34/73) children <6 years compared to 53% in children >6 years ($p=0.065$). In the majority of children specific IgE was elevated against the food panel with egg white, cow's milk, wheat, rice, peanut, soy bean protein - 65.3% (49/73), in 22.7% (17/73) of children – against the panel of peanuts, hazelnuts, brazil nuts, almonds, coconuts; in 18,7% (14/73) and 13.3% (10/73) - against food panel with orange, apple, banana, peach and pork, beef, chicken meat, lamb meat, respectively. Allergy in family was observed in 34.7% (25/73) of children with IgE related allergy compared to 24% (24/101) among children with non-IgE related allergy ($p=0.002$). Breast feeding for five months was observed among 32.4% (23/73) of children with IgE related allergy compared to 21.4% (21/101) among children with non-IgE related allergy ($p<0.0004$). Antibacterial treatment was observed among 41.4% (12/73) of children with IgE related allergy compared to 24.3% (9/101) among children with non-IgE related allergy ($p=0.053$). Type of delivery was observed among 26% (19/73) of children with IgE related allergy compared to 9.3% (9/101) among children with non – IgE related allergy ($p<0.0004$).

Conclusions: Large proportion of the studied allergic children had non-IgE related allergy, arising discussion about the role of other factors in the development of allergy. However, the most often observed allergens were similar to data from other populations. Allergy in family anamnesis and breast feeding more played a role in the development of IgE-related allergy compared to non-IgE related allergy.

WHAT AFFECTS PUBLIC VIEWS ON ROTAVIRUS IMMUNISATION?

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Keywords: rotavirus, rotaviral infection, rotavirus immunisation, children's health.

Introduction: Infants and young children are more frequently exposed to rotaviral infection. The most prevalent form of this infection is rotaviral gastroenteritis, which often causes severe dehydration and requires further hospitalization. The immunisation against rotavirus rates are still low regardless availability of effective rotavirus vaccine.

Aim: To ascertain common opinions regarding rotavirus vaccination and evaluate level of knowledge about rotaviral infection in society.

Methods: We used anonymous on-line questionnaire to survey Lithuanian residents. The questionnaire consisted of 18 questions that were used to examine the knowledge of rotaviral infection and opinions on vaccination against it. Data was analyzed using IBM SPSS Statistics 22.

Results: 169 respondents filled the questionnaire. 156 (92,3%) were female and 13 (7.7%) were male. Average age was $33 \pm 0,7$ years. 146 (86.4%) respondents stated to have knowledge of rotavirus and related infection. 122 (72.2%) asserted that rotaviral infection (RVI) is a serious disease and 164 (97%) believed it to be more dangerous for children. Study participants tended to overestimate their knowledge of RVI, in detail, only part of them indicated the appropriate treatment method ($p > 0.05$). Correct and partially correct treatment method was specified by 28 (16.6%) and 121 (71.6%) respondents respectively. 144 (85.2%) participants were aware about rotavirus vaccination. Information about the vaccine 67 (39.6%) respondents acquired via physician, 65 (38.5%) – via the media, 15 (8.9%) - from relatives and friends. 115 (68%) believed that children need to be vaccinated against it. The participants, who referred doctors as source of the information, tended to have positive attitude for vaccination against RVI, however, the opposite trend emerged in the study group who received information from the media ($p = 0.03$). Also, positive opinions towards the immunisation were observed in participants' groups that believed RVI to be a dangerous disease and to have life-threatening complications (respectively, $p < 0.001$ and $p = 0.007$). The main reasons for non-vaccination were: 21 (60%) participants believed that the body must battle the infection naturally, 17 (48.6%) feared serious adverse effects and 10 (28.6%) did not trust the vaccine.

Conclusions: The majority of respondents were aware of rotavirus infection. Two-thirds of study participants supported the vaccination against rotaviral infection. The participants' attitude toward vaccination against rotaviral infection was related to the source of information: respondents who were informed by a doctor were more likely to support vaccination.

CUTANEOUS LARVA MIGRANS IN DENMARK

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Keywords: Cutaneous larva migrans, ring shaped lesions, helminthic infection.

Introduction: Cutaneous larva migrans (CLM) is one of the most common helminthic infections in tropical and subtropical regions of the world. Nevertheless several cases of CLM have been reported from non-tropical countries.

Case report: An eighteen-month-old male infant was presented at hospital with migrating lining shape lesion under the right foot stretching up the lateral side of the foot which started 2 days ago. The lesion formed rings which were with a diameter of approximately five millimetres. Beside his infraction the patient was otherwise in good health with no signs of itching, inflammation or pain and with no known allergies. He walked and ran freely. The patient's family kept no pets and had not travelled outside the country. However six days before the family were on a farm-holiday in Denmark where the patient had contact with ducks and a dog. The diagnosis of CLM was made clinically by the appearance of growing lesions. It was decided not to prescribe antihelminthic drugs because the patient was not severely affected and the lesions disappear without treatment within 4-8 weeks.

Conclusions: This case serves as a reminder that the lack of travel abroad should not automatically exclude diseases that are uncommon in the country one of which is CLM. In order to prevent cases of CLM people need to take precautions such as wearing swimsuits and sandals when being around warm and moist soil whether travelling outside of the country or not.

Summary: CLM is common helminthic infection in tropical regions, but several cases have been reported from non-tropical countries as well. This case report presents CLM in Denmark. An eighteen-month-old male infant was admitted to the hospital with ring shaped growing lesions on his right foot. Beside this infraction the patient was otherwise in good health with no signs of itching, inflammation, pain or dysfunction of the leg. The patient's family kept no pets and had not travelled abroad. The diagnosis of CLM was made and treatment was not prescribed because the patient was not severely affected and the lesions disappear without treatment within 4-8 weeks. This case report shows that the lack of travel should not exclude diseases that are uncommon in the country.

THE OPINIONS AND EXPERIENCE OF PARENTS IN LATVIA REGARDING POST-VACCINATION REACTIONS

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Keywords: Vaccination, post-vaccination reactions

Introduction: Vaccination is an important method for prevention of serious diseases; nevertheless, a significant number of parents decide not to vaccinate their children. One of the most frequent reasons for this decision is the possible occurrence of post-vaccination reactions. It is crucial to understand the opinion of the society about this topic to improve the information provided to patients by their doctor.

Aim: To determine the opinion of parents living in Latvia about vaccination, post-vaccination reactions and their severity.

Materials and methods: An anonymous questionnaire about the attitude of parents in Latvia regarding post-vaccination reactions and general information about the person. The surveys were distributed in social media. Target audience was parents in Latvia with children under 24 years old.

Results: 176 parents took part in the survey. 95.5% (n=168) were female, and 4.5% (n=8) were male. 82.4% (n=145) of respondents had higher education. 42% (n=74) of respondents noted that their children have all vaccines required in the National vaccination calendar of Latvia as well as additional vaccines, while 42% (n=74) of respondents had children with only the vaccines required in the National vaccination calendar of Latvia. 12.5% (n=22) were vaccinated against some diseases, and 3.5% (n=6) were not vaccinated at all. Respondents were most afraid that their children might experience the following post-vaccination reactions: febrile temperature - 62.5% (n=110); seizures - 57.4% (n=101); loss of consciousness - 50.6% (n=89); inactivity or paleness - 50% (n=88). 49.4% (n=87) of parents stated that, in their opinion, their children have experienced post-vaccination reactions. Most common post-vaccination reactions were the following: elevated temperature - 77% (n=67), 36% (n=24) of these - febrile temperature; pain and/or redness around the injection place - 45% (n=39); and anxiety or crying for a long time period after the vaccination - 20% (n=17). 64.4% (n=56) of the parents whose children experienced post-vaccination reactions informed their general practitioners.

Conclusions: A significant number of parents (16%) still choose not to follow the National vaccination calendar of Latvia. This causes a higher risk for diseases to spread in the society. Many parents are attentive towards their children's health and notice changes in it after vaccination. Many of them do not consult with their doctors to find out whether the symptoms are related to vaccination. As observations by parents can be misleading, they might influence the spread of incorrect information regarding vaccination in wider society, therefore active involvement of general practitioners is crucial.

THE COMPARISON OF EPIDURAL ANALGESIA AND OTHER LABOR PAIN MANAGEMENT METHODS EFFECT ON THE DELIVERY OUTCOMES

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Keywords: anesthesia, labor pain management, obstetric technique.

Introduction: The epidural analgesia is one of the most commonly used anaesthesia method for labour pain management. Nevertheless, it was found, that epidural analgesia is associated with an increased risk of delivery outcomes and assisted vaginal birth.

Aim: To investigate the effect of epidural analgesia compared to systemic opioids or non-pharmacological pain management methods on the vaginal delivery outcomes and risk of birth canal traumatism.

Methods: 207 women were assigned to the study. All parturient were divided in two groups: I group 42,03% (n=87) – deliveries under epidural analgesia with ropivacaine 0,125% were included and II – control group, including parturient which gave birth under intravenous opioids and non-pharmacological pain management methods 57,97% (n=120). Information about duration of the labour stages, number of the birth canal injuries and instrument assisted vaginal deliveries were collected and relation between chosen analgesia methods was checked. Statistical analysis was performed using IBM SPSS 23 statistics version.

Results: The first and the second stage of labor also general delivery time were longer in I compared to II group (median of first stage of labor in I group – 7h (min 2h; max 16h) vs in II group – 5h (min 1,5h; max 13h) $p<0,001$; median of the second stage of labor in I group 35m (min 10m; max 1h 20m) vs II group 25m (min 11m; max 1h 36m) $p=0,003$; median of general delivery time in I group 7,5h (min 2h 39m; max 16h 45m) vs II group – 5,5h (min 2h; max 13h 25m) $p<0,001$). Instrumental delivery rates were higher in I group (episiotomy I – 69%, n=60 vs II – 45%, n=54; $p<0,001$). Frequency of tear of vagina was significantly higher in II group (I – 0%, n=0 vs II – 5%, n=6; $p=0,034$). No statistical difference in duration of third stages of labor, tear of cervix, labia and perineum tissues was found ($p>0,05$).

Conclusions: According to our study, epidural analgesia statistically significantly prolongs the first and the second stages of labor and general delivery time, also increases frequency of instrument assisted deliveries compared to parturient who received systemic opioids or non- pharmacological pain management Methods: Regardless of that, tear of vagina statistically more often occurred when epidural analgesia was not chosen.

NEWBORNS WHO HAS BORN LARGE FOR GESTATIONAL AGE ASSOCIATION WITH OVERWEIGHT AND OBESITY IN PRE-SCHOOL CHILDREN IN LATVIAN FAMILY MEDICINE PRACTICES

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Keywords: Large-for-gestational age, childhood overweight and obesity, BMI.

Introduction: Childhood obesity is one of the most serious health challenges of the 21st century. According to World Health Organization data in 2016 worldwide about 41 million children under the age 5 and over 340 million children aged 5-18 were overweight or obese. According to the data 18% of girls and 19% of boys are overweight. Risk factors of overweight and obesity are various: one of them is infants who have born large-for-gestational age (LGA).

Aim: Aim of the study was to find correlation between LGA infants and childhood obesity and overweight in pre-school age, using body mass index analyze.

Materials and methods: Retrospective study included data of children up to age 7. Using measurements of height and weight after birth, at age 1,3,5 and 7. According to children weight after birth, they were divided in two groups. Firstly, children who have born with weight under 4000 grams and, secondly, group with weight over 4000 grams (LGA). BMI for each child has been calculated.

Body mass index (BMI) formula: $BMI = \text{mass (kg)} / \text{height (m)}^2 \text{ (kg/m}^2\text{)}$. Risk of children with overweight (>1 SD) and obesity (>2 SD) was obtained by analyzing BMI with Standard deviation (SD) using Z-score data. Data was analyzed by Microsoft Office Excel 2016 and IBM SPSS Statistic Subscription programs. Study includes 100 children - 40 girls and 60 boys. 20% of children were born with weight above 4000g. 30% of them were girls and 70 % boys.

Results: Overweight and obesity were observed at age 7 for 30% of children who were born LGA. Study showed that 17% of girls born with LGA were overweight at age 7, while none of them had obesity. Girls born with weight under 4000 g, 10% were overweight and 12% had obesity at age 7. Boys born with weight over 4000 g, 21% were overweight and 14% had obesity at age 7, while 12% of boys born under 4000 g were overweight and 7% obese at age

7. 10% of cases, overweight in age 1,3,5 and 7 was for children who has born LGA. 5% children who has born LGA overweight was observed for the first time at age 3 and 5% at age

5. 5% children who has born LGA obesity was observed for the first time at age 7 and 5% at age 7.

Conclusion: Study shows that boys who have born with LGA have 9% higher risk to be overweight and 7% to have obesity at age 7, than children who has born under 4000 g. Girls at age 7, who has born LGA have 7% higher risk to be overweight, but 12 % smaller risk to have obesity, than in group under 4000 g. 10% of children who has born LGA and already were overweight in age 1 and risk increases by 6.7% every second year. Study shows importance of taking regular weight and height measurements and BMI calculation for every child yearly.

ATYPICAL FORM OF A BENIGN ROLANDIC EPILEPSY IN CHILDHOOD: A CASE REPORT

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Keywords: Epilepsy, centrotemporal, child, electroencephalogram.

Introduction: Epilepsy with centrotemporal (CTT) spikes on electroencephalogram (EEG) is one of the most common form of epilepsy in childhood. It can occur in children aged 5 to 11 years old. Typically, Rolandic epilepsy involves facial and/or hand seizures which can become bilateral tonic-clonic. However, leg symptoms related to the Rolandic epilepsy are rare. Here is a case presentation of an uncommon manifestation of the Rolandic epilepsy.

Case report description: A 11-year-old boy with previous neurologic symptom (transient feeling of tension on the left leg) admitted to the emergency room complaining about having seizures which lasted for approximately 20-30 sec with loss of awareness. Even though the patient was stable when he arrived he was hospitalized for further research. Head MRI scan was established which showed no evidence of any focal damage on the brain. On the 2nd day of hospitalization normal and sleep EEG was performed during which an attack of epilepsy began from F8, T6 and T10 (CTT) areas which was followed by a dystonic tension of left arm and leg and rapid bilateral generalization as well as post-ictal rhythmicisation of delta waves in the latter areas. Diagnosis of cryptogenic Rolandic epilepsy with focal to bilateral tonic-clonic seizures was made. Treatment with per oral Oxcarbazepine 300 mg was initiated for seizure prevention and buccal Midazolam 10 mg was prescribed to treat ictal period if it lasts more than 5 min. A month after discharging from the hospital a patient needed to see neurologist for whom he had complained about short tenseness on the left leg which can be terminated by moving the limb. EEG was repeated which displayed a focal paroxysmal activity in left and right CTT areas. According to this the dosage of Oxcarbazepine was increased to 600 mg per day. For now, in control of general practitioner a patient claimed that no previous symptoms had repeated since the last hospitalization 1 month ago.

Conclusion: Rolandic epilepsy is considered to be benign due to no impairment on child's development and cognitive function. As for diagnosis MRI scan shows no focal abnormalities on the brain but nocturnal EEG may confirm the diagnosis by displaying high-voltage spikes in CTT area. For first line treatment Oxcarbazepine should be prescribed.

Summary: It is a case of a specific form of epilepsy. MRI scan showed no focal damage on the head brain therefore, EEG was performed which displayed seizures with CTT spikes. Oxcarbazepine was prescribed which evidenced a good therapeutic effect after increasing the dosage. A month after previous hospitalization no symptoms of epilepsy had recovered.

THE ROUTINE IMMUNIZATION IS NOT A RISK FACTOR FOR ATOPIC DISEASES

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Keywords: immunization, atopic diseases, children

Introduction: There are frequent concerns about early immunization among the parents of children at heightened risk for atopy. However, the epidemiological data about the association between the routine immunization and atopy according to the previous studies is inconsistent.

Aim of the study: To analyse the association between the routine vaccination during the first 6 months of life and the development of atopic diseases until 6 years of age.

Material and methods: In year 2016 a retrospective case-control study was conducted. An electronic database in an out-patient clinic was used. Information about patients was gathered by filling a pre-compiled original questionnaire. The children were classified into the groups according to the vaccination accomplishment until 6 months of age: fully vaccinated - Ist group; partially vaccinated - IInd group (if received at least one vaccine from the routine vaccination schedule); not vaccinated - IIIrd group (if have not received any vaccine).

Results: the study consisted of 284 (55.04 %) boys and 274 (44.96 %) girls, born in 2009. Of 516 patients 319 had at least one atopic disease diagnosis: asthma, allergic rhinitis and/or atopic dermatitis. To 197 children no atopic disease was ever diagnosed.

The Ist group consisted of 493 (87.98 %) children, the IInd group of 42 (8.14 %) and the IIIrd of 20 (3.88 %) children. We found no association between routine immunisation during the first 6 months of life and increased risk of atopic dermatitis and/or asthma, and/or allergic rhinitis manifestation up to 6 year of age ($p=0.447$).

Conclusion: the routine childhood immunization in the first 6 months of life is not associated with an increased risk of atopic diseases. Atopic children are particularly vulnerable group therefore vaccination in infancy is necessary to protect them from the infections which can lead to serious health problems.

CHRONIC PORTAL VEIN THROMBOSIS IN CHILDHOOD: CASE REPORT

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Keywords: Portal vein thrombosis, portal hypertension, chronic thrombocytopenia.

Introduction: Portal vein thrombosis (PVT) refers to a total or partial obstruction of the blood flow in this vein due to a thrombus formation. PVT is not frequent in the pediatric age group; however, this is an important cause of portal hypertension and shows as main morbidity the upper gastrointestinal bleeding. Children may develop PVT secondary to liver transplantation, infections, splenectomy, sickle cell disease, chemotherapy, or the presence of antiphospholipid antibodies. PVT may manifest as an acute abdomen, particularly in adolescents. In addition, it may be asymptomatic for long period until symptoms reflecting chronic portal hypertension, i.e. splenomegaly or gastrointestinal bleeding secondary to esophageal varices, occur. Duplex Ultrasonography (DU) is the preferred initial diagnostic method for children with suspected venous thrombosis. Beta-blocker therapy is used as primary varices bleeding prophylactic therapy.

Case report description: We present the case of a 7 year-old girl. The patient had history of recurrent episodes of infectious gastroenteritis, abdominal pain, fever and post infectious thrombocytopenia (PLT $65-109 \times 10^9/l$) since she was 1 year old. After infections, the platelets amount reached the lower limit of normal level. Since the age of 4, she has been observed by children hematologist. Biochemical blood profile, liver enzymes and anti HCV antibodies did not indicate any abnormalities. Abdominal DU and Computer Tomography angiography showed chronic PVT, collateral circulation, portal vein cavernous transformation, fluid in abdomen, splenomegaly and anastomosis in left retroperitoneal space. Stool microbiological analysis displayed abundant growth of pathogenic protozoa *Blastocystis hominis* and *Endolimax nana*, therefore esophagogastroduodenoscopy was performed. It revealed erosive duodenopathy, eritemic gastropathy and esophageal varices F1. Thus there is a very high probability that the cause of PVT is recurrent abdominal infection, which increased hypercoagulable state in portal vein. Other possible risk factors, such as protein S or C deficiency and antiphospholipid syndrome should be rejected. Treatment targets complications and includes primary prophylaxis against upper gastrointestinal bleeding.

Conclusion: PVT can be asymptomatic for a long period until symptoms, reflecting chronic portal hypertension, occur. The initial manifestation of chronic portal thrombosis could lead to recurrent post infectious thrombocytopenia.

Summary: The initial manifestation of chronic portal thrombosis could lead to recurrent post infectious thrombocytopenia caused by splenomegaly. Treatment targets complications and includes primary prophylaxis against upper gastrointestinal bleeding.

COMPARISON OF PREGNANCY, LABOUR AND NEWBORN OUTCOMES BETWEEN OPTIMAL AND ADVANCED MATERNAL AGE

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Keywords: maternal age; delivery; maternal outcomes; neonatal outcomes.

Introduction: Recent decades have showed an increase in mean maternal age at childbirth in most high-resourced countries. Advanced maternal age has been associated with several adverse maternal and perinatal outcomes.

Aim: The aim of this study was to compare perinatal, obstetric and newborn outcomes between women aged 20-29 years and 35 years or older and to estimate whether adverse outcome was related to maternal age.

Materials and Methods: This is a retrospective study in women aged >35 years (109 women) and in a control group of women aged 20-29 years (100 women) who delivered during 2015 in the Vilnius City Clinical Hospital. Age was the main independent variable of interest. We calculated adjusted odds ratios of individual severe maternal and perinatal outcomes in these women. Statistical analysis was performed using the SPSS, version 23.0.

Results: We enrolled 209 women, from whom 109 women were older than 35 years. The mean age in the study group at the time of delivery was $37,4 \pm 0,22$ years and in the control group $25,35 \pm 0,23$ years. In study group, 54,6% of women gave birth by cesarean section; in control group 21% ($p < 0,05$). The average time of vaginal delivery in the study group was $567,08 \pm 28,08$ min and $488,36 \pm 21,33$ min ($p < 0,05$) in the control group.

No statistically significant difference was observed in both groups between other outcomes - pregnancy-related illnesses (anemia, gestational diabetes, arterial hypertension), infant condition (Apgar rating, cord blood pH value), congenital malformations, early neonatal morbidity (hypotrophy, congenital infection and glucose metabolism disorders) ($p > 0,05$).

Conclusion: Vaginal birth among women older than 35 years lasted statistically significantly longer than women of optimal age. Older women were 2,6 times more likely to give birth by cesarean section than younger woman.

No significant difference in all other outcomes - pregnancy-related illnesses, infant's postnatal condition, congenital malformations, incidence of early neonatal morbidity was observed between both groups.

VITAMIN B12 DEFICIENCY ANEMIA IN CHILDHOOD: A CASE REPORT

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Keywords: vitamin B12 deficiency, megaloblastic anemia

Introduction: Megaloblastic anemia is an uncommon problem in childhood that is most frequently associated with vitamin deficiency or gastrointestinal disease. A timely detection of the deficiency and adequate treatment with vitamin B12 can prevent serious and irreparable damage and improve the development of the child.

Case report description: 7 month old boy arrived to an emergency department because of vomiting, diarrhea, sluggishness and somnolence. He was hospitalized in the Center for Pediatric Oncology and Hematology for more detailed examination. Anamnesis morbi: 1.5 month vomits 1-2 times per day. Episodic green mucus feces. Diarrhea appeared before 4 days. Anamnesis vitae: born from the second pregnancy, first birth, by artificial insemination. Birth weight 2500g. Jaundice after birth. Mother is vegetarian for 5 years. Breastfeeding until now. Objectively: moderate severity condition. Sluggish, pale and yellowed. Dry lips. SaO₂ 97%. Weight 7kg (5th percentile). Small wound under the tongue. Edema under the eyes. Normal abdominal ultrasound. Consultation of otorhinolaryngologist: acute stomatitis. Pediatric hematologist consultation: macrocytic anemia, leukopenia, suspected haemoblastosis. Blood tests show: severe neutropenia, leukopenia, lymphocytosis and macrocytic hyperchromic anemia (HB 69g/l, MCV 111,8fl, MCH 37,9pg). Hemolysis, hyperbilirubinemia, poikilocytosis, anisocytosis, basophilic stippling are presented. Vitamin B12 concentration - very low (43μmol/l). Decompensated respiratory alkalosis and hypoxemia reflect severe condition. Coprogram: gastrointestinal dysfunction. Bone marrow examination was done. 14 days of hospitalization. Diagnosis: Severe vitamin B12 deficiency anemia. Leukopenia. Acute stomatitis. Gastrointestinal dysfunction. Exicosis I-II degree. Treatment: Cyanocobalamin 140μg x 1 subcutaneously, transfusion of red blood cells, intravenous infusions. Blood tests and general condition showed a recovery.

Conclusion: Recent studies have shown that a vitamin B deficiency in children occurs more often than previously assumed. It may be associated with changing maternal eating habits and inadequate vitamin B12 concentration. This clinical case reflects non-specific symptoms and typical laboratory tests of vitamin B12 deficiency anemia caused by mother vegetarian. It helps to expand the knowledge in order not to miss and prevent a serious disease.

Summary: 7 month old boy was hospitalized because of symptoms of gastroenteritis and exicosis and changes in blood tests. 14 days of hospitalization and various laboratory tests were required to diagnose and treat vitamin B12 deficiency anemia. A long specific treatment is necessary to avoid irreparable damage.

COMPARISON OF SATISFACTION WITH PAIN MANAGEMENT DURING THE DELIVERY WITH EPIDURAL ANALGESIA AND WITHOUT

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Keywords: Epidural analgesia, labor pain management, satisfaction with pain management, ropivacaine 0.125 %.

Introduction: Patients giving birth often describe the pain they feel during the delivery as one of the strongest they ever felt. Nowadays medicine offers these patients various ways of pain management. Nevertheless, there is a lack of information and majority of patients are unsure, if the epidural analgesia is the best choice, when considering risk-benefit ratio of this method.

Aim: To compare the satisfaction with pain management during the delivery with epidural analgesia and without.

Materials and methods: 237 cases were analysed of patients who were treated in VUL Santaros klinikos between August 2017 and January 2018. Demographic data was collected and a questionnaire with ten-point scale (1 point – highly unsatisfactory, 10 points – highly satisfactory) about satisfaction with pain management was given out to patients. Regarding analgesia type all cases were divided into two groups: I group – patients, who underwent the labor with epidural analgesia using ropivacaine 0.125 %, II group – patients, who underwent the labor with other type of analgesia or without analgesia. Groups were compared by satisfaction with analgesia. Data was processed with Microsoft Excel 2016, and analysed by IBM SPSS® (version 23.0). Differences were considered to be statistically valid if $p < 0.05$.

Results: 201 patients were included in the research (30 cases were excluded, because of conversion to caesarean section, 6 – because of epidural analgesia failure): I group consists of 40.3 % (n=81) of patients and II group consists of 59.7 % (n=120) of patients. Visual analogue scale (VAS) score after 20 min. and after 2 hours after inducing analgesia was significantly lower in group I than in group II (after 20 min. - $p < 0.001$; after 2 hours – $p = 0.016$). General satisfaction with analgesia did not significantly differ, depending on which analgesia method the patient chose (median of I group was 10 points (min 6, max 10) vs II group - 9 (min 5, max 10); $p = 0.118$). 87 patients (100 %) from group I and 63 patients (52.5 %) from group II would choose epidural analgesia for pain management during next labor.

Conclusions: Epidural analgesia reduces VAS score significantly better than intravenous opioids and non-pharmacological pain management methods, but general satisfaction with all pain management methods was similar. Patients, who previously gave birth under epidural analgesia, choose this pain management method statistically more often in the future.

PERINATAL COMPLICATIONS IN GESTATIONAL DIABETES MELLITUS: COMPARISON BETWEEN GOOD AND POOR GLYCEMIC CONTROL

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Keywords: gestational diabetes mellitus, pregnancy complications, fetal complications, glycemic control.

Introduction: Gestational diabetes mellitus (GDM) is glucose intolerance that is first time diagnosed during pregnancy. It is most common pregnancy complication and it is associated with increased risk of maternal, perinatal and neonatal short-term and long-term complications. It is important to detect GDM early because frequency of adverse outcomes can be reduced by the appropriate management of GDM.

Aim: To examine fetal and maternal pregnancy outcomes in women with GDM and compare in groups with good and poor glycemic control.

Materials and methods: This was a retrospective study of the 241 pregnant women (mean age 32 ± 4.01 years) who underwent a 75 g Oral Glucose Tolerance Test (OGTT) and GDM was diagnosed. Maternal complications during pregnancy, delivery and fetal complications were determined. We compared prevalence of perinatal complications in good and poor glycemic control groups.

Results: In our study 161 (67 %) of women had a good glycemic control and 79 (33 %) had a poor glycemic control. It was found that women with poor glycemic control have a statistically significant increase to deliver by Caesarean section in comparison with women with good glycemic control (39 % and 24 %, respectively; $p=0,012$). Fetal complications like hypoglycemia (11 % and 2 %, respectively; $p=0,005$), hyperbilirubinemia (11 % and 2 %, respectively; $p=0,002$), heart septal defects (10 % and 1 %, respectively; $p=0,001$) were statistically significant higher in group with poor glycemic control. However, there was no statistically significant correlation between these two groups in pregnancy induced hypertension or pre-eclampsia (15 % and 7 %, respectively; $p=0,061$), polyhydramnios (5 % and 7 %, respectively; $p=0,061$), fetal macrosomia (22 % and 16 %, respectively; $p=0,252$), and birth traumas (5 % and 5 %, respectively; $p=0,975$).

Conclusions: Our study demonstrates that perinatal complications in women with GDM are common. Women with poor glycemic control have a statistically significant increase to occur perinatal complications in comparison with women with good glycemic control. So GDM early detection and proper management are important to reduce adverse pregnancy outcomes.

EPILEPTIC SEIZURES AS A MANIFESTATION OF CAVERNOMA

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Keywords: Seizures, epilepsy, cavernoma, cerebral cavernous malformation.

Introduction: Cerebral cavernous malformation (CCM), also known as cavernoma, is a vascular malformation that can occur at any site within the central nervous system. It consists of endothelium-lined caverns, which are without mature vessel walls and do not typically include brain parenchyma. CCM is usually asymptomatic and found incidentally, but sometimes the clinical manifestation may be haemorrhage, progressive or transient neurologic deficits or seizures that mostly occur in adults with supratentorial CCM. We are reporting a case of cavernoma, which caused epilepsy in adolescent.

Case report description: A 15-year-old male was presented to the hospital after the episode of generalised seizures, which occurred at night and lasted for 5 minutes. During the next 10 minutes he was unresponsive. Such episode was the first for the patient, no family history of epilepsy has been reported before and neurological examination did not show any abnormalities. Electroencephalogram was performed detecting intermittent right frontal epileptic activity. The head magnetic resonance imaging (MRI) revealed the partially calcified lesion with a characteristic “popcorn” appearance and a rim of signal loss without perifocal oedema. Antiepileptic drugs were prescribed and initial follow-up MRI after 6 months was recommended. After 4 months the second generalised seizure occurred, thus the option of surgical treatment was chosen for cavernoma resection (*Craniotomia temporalis dextra, exstirpatio cavernomatis et focus epilepticus*). After the surgery, antiepileptic drug treatment was continued and regular follow-up visits were recommended. The seizures did not recur after the resection.

Conclusion: One of the symptoms, produced by cerebral cavernous malformation, may be epileptic seizures that have a great impact on social functions and quality of life. Cavernomas can be detected by MRI due to their specific appearance, though it is angiographically occult. Moreover, it is essential to assess whether the patient's seizures in a causative relation with the CCM. There is no generally accepted algorithm for the treatment, though an initial conservative approach, using antiepileptic drugs in patients with a single seizure episode, is recommended. Because CCMs can grow and bleed over time, follow-up imaging is important. Epilepsy surgery should be considered in people with pharmaco-resistant seizures.

Summary: We present a case of cavernoma, which manifested generalised epileptic seizures. Antiepileptic drugs were prescribed for the initial therapy, however, due to a recurrence of seizures, surgical treatment was chosen and postoperative seizure freedom was achieved.

PEDIATRIC VESICoureTERAL REFLUX. CASE REPORT

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Keywords: Vesicoureteral reflux, hydronephrosis, nephrosclerosis

Introduction: Vesicoureteral reflux (VUR), or the retrograde flow of urine from the bladder into the kidneys. Such disorder can result in recurrent kidney infections, which can cause damage and scarring to the kidneys. Most children with VUR present in hydronephrosis and clinical urinary tract infection (UTI). Children with hydronephrosis typically progress through evaluation and treatment in the absence of clinical illness.

Case report description: The boy was hospitalized on his third day of life in the Full Term Newborn Department for further nephrological examination and treatment due to antenatal hydronephrosis. Anamnesis vitae: born from the second pregnancy and birth on the 40th week of gestation by vaginal delivery. Mother is 23 and father 27 years old. Both parents are healthy. The first child had a cleft palate. Thrombocytopenia and upper respiratory tract infection were presented and antibiotics were used during the pregnancy. From the 32nd week of gestation mother was observed due to fetal hydronephrosis detected by prenatal ultrasonography. Birth weight 3850g, height 54cm. Apgar score: 10 points. Objectively: tight skin and enlargement of scrotum (hydrocele). No other pathological findings. Blood tests show impaired renal function: pCO₂ 40,4mmHg, HCO₃ 22,7mmol/l, blood creatinine level 42mkmol/l. Renal ultrasound showed III° bilateral hydronephrosis, dilated left (10mm) and right (18mm) major calyces and nephrosclerosis. Cystoscopy and cystography showed IV° bilateral vesicoureteral reflux. Treatment: 14mg intravenous gentamicin once-daily (5days). Prophylactic antibiotics: 1ml Sulfamethoxazole and Trimethoprim once-daily in order to avoid urinary tract infections. The patient was discharged with recommendations from pediatric urologist: repeat urinalysis, blood creatinine level test. Consultation of pediatric nephrologist at 1 month and pediatric urologist after 3 months.

Conclusion: It is important to select appropriate postnatal imaging studies and to follow-up based on the clinical scenario and to prescribe prophylactic antibiotics to those patients most likely to benefit. Nephrosclerosis is a sequel of a high grade VUR. Severe reflux (grade V or bilateral grade IV) that is unlikely to spontaneously resolve, especially if renal scarring is present requires a surgical treatment. Surgery repairs the defect in the valve which keeps it from closing and preventing urine from flowing backward. It is highly successful in experienced hands.

Summary: The boy was hospitalized on his third day of life due to antenatal hydronephrosis. It was detected on the 32nd week of gestation by prenatal ultrasonography. Blood tests showed an impaired renal function. Diagnosed IV° bilateral congenital vesicoureteral reflux caused bilateral hydronephrosis and nephrosclerosis. The patient was treated with antibiotics and surgery is necessary to avoid irreparable renal damage.

DELIVERY BY CAESAREAN SECTION AND CHILDHOOD ASTHMA

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Keywords: caesarian section, bronchial asthma, children.

Introduction: the Caesarean section rates have increased dramatically around the globe. Data from 121 countries between 1990 and 2014 shows - the global average c-section rate increased by 12.4%. Across the Europe, the c-section rate currently stands at approximately 28 percent. Today, a great part of the Caesarean section operations are not medically required. New studies suggest that people born by C-section, more often suffer from the impaired immune system and chronic disorders, such as asthma, than people born naturally.

Aim of the study: to explore the association between delivery by Caesarean section and asthma until 6 years of age and compare with those born by vaginal delivery.

Material and methods: in April and May of 2016 a retrospective case-control study was conducted. Children, born in 2009, were selected from the electronic database in an out-patient clinic. Data about patients was collected using a pre-compiled original questionnaire. Preterm delivered children were excluded.

Results: the study consisted of 541 patients: 104 of them were delivered by Caesarean section and 437 children were born naturally. There were 274 (50,65 %) boys and 267 (49,35 %) girls in the selected population. In the group of children, delivered by Caesarean section 22 (21,2%) had asthma diagnosis. In the group of naturally born children – 73 (16,3%) had asthma diagnosis. 104 children were delivered by Caesarean section and 22 (21,2 %) of them had asthma diagnosis. We detected no greater risk for the asthma development after Caesarean section delivery ($p=0,841$).

Conclusion: Cesarean section delivery does not increase risk for asthma development later in life. Although it is strongly advised to be done only when it is medically required.

THE ROLE OF ALLERGIC SENSITIZATION TO THE RELATIONSHIP BETWEEN ATOPIC DERMATITIS AND ASTHMA IN CHILDREN

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Keywords: asthma, atopic dermatitis, allergy testing.

Introduction: Atopic march describes the progression from atopic dermatitis during infancy to asthma and allergic rhinitis in later childhood. Atopic dermatitis is being associated with the atopic march, but not every child with atopic dermatitis develop other allergic diseases later in life. Therefore, it is important to find factors, which could help to recognize the risk groups of allergic children in a daily practice. Some new publications suggest that sensitization to allergens is an important part of understanding the atopic march.

Aim of the study: To analyse the relationship between atopic dermatitis, with or without confirmed allergic sensitization by allergy tests, and manifestation of asthma in preschool age.

Material and methods: In 2016 a retrospective study was conducted. Patients were selected from the electronic database of “Centro poliklinika”. Data about the patients was collected using a pre-compiled original questionnaire. Children were assessed for asthma, atopic dermatitis, and allergy testing: skin prick test and allergen-specific IgE tests

Results: Of 216 patients 111 were boys and 105 - girls. All the selected participants had atopic dermatitis diagnosis. Of them 42 also had asthma. Allergy tests were positive for 85 children: 56 (65.88 %) of them had atopic dermatitis and 29 (34.12 %) of them had atopic dermatitis and asthma. A negative allergy test group consisted of 131 children: 118 (90.07%) of them had atopic dermatitis and 13 (9.93%) – atopic dermatitis and asthma. We found association between positive allergy tests and asthma diagnosis ($p < 0.05$). Atopic dermatitis without allergic sensitization was not associated with an increased risk of asthma. In contrary – atopic dermatitis with allergic sensitization significantly increased the risk of asthma (RR 4.7; 95% CI 2.27-9.73).

Conclusion: Atopic dermatitis with the confirmed allergic sensitization had a strong interactive relationship with asthma.

COMMUNICATION SESSION

THE RELATIONSHIP BETWEEN BURNOUT AND WORKING IN DIFFERENT DEPARTMENTS

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Keywords: burnout, nurses

Introduction: Professional burnout is an important problem affecting doctor - patient relationships and doctors' physical and mental health. It is important to investigate burnout causes and related factors in order to reduce the rate of this problem.

Aim: To evaluate professional burnout frequency in therapeutic, surgical and intensive therapy departments and to detect possible relationship between burnout and working in different hospital departments.

Materials and methods: In cross-sectional study a sample of 101 nurses were examined. A questionnaire was structured of demographic information about age, work load, work experience, and a Maslach Burnout Inventory Human Services Survey, which contains 22 questions. Professional burnout was estimated by evaluating 3 subscales: Emotional exhaustion – low ≤ 16 , moderate 17-26, high ≥ 27 ; Professional fulfilment – low ≤ 32 , moderate 32-38, high ≥ 39 ; Depersonalization – low ≤ 6 moderate 7-12, high ≥ 13 . Professional burnout was detected if emotional exhaustion and depersonalization were evaluated as high and professional fulfilment evaluated as low. Statistical analysis was performed with SPSS 17. To test the relationship probit models and dummy variables of different departments were used.

Results: The demographic structure of the sample was 101 women: 49 from therapeutic department, 22 from surgical department, 30 from reanimation and intensive therapy department. The average age was 42.4 years. Nurses who participated in the study on average had an FTE of 1.2 and had an average of 19.8 years of work experience. The prevalence of burnout syndrome was 32.7% in therapeutic, 40.9% in surgical and 50% in reanimation and intensive therapy departments. Cronbach's alpha 0.818. After running separate probit models which included different dummy variables no significant relationship between burnout and working in therapeutic ($p = 0.3504$), surgical ($p = 0.5972$) or reanimation and intensive therapy departments ($p = 0.8506$) was found. There was no significant relationship between burnout and age ($p = 0.8126$), or work experience ($p = 0.963$) either. On the other hand work load of nurses appears to be significantly ($p = 0.0021$) negatively (coefficient = -0.022) related to burnout.

Conclusion: The prevalence of professional burnout in nurses was highest in reanimation and intensive therapy department and lowest in therapeutic department. The research revealed that in the analysed data sample there appears to be no significant relationship between burnout of nurses and working in different hospital departments, however there appears to be a significant negative relationship between workload of nurses and burnout.

THE REASONS WHY PARENTS FIRST TURN TO EMERGENCY DEPARTMENT AT CHILDREN'S CLINICAL UNIVERSITY HOSPITAL AND NOT THEIR FAMILY DOCTOR

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Keywords: Parents, children, general practitioner (GP), emergency department (ED)

Introduction: Every day parents seek help at the EDOU due to children's health issues. Only about 20% of cases hospital treatment is necessary, otherwise help of a GP could be enough. This causes overcrowding at the ER, where parents and their children are waiting for a consultation of a pediatrician. The staff is busy and overworked due to the lower priority patients and the focus is shifted from those with higher priority needs. It causes frustration and anger with the healthcare system from all parents and patients.

Aim: To clarify possible reasons why parents prefer to seek hospital help first.

Materials and methods: A prospective study was carried out in 2017 by a random survey of parents and their children (n=300 patients), who received a lower priority (yellow, green, white) in the sorting process of EDOU, whose condition is more stable in comparison with higher priority (orange, red). Statistical analysis was performed using MS Excel.

Results: A total of 300 respondents (parents of children aged 0-17) were surveyed. 53% (157) of parents came to the hospital without any referral from a GP or ambulance.

The mean duration of illness at the hospital visit was 1.3 days (min-1; max -90). 41% (123) of the parents had not contacted their GP during this particular illness, and 64% (192) had not seen the GP prior to coming to the hospital.

The most common reasons for not going to the GP were: in 45% (85) – GP does not work in this hour/date; 46% (87) “other” reasons (GP is on a sick leave, GP is not a pediatrician etc.) in 13.8% (26) parents thought they could handle this on their own.

The most common reasons for coming to the Emergency department were: 45% (134) sudden deterioration; 35% (104) hospital provides more examinations, analysis and specialist consultations within a shorter time period; 19% (57) no improvement following GP recommendations.

On a scale of 1 to 10 (1- the worst, 10-the highest) parents rated their trust in GP as an average of 7.8 (mode 9, median 8, min 1, max 10), trust to the hospital as 8.7 (mode 9, median 9, min 1, max 10) and the communication with their GP as 8.3 (mode 10, median 9, min1, max 10).

19% (57) of all patients were hospitalized, 81% (243) were classified as primary care patients and sent home.

Conclusions: The majority of interviewed parents (53%) prefer to seek the hospital help, based on the higher hospital trust level comparing to GP (despite their trust in GP of 8). The results underline the need of improvement in primary child health care system, including both parent and staff education and doctor-parent-patient communication.

STRESS EVALUATION AND SUGGESTED IMPROVEMENT AMONGST FAMILY DOCTORS IN LATVIA

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Keywords: Stress survey, family doctor, Stressors

Introduction: Stress is a biological response to a stressor - some environmental condition. High long-term stress can lead to an allostatic shift in bodily functions. Doctors experience high stress levels every day. British National Health Service (NHS) revealed that their general practitioners' stress levels are so high, almost 30% plan to quit in the next five years. Such big crisis might not affect Latvia, but recent family doctor strike and negative feedback

about the implementation of *e-veselība* (*e-health*) revealed major dissatisfaction.

Aim: Evaluate stress level of family doctors in Latvia, find possible stress causes, ask their opinion on how to improve their work environment.

Materials and methods: Surveys were sent electronically to family doctors in Latvia. The survey consisted of the personal data part, created by authors, and *Perceived Stress Scale* (1983), that evaluates stress level from 10 (lowest) to 50 (highest) points. Statistical analysis was performed using SPSS version 22 using Kruskal-Wallis test and Mann-Whitney U test.

Results: Data from 183 family doctors was obtained - 25 (13.7%) men, 158 (86.3%) women. The average stress level amongst men (28.88, SD ± 8.9) and women (31.01, SD ± 7.0) showed no significant difference ($p=0.191$). There was no significant stress difference amongst doctors working in different territories. Doctors who claimed that collaboration with the Ministry of Health and its related institutions stresses them out showed higher stress levels ($p<0.005$). 78 doctors admitted frequent sensation of burnout and showed an average of 34.99 (SD ± 5.76) points; occasional burnout sensation - 97 doctors with average 28.14 (SD ± 6.44) points; no sensation - 8 doctors, and scored 20.38 (SD ± 5.93) points on the stress scale ($p<0.005$). Regarding suggestions of how to improve the stressful work conditions, 85 (46.4%) doctors suggested changing factors concerning health system and bureaucracy, 20 (10.9%) doctors mentioned lack of funding, 21 (11.4%) doctors mentioned media and patient support, 33 (18.0%) doctors mentioned factors involving patient treatment - more time, less patients, improve treatment accessibility, etc.; 20 (10.9%) suggested recreational activities.

Conclusions: There is no difference in stress levels amongst genders or different work regions (Capital, city, countryside). Stressful collaboration with the Ministry of Health and its related institutions correlate with higher stress levels. Frequent burnout sensations correlate with higher stress rates. As the main improvement area for stress reduction, doctors mentioned decrease of bureaucracy.

EMPATHY AMONG HEALTH PROFESSIONALS: DIFFERENCES BY GENDER AND MEDICAL SPECIALTY

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Keywords: Jefferson scale of empathy (JSE), physicians empathy, health professionals

Introduction: Empathy is an important component of “professionalism” in medical practice. Researchers agree that empathy has a positive role in clinical outcomes and in improving interpersonal relationships. It remains unclear if the level of empathy is associated with physicians demographic and career interests.

Aim: to determine if a level of empathy among health professionals differs significantly depending on their gender and medical specialty.

Materials and methods: 106 health professionals from Vilnius University Santaros Clinics, Republic Klaipeda Hospital and Klaipeda Children’s Hospital responded to a survey containing the Lithuanian version of the Jefferson Scale of Empathy for Health Professionals (JSE-HP) and questions related to their demographic and professional characteristics. JSE-HP included 20 Likert-type items answered on a seven-point scale (1 = “strongly disagree,” 7 = “strongly agree”). Total item score was calculated. To identify difference of empathy among medical specialties, respondents were divided into two groups: “patient-oriented” specialties (respondents from family medicine, internal medicine, pediatrics, psychiatry) and “technology-oriented” specialties (respondents from anesthesiology, radiology, pathology, general surgery and surgical subspecialties). To identify difference of empathy among men and women, respondents were divided by gender. Data of 106 health professionals were analysed using SPSSv23 statistical package with Independent Samples T-test.

Results: Of 106 responders (mean age 40.4 years) $n=47$, (34.9%) were male, $n=69$ (65.1%) were female. Respondents’ distribution by medical specialty: $n = 61$, (57.5%) were “patient- oriented” , $n = 45$ (42.5%) were “technology-oriented”. Mean total empathy score according to gender was 115.5 ± 2.6 in male and 117 ± 2.5 in female with a statistically significant difference ($p=0.004$). Mean total empathy score according to medical specialty was $117,6 \pm 2.7$ in “patient-oriented” and $115,53 \pm 2.2$ in “technology-oriented” medical specialties with a statistically significant difference ($p=0.001$).

Conclusions: Female health professionals scored significantly higher in empathy than males. Physicians in “patient-oriented” medical specialties obtained a significantly higher average empathy score than those in “technology-oriented” medical specialties.

THE INFLUENCE OF FAMILY MEDICINE RESIDENT PRESENCE DURING FAMILY DOCTOR CONSULTATION ON PATIENT SATISFACTION

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Keywords: Family medicine resident; family medicine; patient satisfaction; family doctor consultation.

Introduction: This study was conducted to identify the influence of family medicine resident presence during family doctor consultation and impact that is made to consultations quality and patients satisfaction from a point of view of a patient, family doctor and resident physician. It is relevant because of growing need for family doctors and increased number of students which enroll into this residency program, raising questions about influence on patient satisfaction and quality of consultation, when resident physician is present accordingly.

Methods: A cross sectional observational study was conducted in two primary health care institutions accepting family medicine residents. Doctors and residents were asked to fill in a questionnaire after every consultation, while researcher helped patients to fill in their part of questionnaire. Each question had 7 possible answers from strongly agree to strongly disagree. The main outcome measures were patient satisfaction, patient view on how resident presence influenced the quality of consultation, family physician satisfaction with quality of consultation and teaching process, residents' satisfaction with their learning experience.

Results: The study involves 46 people: 40 participants, 3 family doctors and 3 family medicine residents. 116 questionnaires were returned: 40 from each family doctor and patient and 36 from family medicine resident. 36 consultations were with and 4 without family medicine resident in presence. Patient age varied from 24 to 82 years old and they were sorted into three groups by age: from youngest to 35; from 35 to 60 and from 60 to oldest. The difference between age groups was not statistically significant ($p=0.342$) in consultations with and without family medicine resident. Most patients (89%, $n=32$) were comfortable with the presence of family medicine resident. There were no significant differences between patients' satisfaction with consultation with and without resident physician presence ($p=1.00$). Doctors found that the majority of consultations (95%, $n=36$) was satisfactory as well. The difference between groups was not significant ($p=0.355$). In 80,5% ($n=29$) of consultations family doctors thought that patients learned more, because resident was present.

Conclusion: The presence of residency physician during family doctor consultation was satisfactory to all participating groups. These findings support the ongoing placement of resident physician in primary health care institutions as teaching facilities. This study should send a message to health care administrators and supervisors of residency programme to encourage cooperation of medical universities and primary health care institutions in the future.

STUDENTS' KNOWLEDGE OF PRIMARY CARDIOPULMONARY RESUSCITATION IN VILNIUS

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Keywords: CPR, students

Introduction: Literature shows that 70-80% of out-of-hospital cardiac arrests (CA) happen at home or public places. The first 3 links in the survival chain – early recognition and call for help, early cardiopulmonary resuscitation (CPR), and early defibrillation mostly depend on relatives or bystanders. Chances of survival can increase up to four times if CPR is performed during the first few minutes of CA.

Aim: To analyze high school students' knowledge of primary CPR. To test whether there is a link between gender and the awareness of CPR.

Materials and methods: A prospective study during the period of September – December 2017 was performed. Students from six different Vilnius' schools, who had participated in an educational project "Tuk tuk širdele – būk sveika 2017", were asked to fill out an anonymous pre-compiled multiple-choice questionnaire. Students aged 14-17, who had participated in primary CPR class, were questioned. Questionnaires had been filled out prior to lecture and hands-on practice. Questionnaires were comprised of 12 questions, which had been created to assess the knowledge regarding primary CPR. Statistical analysis was conducted via MS Excel and SPSS 23.0 software.

Results: 433 students had filled out the questionnaire (234 girls, 199 boys). The mean age of students was $16,5 \pm 0,76$ years. Only 28.14 % (n=56) boys and 29,06 % (n=68) girls had correctly answered the question „When is it acceptable to not perform CPR?“. 65.33 % (n=130) boys and 53.85 % (n=126) girls knew which human organ dies first if CPR is not initiated. 70 boys and 70 girls were aware of the correct depth for chest compressions for an adult. 37.19 % (n=74) boys vs 46.15 % (n=108) girls and 44.72 % (n=89) boys vs 56.41 % (n=132) girls had knowledge of recommended compression rate and compression to ventilation ratio. 77.37 % (n=335) students (183 girls and 152 boys) knew the purpose of an automated external defibrillator (AED). 43.19 % (n=187), of which 42.21 % boys and 44.02 % girls, were aware of when AED should be applied. 45.23 % boys (n=90) and 45.73 % (n=107) girls have correctly identified factors that correspond to a successful resuscitation. Boys have answered 49.08% of the questions correctly, girls – 46.74%. All in all, there was no link between gender and number of correctly answered questions ($p=0.118$).

Conclusions: Most of students knew what AED is used for. Less than 1/3 of students knew in which circumstances it is justifiable to not perform CPR. More than half of students knew which human organ succumbs to oxygen deprivation first. There was no statistically significant link between students' gender and number of correctly answered questions.

RELATION BETWEEN STUDENTS OF VILNIUS AND CARDIOPULMONARY RESUSCITATION

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Keywords: CPR, students

Introduction: Most of out-of-hospital cardiac arrests (CA) happen in a public place. It is important for every person to know how to perform primary cardiopulmonary resuscitation (CPR) as it could quadruple a person's chance of survival during the first few minutes of CA.

Aim: To find out whether students of Vilnius have ever performed CPR or have seen it being performed in real life and to compare students' knowledge of CPR according to age.

Materials and methods: A prospective study during the period of September – December 2017 was performed. Students from six different Vilnius' schools, who had participated in an educational project "Tuk tuk širdele – būk sveika 2017", were asked to fill out an anonymous pre-compiled multiple-choice questionnaire. 10-12th grade students, who had participated in CPR class, were questioned. Questionnaires had been filled out prior to the lecture. Students were divided into two age groups: I – 17-year-olds, II – 16-year-olds. Students younger than the age of 16 were excluded from the study. Statistical analysis was conducted via SPSS 23.0 software. Continuous variables were analyzed using Mann-Whitney U Test. Statistical significance was assumed when $p < 0.05$.

Results: 402 students were included in the study: 44.53% (n=179) boys and 55.47% (n=223) girls. 2.91% (n=12) students had performed CPR by themselves, while 9.22% (n=38) students had witnessed CPR being performed in a real life situation. Group I comprised of 264 students (43.94% boys and 56.06% girls), group II – 138 students (45.65% boys and 54.35% girls). 242 17-year-olds and 138 16-year-olds knew that by performing CPR a person, who has suffered a cardiac arrest, can be resuscitated, however, there was no statistically significant difference between groups ($p=0.464$). 92.05% group I and 92.75% group II students knew that one should perform CPR during cardiac arrest, ($p=0.652$). 35.23% (n=93) 17-year-olds vs 35.51% (n=49) 16-year-olds knew the correct approach to an unconscious person ($p=0.926$). 14.39% (n=38) of older students and 20.29% (n=28) of the younger ones have correctly identified circumstances when CPR could be discontinued ($p=0.405$). 44.32% (n=117) group I and 47.83% (n=66) group II students could correctly identify factors that lead to a successful resuscitation ($p=0.857$).

Conclusion: Less than three percent of students had performed and almost ten percent had seen CPR being performed in real life. There were no statistically significant differences in knowledge of CPR between the two age groups.

SEXUAL EDUCATION LEVEL OF HEARING IMPAIRED LATVIAN STUDENTS

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Keywords: Hearing impaired, sexual activity, contraception, students.

Introduction: Young people with disabilities are often seen as asexual by their families, care providers and society. Hearing impaired (HI) students have the same sexual health issues and they are as likely to be sexually active as nondisabled peers. It is found that HI students have poor knowledge about human sexuality and they are more likely to engage in unsafe sex.

Aim: The aim of the study was to investigate the sexual experience of hearing impaired students, their knowledge of contraception and compare their sexual behavior to regular high school students.

Materials and methods: The study group included 57 students aged 17 to 19. The HI consisted of 14 girls and 5 boys who studied at Riga Raina 8th evening (shift) secondary school and control group (CG) consisted of 28 girls and 10 boys who studied at Rezekne State Gymnasium No.1. An originally created questionnaire was used to collect data from respondents about their sexual experience and behavior. In hearing impaired group every question was explained by sign language interpreter. Analyzing was done using IBM SPSS, 23.0 version.

Results: 14 of 19 (73,7 %) HI students have had sexual intercourse while in the CG 55,3% (21 of 38) confessed to having a sexual relationship ($p=0.25$). 6 of 19 HI have had one night stands and 3 support having one night stands. In comparison 7 of 38 HI have had one night stands and 8 of them support such kind of behaving ($p=0.32$, $p=0.68$). 50% of the HI and half of the CG admitted having sex in the inebriated state ($p=0.1$). Most commonly used contraception method of sexually active HI students was male condom ($n=5$), coitus interruptus ($n=5$), no contraception ($n=4$). In comparison, CG students mainly chose male condom ($n=19$), coitus interruptus ($n=1$) and calendar method ($n=1$). 8 of 14 sexually active HI students never use contraception during sexual intercourse. In CG only 2 of 21 people never use contraception during sex ($p=0.001$). Hormonal contraception was admitted as the most effective contraceptive in 61,5% cases among HI, however, in CG 71,4% named male condom ($p=0.022$). As most common sources of information about sexual relationship in the HI group were named parents 47,4% ($n=9$), then internet 42,1% ($n=8$) and friends 36,8 % ($n=7$). CG admitted that school was the main source of information 60,5% ($n=23$), internet 55,3% ($n=21$) and friends 44,7% ($n=17$).

Conclusions: Studies showed that HI have less knowledge about a safe sexual relationship. Unfortunately, there is also a lack of understanding about STDs and a rare usage of any prevention. Consequently, there should be implemented comprehensive and medically accurate sexual education given by doctors for hearing impaired students.

IS IT POSSIBLE TO IMPROVE GENERAL PRACTITIONERS (GPs)' ATTITUDES TOWARDS SELF-ASSESSED GLYCEMIC CONTROL (SAGC) PRACTICES AMONG DIABETES PATIENTS: PILOT FOLLOW UP STUDY OF THE ROLE OF JOB CHARACTERISTICS IN PRIMARY CARE

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Keywords: General practitioner; self-assessed glycemic control; job characteristics; supervisor; support.

Introduction: The importance of patients' SAGC is related with supervisor's (SV) support for GPs'. The aim of the study was to discover, what working conditions were related with improvement of GPs' attitude towards their patients' SAGC.

Methods: 24 consecutive GPs took part in the study. 12, who were sceptic about the advantages of SAGC during first evaluation (average- 5.7/11) took part in follow up study. Both times GPs had to fill up the same questionnaires. Perceived SV support was measured by short version of Greenhaus, Parasuraman and Wromley (1990) scale. GPs had to indicate their fatigue at work as well as stress at work on 10 point Likert type scales. GPs' attitude towards their patients' SAGC were evaluated using average from 6 questions: GPs' general attitude; the impact of SAGC on GPs' decision making; the importance of SAGC in glucose parameters control; changes in consulting time; effectiveness of bidirectional cooperation; benefit-to-harm ratio of such cooperation. Each question had to be ranked from 0 to 11. The data were analyzed using Mann Whitney and Wilcoxon tests.

Results: No radical changes in GPs' job characteristics were found – the GPs felt alike stress ($M=7.7$ vs $M=7.8$) and fatigue at work ($M=7.4$ vs $M=7.3$), the same support by SV ($M=3.7$ vs $M=3.5$) compared to initial data. The results of attitude had significant changes from 0.6 to 3.2 points among different GPs (average scores $M=5.7$ at the beginning vs $M=7.2$ at follow up). Those 7 GPs who had more than 1.5 point higher attitude at a follow up were labelled as the 1st group, and those 5 GPs who had no such changes in their attitude were labelled as the 2nd group. The comparison of work conditions showed that GPs of the 1st group felt less fatigue ($M=6.9$) compared to 2nd group ($M=8.8$), $p=.026$ at the beginning of study. There were differences in evaluation of items: "My SV makes sure I get the credit when I accomplish something substantial" (M 1st=4.1 vs M 2nd=2.6, $p=.037$), "My SV gives me helpful feedback about my performance" (M 1st=4.0 vs M 2nd=2.6, $p=.048$).

Conclusions: The results show that the higher supervisors support and the less fatigue at work, the bigger positive changes in GP's attitudes towards SAGC can be reached. Knowing that GP's attitudes is a key factor for their behaviour, the change in attitudes may directly affect well-being of patients.

ADULTS SESSION

THE EFFECT OF DIFFERENT INTENSITY OF PHYSICAL ACTIVITY ON THE PRESSURE OF THE EYE

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Keywords: eye pressure, physical activity, glaucoma.

Introduction: Glaucoma is an eye disease which results in damage to the optic nerve and vision loss, it is caused by an increase in intraocular pressure. The main risk factor for this disease is increased eye pressure. The pressure of the eye depends on how much of the eye fluid is produced by the Ciliary body and how much of the fluid is eliminated through the trabecula. Glaucoma affects the drainage system of the eye. Normal intraocular pressure averages between 10-21 mmHg. The main treatment of Glaucoma, which can slow down or stop the progression of the disease, is to decrease the eye pressure. It is very important that Glaucoma patients receive advice on the intensity of physical activity they should choose to reduce eye pressure.

Aim: The aim of this study is to describe the effect that different levels of physical activity make on the eye pressure.

Materials and methods: The prospective study included 28 people of the age 24-28. They were randomly divided into two groups. The first group performed exercises with low physical activity (pulse reaches no more than 65% of their maximum pulse), and the second group performed exercises with high physical activity (pulse exceeds 80% of their maximum pulse). Icare tonometer was used to measure the pressure of the eye, and it was done 3 times: before physical activity, immediately after and 5 minutes after physical activity.

Results: The total average of eye pressure before physical activity was 17,6 mmHg; immediately after low physical activity - 15,29 mmHg and immediately after high physical activity - 19,71 mmHg. In the first group, 14,29% of participants had higher than normal (>21 mmHg) eye pressure, before the start of low physical activity. Immediately after the activity, the whole group had normal eye pressure. In the second group which performed high intensity physical activities, 7,14% of participants had higher than normal (>21 mmHg) eye pressure.

Immediately after the activity, 28,57% of the second group had higher than normal eye pressure.

Immediately after low intensity physical activity, the eye pressure decreased by 92.86% ($p<0.05$), and immediately after the high intensity physical activity the intraocular pressure increased by 85.71% ($p<0.05$). 5 minutes after low intensity physical activity, 71.43% of the first group still had lower intraocular pressure, while 42.86% of the second group still had higher eye pressure. There was no correlation found between different sexes.

Conclusion: Low intensity physical activity reduces the pressure of the eye, and high intensity physical activity increases the pressure of the eye. People with Glaucoma should perform low intensity physical activities, where the pulse does not exceed 65% of their maximum pulse.

CASE REPORT OF RAPIDLY PROGRESSING ECTOPIC ACTH SYNDROME: PECULARITIES OF DIAGNOSTIC AND TREATMENT STRATEGY

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Keywords: Ectopic Cushing's syndrome, neuroendocrine tumour, hypercortisolism

Introduction: Ectopic Cushing's syndrome (CS) is a rare endocrine disease emerging due to production of adrenocorticotrophic hormone (ACTH) outside the pituitary gland. It is caused by neuroendocrine tumours of the lungs, gastrointestinal tract, pancreas or others. In up to 30% of the cases, primary ACTH secreting tumor is not found.

Case report: Forty five year old woman presented with sudden onset and rapid progression of symptoms: muscle weakness, excess thirst, frequent urination, swelling and numbness of extremities, weight gain of 20 kg within 6 months, excess facial hair, irregular menstrual cycle. Upon inspection, typical Cushingoid appearance was described: round face, central obesity, thick neck and elevated blood pressure. Complete blood count, biochemical blood analysis, blood glucose and rheumatoid factor tests were normal, while morning plasma cortisol was elevated to 574 mmol/l (N 101-536 mmol/l). With the suspicion of CS the patient was referred to endocrinologist. Repeated morning plasma cortisol (666 mmol/l), ACTH (169 ng/l; N <46 ng/l), urinary 24 hours free cortisol (5032,720 nmol/24h; N 11-485 nmol/24h) were elevated. Circadian cortisol secretion rhythm was also imbalanced: concentration at 16 h 670 mmol/l, at 23 h – 593 mmol/l (N 79-478 mmol/l), suggesting hypercortisolism. High- dose dexamethasone suppression test revealed no suppression of cortisol, indicating possible ectopic ACTH secretion. Pituitary MRT found a small 3x3 mm lesion, suspecting microadenoma. Full body CT scans suspected lesion in the tail of the pancreas which was confirmed by MRT suggesting possible neuroendocrine tumour of 29x27x23 mm. Sinus petrosus sampling was performed to differentiate ectopic CS and Cushing's disease, however, unsuccessfully. Octreotide scan was also performed, revealing slight somatostatin receptor expression in the pancreatic lesion. Due to rapid progression of the symptoms, surgical removal of the pancreatic lesion was recommended and performed. Tail of the pancreas was resected and histological analysis confirmed well differentiated neuroendocrine pancreatic tumor. After the operation, plasma cortisol levels decreased to 103 mmol/l and on repeated test stayed in the normal range – 340 mmol/l; ACTH also dropped to normal – 16,16 ng/l. One month after the operation patient feels better – she is losing weight, does not complain of swollen face and extremities, has more muscle strenght.

Conclusions: Although rare, ectopic ACTH syndrome can be caused by pancreatic neuroendocrine tumors and present with classical features of Cushing's syndrome. Timely correct diagnosis and treatment is crucial important in order to prevent complications and save patient life.

Summary: Cushing's syndrome should be suspected in patients with characteristic clinical symptoms. In such cases they should be referred to endocrinologist for detailed examination in order to confirm the diagnosis and appoint appropriate treatment.

LYME DISEASE: FEATURES OF DIAGNOSTIC AND TREATMENT STRATEGIES AMONG FAMILY DOCTORS IN LATVIA.

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Keywords: Lyme disease, diagnostics, treatment.

Introduction: Lyme disease (LD) – an infectious disease caused by bacteria and spread by ticks. The most common sign of it is an erythema chronicum migrans that begins at the site of a tick bite about a week or two after it has occurred. According to ECDC, more than 360 000 cases having been reported over the last two decades. LD has been treated by antibiotics (1. place in Latvia is given to Doxycyclinum).

Aim: To figure out the most common LD diagnostic and treatment strategies among family doctors (FD) in Latvia and evaluate it basing on worldwide guidelines.

Materials and methods: Quantitative cross-sectional study. The main material: FD of different gender and age, who participate in conferences. Respondents (R) completed the survey voluntarily, anonymously. Data compilation and analysis is done by using Microsoft Office Excel 2010 and SPSS 22.0 (Crosstabulation, Chi-Square Test, Fisher's Exact Test).

Results: In total, 126 R were included. 32 – Riga, 54 – other cities and 40 – rural areas. Analysis has shown dependence between percent of using guidelines and location of FD's practice ($p=0.016$). 70% of FD in Riga use LD guidelines in their practice, 20% use lecture materials and 10% use their previous experience. Among FD in other cities of Latvia 46.4% use guidelines, 50% use lecture materials and only 3.6% use their previous experience. 70.6% of FD who work in rural areas base on lecture materials, 18.5% on guidelines and 11.1% on their previous experience.

Analysis of knowledge about early symptoms and management of LD has shown that 30-45 years old doctors orient themselves in it better, then the elder colleagues.

Acrodermatitis chronica is one of disease's late stage symptoms. Analysis of the results among age groups and their knowledge ($p=0.002$) has shown the following: 64.3% of FD in age group 30-45 years have chosen acrodermatitis as one of the symptoms in multichoice question of survey, 35.7% of them haven't chosen it. In age group 46-60 years 100% of respondents haven't chosen the correct answer as well as in age group 61-75 years.

Conclusion: Family doctors in cities use guidelines more often than the rural doctors. Elder colleagues much worse orient themselves in theoretical information, then the younger ones. I am looking forward to creation of united LD diagnostics and management guidelines for Latvian (or Baltic) FD, because knowledge and strategies of every FD are very different and not always sufficient.

UNUSUAL FIRST PRESENTATION OF PSORIASIS IN AN ELDERLY PATIENT: A CASE REPORT

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Keywords: psoriasis, plaque psoriasis, psoriatic arthritis

Introduction: 90% of all cases of psoriasis clinically appear as scaly, red-pink-colored plaques, with silvery scales that may show pinpoint bleeding, known as Auspitz sign, on the elbows, knees, scalp, lower back and legs. This distinctive clinical picture is the most valuable diagnostic feature. In addition, in 75% of patients, the onset is before 40 years. We present a case of atypical plaque psoriasis manifestation both in clinical presentation and age-onset.

Case report description: A 72-year old male presented to general practitioner complaining of persisting cough. Acute viral respiratory tract infection was diagnosed and usual symptomatic treatment was administered. The patient went to a hospital for a second opinion, where acute purulent bronchitis was diagnosed and clarithromycin was prescribed. 5 days later the patient arrived for another consult complaining about an unprecedented sudden non-itchy skin rash on legs and joint pain localized in wrists and knees, with the intensity of 7 out of 10. On clinical investigation a diffuse hemorrhagic rash with several scaly plaques was found on both calves, however, the removal of the scales did not result in pinpoint bleeding (negative Auspitz sign). No evidence of internal organ damage was found; diagnosis of other vasculitis limited to skin was made (ICD-10-AM L95.8) and per oral Prednisolone 15 mg per day was prescribed for outpatient treatment. Over the next 7 months several recurrences of the rash were diagnosed presenting on forehead, forearms and calves, for which prednisolone was prescribed and a dermatologist consultation was recommended. The appearance of the rash changed to scaly plaques, clinically similar to psoriasis. On dermatologist's examination, the diagnosis was altered to psoriasis, confirmed by skin biopsy.

Conclusion: Psoriatic rash can present itself in various forms, including hemorrhagic macules, extend the differential diagnosis to many skin lesions, including vasculitis. In addition, the uncommon manifestation of psoriasis conditions a patient having to consult with several specialists and prolongs the time of correct diagnosis and treatment. On such cases, skin biopsy is inevitable to confirm the diagnosis of psoriasis.

Summary: It is a case of an uncommon first presentation of psoriasis in an elderly patient. The patient presented with sudden symptoms resembling vasculitis limited to the skin. On dermatologist's consultation and biopsy, the rash was attributed psoriasis.

THE ROLE OF FAMILY PHYSICIAN IN CONTRACEPTIVE UNDERSTANDING AMONG LATVIAN FEMALE ADOLESCENTS

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Keywords: Primary health, contraception, adolescents.

Introduction: According to The Centre for Disease Prevention and Control of Latvia in the period from 2010 to 2016, there are a consistently high incidence of sexually transmitted diseases (STDs) caused by chlamydia (52 cases a year on average) in the age group of 15 to 17 years, and there are cases of syphilis, gonococcal disease, HIV, acute viral hepatitis B and C every year as well. In 2016 were registered 650 live births and 273 induced abortions under the age of 19 in Latvia.

Aim: To investigate Latvian female adolescent's knowledge of contraception and their attitude to the Family physicians (FP) as a source of information about reproductive health.

Materials and methods: The study group included 91 female respondents (R) aged 15 to 19, 50 R were from Rezekne State Gymnasium No.1., 51 R were from Riga State German Grammar School. An originally created questionnaire was used to collect data from respondents. Analyzing was done using IBM SPSS, 23.0.

Results: 54,9 % (n=50) of females confessed having a sexual relationship. Only 49,5% of R evaluated their knowledge about contraception as good. 56% (n=51) of R did not know if intrauterine contraception device prevents STDs. 5,5 % of females thinks that intrauterine contraception device prevents STDs. Out of all 50 respondents who admitted having sex 30 % use contraception rarely or never. 50% (n=25) had drunk alcohol or used drugs before sexual intercourse. Some interesting finding was that 17,6 % of females would not be worried if they got pregnant. Also, 13,2 % of females noted that they would not be worried if they got STDs. As most commonly used contraception method was named male condom in 53,8 % (n=49).

However, 12,1 % (n=11) did not use any method to prevent pregnancy or STDs. When asked what are the main sources of information used to educate themselves about contraception school 83,5 %, internet 79,1%, friends 46,2% were mentioned. On the question "If the family physician ever informed you about contraception?", only 11,0 % (n=10) of females answered affirmatory. 30,8 % (n=28) of females would feel self-conscious talking about contraception with FP. 80,2 % of respondents think that FP should educate adolescents about STDs, and 70,3 % that FP should educate adolescents about contraception Methods:

Conclusions: The data shows a picture of young female adolescent's poor knowledge about contraception. A negligible part of young females had consulted about contraception by FP. The third part of females felt self-conscious talking about contraception with FP. The study opens up a discussion if FP should take more initiative in adolescent's sexual education.

THE LEVEL OF KNOWLEDGE ON THE USE OF ANTIBIOTICS AMONG THE GENERAL POPULATION IN LATVIA

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Keywords: antibiotic usage, antibiotic resistance, antibiotic prescription

Introduction: Antibiotic resistance has become a major issue in healthcare worldwide due to growth of antibiotic availability and usage, especially unreasonable antibiotic prescription and incorrect usage. As a result of rapidly growing epidemics of antibiotic resistance, the infections caused by bacteria are more difficult to treat leading to rising costs of treatment, prolonged stay in healthcare facilities and increased mortality. One of action points to tackle this growing epidemic worldwide is to improve general public's awareness and knowledge about rational use of antibiotics.

Aim: To examine the level of knowledge of antibiotic usage and awareness of resistance among the general population in Latvia.

Materials and methods: A quantitative, cross-sectional study based on anonymous survey consisting of 36 questions about the general information of respondents, the availability of antibiotics, knowledge of antibiotic usage, application, side-effects, resistance and respondents thoughts about doctors' antibiotic prescribing habits was distributed via social networks and by meeting respondents of older age who do not have access to the internet. The target group of this survey was inhabitants of Latvia above the age of 18. IBM SPSS v.22 was used for statistical analysis of data.

Results: From 689 respondents who filled the survey, 649 (94.2%) have used antibiotics in their lifetime. Statistically significant differences among the age groups were shown in some questions about the use of antibiotics. Among the older respondents (≥ 71 age) 45.2% believe that it would be better if it was possible to purchase antibiotics over-the-counter ($p < 0.001$), as well as 35.5% of them do not follow doctor's instructions when using antibiotics ($p < 0.001$). 54.8% of older respondents think that antibiotics speed up the recovery from common cold ($p < 0.001$), 51.6% of them believe that antibiotics are effective against viruses ($p < 0.005$) and 58.1% think that antibiotics can be used against influenza ($p < 0.003$).

Conclusions: Younger respondents show higher level of knowledge of antibiotic usage and resistance than older respondents. Also older respondents more often do not follow doctors' instructions on how to use antibiotics. More than half of the respondents believe that antibiotics are over-prescribed by doctors. Lack of knowledge is shown regarding whether antibiotics are effective against bacteria or viruses, especially among older respondents. Research shows that further educational campaigns regarding antibiotic usage and resistance should be developed for the general population.

MEDICAL STUDENTS' VIEWPOINT FOR AND AGAINST VACCINATION AGAINST INFLUENZA

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Keywords: Seasonal influenza vaccination, medical students' viewpoint, for or against vaccination

Introduction: Annually during winter-spring season in Latvia appears epidemics of flu, which is associated with increase in mortality. According to data from Emergency center, during this period 10% to 40% of Latvian population gets sick. During previous season 2016-2017, 14 people died because to influenza. In general, according to data of Health Ministry of Latvian Republic, during influenza epidemic season of 2016-2017, 106651 patients were seeking for medical help, which is 5,4% from number of all inhabitants, with greater prevalence in age group of 15-64 years – 69524 cases. In review about influenza vaccination for year 2016, vaccination was performed for 21226 inhabitants. In Latvia is very low rate of immunization against influenza in society and among health care providers. **Aim:** The main purpose of the present study is to investigate medical students' opinion and arguments for or against influenza vaccination.

Materials and methods: Qualitative study with semi-structured face-to-face, recorded interviews was performed and analyzed using thematic analysis. 12 medical students of 1st 3rd and 6th year of Riga Stradinsh University were included in the study. From this university a sample was purposively selected to include students from different countries, years of study and different previous personal history of vaccination against influenza.

Results: Most of the students had no previous history of vaccination against influenza, from those who had, as a reason to vaccinate were mentioned parental decision, rules of working place and concerns about personal protection. Reasons not to vaccinate were lack of information, low promotion of vaccination, good immunity state, payment and need of extra time to vaccinate. All students mentioned social and personal benefits of influenza vaccination and less mentioned risks of vaccination. Everyone would recommend vaccination for people in risk groups and some would also recommend it for relatives and friends. In general students see importance of vaccination for people in risk group and those who are working with patients see importance of vaccination for themselves as well.

Conclusion: More information about vaccination, promotion of vaccination among students, easy accessibility and free of charge vaccination for medical students could solve the problem of low vaccination rate among medical students, secondary promoting vaccination against influenza in society.

MULTIPLE CANCERS IN PATIENT WITH LI-FRAUMENI SYNDROME

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Keywords: Li-Fraumeni syndrome; multiple cancers

Introduction: Li-Fraumeni syndrome (LFS) is an inherited autosomal dominant disorder associated with abnormalities in the tumor protein p53 gene (TP53). It clinically manifests as various types of bone, soft tissue, breast or other cancers. Approximately 80% of malignancies occur prior to 45 years of age. LFS is as frequent as 1 in 5,000 to 1 in 20,000. We present a rare case of the patient with LFS (3 primary cancers caused by it). Until now LFS remain a challenge for oncologists in the terms of early diagnostic, treatment and prevention.

Case report description: A 39-year-old female with schizophrenia and class III obesity was complaining about a prolonged uterine bleeding, an excessive fatigue. She was admitted to National Cancer Institute in Vilnius and diagnosed with pulmonary embolism (PE) and 3 primary cancers:

-Stage IV endometrioid adenocarcinoma pT3N2M1 G3;

-Stage I leiomyosarcoma of the small intestine pT1NxM0 G2;

-Stage I invasive ductal carcinoma of the right breast cT1NxM0 G1

An urgent surgery was not possible due to PE, thus uterine artery embolization was performed to stop bleeding and 3 cycles of carboplatin chemotherapy for the endometrial cancer and goserelin for the breast cancer were assigned. LFS was suspected and confirmed with genetic testing.

A hysterectomy with bilateral adnexectomy, omentectomy, small intestine resection was performed and the patient received 6 cycles of cisplatin and doxorubicin chemotherapy for endometrial cancer. Due to further progression of endometrial cancer palliative paclitaxel chemotherapy was appointed.

The patient died of progressing endometrial cancer. A total patient's survival after the diagnosis was 16 months.

Conclusion: A young female was diagnosed with LFS and 3 primary cancers. Different treatment types (surgery, chemotherapy) were applied. The patient died 16 months after the diagnosis, due to progressing stage IV endometrial cancer.

Summary: LFS must be suspected if a patient or his first degree relative develops various types of cancer prior to 45 years of age or a sarcoma at any age. The management of malignancies is the same as for other individuals without this syndrome. A genetic consultation is recommended also for patient's family. After the confirmation of LFS regular cancer screening tests are recommended.

PULMONARY EMBOLISM IS A DISEASE THAT YOU HAVE TO THINK OF IN ORDER TO SUSPECT IT

Authors: Rūta Vosyliūtė, Eglė Kabašinskaitė, 5th year medical students.

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Institution: Faculty of Medicine, Vilnius University, Lithuania.

Keywords: pneumonia, contraceptives, pulmonary embolism (PE).

Introduction: PE can be life-threatening condition which in 1/3 of cases is fatal if it is undiagnosed and untreated. According to WHO the diagnosis of PE should be suspected in patients with respiratory symptoms unexplained by other diagnosis. However, sometimes we may not think about this disease when the patient is in her 20's and symptoms are not specific.

Case report description: 24 year old female was admitted to Santaros Clinics (SC) department of pulmonology and allergology due to dyspnea, left side chest pain, fever and weakness. She was previously diagnosed with pneumonia and treated with Amoxicillin and Ac.Clavulanic for 7 days by general practitioner. Despite adequate antibiotic therapy CRP dynamic was negative ($64 \square 182 \text{ mg/l}$), the amount of fluid in the left pleural cavity increased and bilateral infiltration in the chest x-ray remained. During auscultation weak to no breathing sound was heard in the lower parts of the lungs. A patient had no chronic diseases and denied previous medication usage. Intravenous Amoxicillini and Ac.Clavulanic were prescribed, thoracic ultrasound and pleural fluid aspiration were performed. The fluid revealed to be exudate with neutrophilic cells dominance. After 6 days the patient was released for an outpatient treatment with oral antibiotics due to positive CRP dynamic ($182 \square 94,7 \text{ mg/l}$). One day later a patient felt a severe chest pain on the right side. NSAID did not relieve the pain, therefore the patient came to SC emergency room. Blood test determined neutrophilic leukocytosis ($\text{WBC}-17,3 \cdot 10^9/\text{l}$, $\text{NEU}-15,01 \cdot 10^9/\text{l}$) although CRP dynamic continued to be positive ($94,7 \square 66,7 \text{ mg/l}$). Even there were no signs of respiratory failure D-dimer concentration was tested and found to be elevated ($1165 \mu\text{g/l}$). Chest CT angiography revealed right lower lobar artery and bilateral segmental arteries embolism. Consolidation zones, revealing possible pulmonary infarction, were also seen bilaterally. A patient was rehospitalised. Clinical condition and vitals remained stable. Only after purposeful questioning, turned out that the patient used the contraception pills for 2 years. No origin of thrombus was found during superficial and deep leg vein ultrasound. Oral antibiotics and tab.Rivaroxabani were prescribed. In 6 days the patient's condition improved, chest pain and dyspnea decreased and the patient was released for an outpatient treatment continuing long- term anticoagulants and terminating the usage of contraceptives.

Conclusion: The mortality rate from PE is quite high. Therefore it is essential to suspect and to recognize this condition in order to begin treatment early and to avoid lethal outcome.

Summary: PE is a severe condition that can occur at any age and may co-exist with other respiratory diseases. It can affect people of all ages and manifest in nonspecific respiratory symptoms, therefore detailed anamnesis is crucial in order to suspect and diagnose this condition.

EARLY STAGE SUPERFICIAL MALIGNANT MELANOMA WITH UNUSUAL SYMPTOMS BEFORE DIAGNOSIS: A CASE REPORT

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Keywords: Early stage malignant melanoma, superficial spreading malignant melanoma, unusual symptoms, radical surgery.

Introduction: Malignant melanoma is a cutaneous cancer usually occurring in the epidermis. It is the most lethal malignant skin tumor which cases has increased over the past three decades worldwide. Superficial spreading malignant melanoma is the most common clinicopathological variant of the malignant melanoma. In many instances, it manifests in women on the lower leg. The tumor occurs as a macule with changeable pigmentation that is usually regressing. We present a case report of the early stage superficial spreading melanoma with atypical symptoms before diagnosis, which disappeared after the radical surgery.

Case report description: A 53-year-old woman 8 years ago came to general physician doctor (GP) with a headache, dizziness, buzz and pulsing in the right ear. She was tested by otorhinolaryngologist and neurologist who diagnosed unspecified autonomic nervous system disorder. After two months she suffered strong dizziness attack. Patient returned to GP with persistent dizziness, buzz in the right ear and weakness. Furthermore, she complained about newly enlarging pigmented nevus on the left arm. It was 0,5 cm size with heterogeneous pigmentation and regular edges. Patient was sent to the oncologist and after nevus examination surgical excision was recommended. Histopathologic examination of the surgical material was carried and stage 1 superficial spreading melanoma pT1A N0 M0, Clark invasion level 2, was detected. Because the excision was not radical, patient had wider reoperation of the scar. After surgical treatment, headache, dizziness, buzz in the right ear and weakness disappeared. Until now, there are no signs of progression of melanoma.

Conclusion: The “gold-standard” treatment of stage I melanoma is a wide excision. In this case superficial spreading malignant melanoma was detected on time and wide excision was performed. Unusual symptoms that occurred before diagnosis disappeared after the radical treatment.

Summary: Superficial spreading melanoma is the most frequent type of cutaneous melanoma, which is the most lethal malignant skin tumor. In this case, before melanoma on the left arm was diagnosed, the patient had unusual symptoms such as headache, dizziness, buzz in the right ear and weakness. All of these symptoms disappeared after radical surgery of melanoma.

COMMUNITY ACQUIRED PNEUMONIA (CAP) - CLINICAL CASE REPORT

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Institution: Faculty of Medicine, Vilnius University, Lithuania

Keywords: pneumonia, lungs, intensive care unit (ICU).

Introduction: According to WHO, pneumonia is the third most common cause of death worldwide, even though it can be prevented with simple interventions and treated with low- cost, low-tech medication and care. The possible fatal course of CAP shows our clinical report - the patient was untreated from CAP for 3 weeks, resulting in severe complications and the need of resuscitation for 6 times.

Case report description: 43 year old female who had fever and breathing difficulty for 3 weeks was transferred to Santaros Clinics emergency room. On a way to hospital asystole was observed, resuscitation, intubation, artificial ventilation were performed. After physical examination cyanotic skin, signs of strangled peripheral blood flow, rales and rhonchi bilaterally in the lungs, coma (GCS=5) were noticed. A patient was hemodynamically unstable (requiring NA infusion), tachycardic, SpO₂ was critically low - 46%. Blood test determined critical hypoxemia (pO₂-19,3mmHg), neutrophilic leukocytosis (WBC 25,01*10⁹/l; NEU 21,07*10⁹/l), increased CRP (207,2mg/l) and lactate (4,52mmol/l) level. Kidney function indicators were three times above normal range. Chest x-ray was made and stagnant lung changes, fluid in the right pleural cavity were observed. Ultrasound revealed left ventricle overload. Due to elevated D-dimers level (9830μg/l) a physician could not rule out pulmonary embolism (PE) therefore a CT scan was arranged. On a way to CT scan bradycardia and asystole episode repeated. Sinus rhythm was restored after resuscitation. CT showed thromboembolism in subsegmental arteries of left lung and multiple binding infiltrates. After console, CAP, PE, sepsis, septic shock, multiple organ dysfunction syndrome (MODS) were diagnosed and patient was admitted to an ICU. Sedation and ventilation were ensured, Sol. Tazocini, Sol. Heparini and adequate infusion therapy was applied. 4 episodes of ventricular fibrillation were observed during the first 24 hours. In dynamic pO₂ level significantly increased, lactate level decreased and pH rationed. Though blood test showed slow positive dynamics but infiltration in the right lung remained. Suspecting multiresistant pneumonia causative agent fibrobronchoscopy was performed, and bronchoalveolar lavage for bacterial culture was taken. After 2 days sensitive to most antibiotics H.influenza was cultivated. In the end patient had a good prognosis of full recovery, though it took 32 days of treatment in an ICU and 7 days in the Pulmonology department to stabilize the state of the patient.

Conclusion: CAP is easily preventable and in most cases easily treated disease if recognized and treated on time.

Summary: At first CAP can show no severe symptoms, though it is important to begin treatment as early as possible. If not treated properly, this disease can lead to complications as sepsis, MODS or even death. Delay of treatment leads to bigger risk and health care cost.

BONE METABOLISM CHANGES IN DIABETIC AND NON-DIABETIC PATIENTS AFTER KIDNEY TRANSPLANTATION

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Keywords: Diabetes mellitus, mineral bone disorder, kidney transplantation.

Introduction: Both types of diabetes mellitus (DM) cause alterations in bone metabolism, which are more pronounced as the renal function declines. Renal transplantation, on the other hand, improves bone condition. However, less is known about the changes in patients with DM. More and more patients that have DM undergo kidney transplantation. As a result, they have to be under constant observation by their family doctor. Therefore, it is important for a family doctor to identify high risk patients and understand the underlying mechanisms of these bone metabolism alterations.

Aim: We aimed to evaluate biochemical factors that play crucial role in bone metabolism and to compare them between diabetics and non-diabetics.

Materials and methods: We conducted a retrospective analysis of demographic and clinical data of 421 patients who underwent kidney transplantation in Vilnius University Hospital Santaros clinics 2008 - 2016. 48 patients had diabetes and 273 were non-diabetics. We excluded patients who were younger than 18 years, underwent transplantectomy during early period, developed new onset diabetes after transplantation (NODAT) or were lost during follow up. Concentrations of ionized calcium, total calcium, inorganic phosphorus, potassium, PTH, creatinine and other factors were evaluated at five different times (1 week, 1 month, 6 months, 1 year and 5 years after transplantation). Unpaired two-sided Student's t-test was used to compare two groups. A p-value < 0.05 was considered statistically significant. Statistical analysis was generated using Microsoft Excel 2016 and GraphPad Prism5.

Results: The average age of diabetic group was 42.96 ± 10.03 yrs. and 41.88 ± 12.92 yrs. of non-diabetic group, $p > 0.05$. Gender ratio (M:F) was 1.09:1 and 1.28:1, in diabetics and non-diabetics respectively, $p > 0.05$. Kidney function remained similar between the groups during study period. Starting the first week after transplantation, ionized calcium concentration was 1.11 ± 0.03 mmol/l in diabetics, whereas in non-diabetics it was 1.28 ± 0.016 mmol/l, $p < 0.05$. Similar distribution was seen after six months (1.16 ± 0.14 mmol/l vs 1.24 ± 0.12 mmol/l, $p < 0.05$). Later on, differences in inorganic phosphorus and PTH concentrations were observed (1.13 ± 0.22 mmol/l vs 0.98 ± 0.23 mmol/l and 13.94 ± 2.14 pmol/l vs 22.70 ± 4.06 pmol/l, $p < 0.05$, in diabetics and non-diabetics, respectively). Corrected for GFR, these changes remained the same between two groups, excluding the effect of renal function deterioration.

Conclusions: following renal transplantation diabetic patients had significantly lower calcium, PTH and higher phosphorus concentrations.

ANALYSIS OF HIGH AND INCREASED CARDIOVASCULAR RISK PATIENTS IN FAMILIAL HYPERCHOLESTEROLEMIA

Authors: Eglė Kabašinskaitė, Gabrielė Juškytė, 5th year students

Scientific research supervisor: assoc. prof. dr. Vilma Dženkevičiūtė, Vilnius University Faculty of Medicine

Institution: Vilnius University Faculty of Medicine, Lithuania

Keywords: Familial hypercholesterolemia (FH), coronary heart disease, Dutch score, high cardiovascular risk

Introduction: Patients with heterozygous familial hypercholesterolemia (FH) are at high risk of developing premature coronary heart disease (CHD). There is limited information whether FH patients are in higher risk to develop coronary heart disease than patients with increased cardiovascular risk.

Aim: To analyze prevalence of carotid atherosclerosis in a FH population to compare them with a high cardiovascular risk control population.

Material and methods: The study recruited 170 subjects (109 of those enrolled were at FH group and 61 in high risk control group) who participating in the primary cardiovascular prevention program. FH was diagnosed according to the criteria of the Dutch Lipid Clinic Network. Carotid plaques were assessed by carotid ultrasound. Data analysis was performed using IBM Statistical Program package SPSS 20.0. Variables with normal distribution were expressed as mean \pm Standard error of mean (SEM). The comparisons of FH detected by the different criteria used to diagnose FH were determined using chi-square test. P-values <0.05 were considered as significant.

Results: Average age of both groups is 54. Prevalence of risk factors appeared alike in both compared groups. The prevalence of smoking (23.7 % vs 33.3%; $p<0.1$), obesity (32.3 % vs %; $p<0.5$), diabetes mellitus (11.1% vs 8.1%; $p<0.76$), metabolic syndrome (64.7 % vs 36%; $p<0.001$) and familial history (32.3% vs 45.2%; $p=0$) was similar in both groups. In addition, we didn't find any statistical significant difference between groups when comparing count of atherosclerotic plaques in carotid arteries (58.4 % vs 36.1%; $p<0.7$).

Conclusions: The prevalence of carotid atherosclerosis is the same in FH patients when comparing to high risk population. However, further longitudinal research is required to involve other arterial territories in an expanded population.

ANALYSIS OF DIAGNOSTIC FAMILIAL HYPERCHOLESTEROLEMIA SETS FOR CAROTID PLAQUE

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Institution: Vilnius University Faculty of Medicine, Lithuania

Keywords: Familial hypercholesterolemia (FH), carotid plaque, Simone-Broom score, Dutch score

Introduction: Patients with heterozygous familial hypercholesterolemia (FH) are at severely increased risk of developing premature coronary heart disease (CHD) but can be asymptomatic for decades. Several clinical diagnostic criteria for FH are available like the Dutch Lipid Clinic Criteria (DLCC) or Simone–Broom (SB). Carotid plaque detection has proved useful in cardiovascular prediction and risk reclassification. Information regarding diagnostic or prognostic performances of carotid plaques against the DLCC or Simon-Broom is scarce.

Aim: To determine more sensitive diagnostic FH set for carotid artery plaque as a marker of higher cardiovascular risk.

Material and methods: The study recruited 170 subjects, who in 2016-2018 were examined under ongoing primary prevention program in Vilnius University Santaros Clinics cardiology department. Analyzed subjects mean age was 69±40 years. The presence of carotid artery plaque was studied by high-resolution ultrasound. Retrospective medical documents analysis was used to collect prevalence of cardiovascular risk factors. SB and DLCC classifications were used to determine patients with familial hypercholesterolemia. Patients not included in the FH group were assigned to control group. Data analysis was performed using IBM Statistical Program package SPSS 20.0. Variables with normal distribution were expressed as mean ± standard error of mean (SEM). The comparisons of FH detected by the different criteria used to diagnose FH were determined using chi-square test. P-values <0.05 were considered as significant. Sensitivity, specificity, positive, negative predictive and accuracy values were determined for positive FH diagnoses as defined by the positive FH by the DLCC against the SB Register criteria.

Results: We found the DLCC register criteria identified more individuals with FH compared to the SB (108 (63,5%) vs. 41 (24,1%)). 83 of those enrolled had carotid plaques. SB compared to control group (23 (57,5%) vs. 60 (47,6%), DLCC compared to control group (55 (66,2%) vs. 28 (33,7%). The DLCC criteria didn't show good diagnostic performance with specificity of 62,2% and sensitivity of 66,3% as well as SB criteria with specificity 20,5% and sensitivity of 27,7% value.

Conclusions: The SB score and DLCC criteria appeared to be not useful in identifying positive cases of carotid atherosclerosis as marker of cardiovascular risk in heterozygotes FH patients. Further research looking into a suitable diagnosis criterion with high likelihood of positive genetic findings is required.

COMPUTER VISION SYNDROME AMONG MEDICAL STAFF IN LITHUANIA: EVALUATION OF PREVALENCE AND PATTERNS

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Keywords: Computer vision syndrome, medical staff, prevalence, Lithuania

Introduction: Computer vision syndrome (CVS) is a group of accommodative, ocular surface related and extraocular symptoms experienced in relation to the use of digital devices. With medical system quickly becoming digitalized CVS can result in reduced productivity of medical workforce as well as general quality of life.

Aim: This study aims to analyse CVS prevalence and patterns amongst Lithuanian medical staff.

Materials and methods: 400 people filled a standardized questionnaire about CVS symptoms and its associated factors. 55 participants were excluded due to pre-existing eye disease, trauma and operations. SPSS descriptive and associative statistical analysis was performed with 345 remaining participants: 118 doctors, 91 residents, 136 nurses.

Results: Mean age was 36.5 10.7 years. 87.5% correspondents were female. Average computer usage was 6.11 2.6 hours/day. 90.1% of correspondents complained of at least one CVS related symptom. Independent of age, gender or medical profession the most common complaints were eye fatigue, neck/back/ shoulder pain, and eye strain. The prevalence of mild to moderate CVS was 51.3% and severe CVS – 14.8% amongst participants. The severity of CVS was associated with younger age group ($r = 0.102$; $p < 0.05$), higher daily computer usage ($r = 0.326$; $p < 0.01$), longer duration of the complains ($r = 0.268$; $p < 0.01$). Also, contact lenses use associates with duration of CVS complains ($r = 0.287$; $p < 0.05$). 78% of medical staff reported that they have not consulted ophthalmologist about their symptoms and 53.4% do not use eye-drops to relieve symptoms.

Conclusions: There is a high prevalence of CVS among Lithuanian medics, 51.3% having mild to moderate, and 14.8% severe CVS. Higher daily computer usage, younger age, longer duration of complains were all associated with severity of CVS. While use of contact lenses correlates with duration of CVS complains. If these results are proven to significantly decrease productivity of medical staff, workplace adjustments and optical treatment should be routinely implemented.

PAIN DURING MENSTRUATION: ASSOCIATIONS WITH BODY MASS INDEX, MENSTRUAL CHARACTERISTICS AND USE OF MEDICATION

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Keywords: Dysmenorrhea, menstrual characteristics, use of medications

Introduction: Dysmenorrhea is one of the most common gynecologic disorder affecting a woman's health and quality of life that requires adequate medical attention. Family doctor is usually the first health care specialist who have contact with these patients. Hence, there is a need to determine what factors are associated with dysmenorrhea to improve knowledge about women's health issues in primary health care.

Aim: The aim of this study was to assess the prevalence of dysmenorrhea and to evaluate its associations with age, body mass index (BMI), menstrual characteristics and use of pain medications among Lithuanian women.

Materials and methods: In a cross-sectional study, a multiple-choice questionnaire named "Pain during menstruation" was conducted among 354 Lithuanian women in January, 2018. Obtained data about BMI, length of menstrual cycle and menstrual bleeding, presence of dysmenorrhea, pain intensity grading using visual analogue scale (VAS) and use of pain medications was analyzed. Chi-square test was used for statistical analysis.

Results: 354 respondents participated in the study, aged 17 to 55 years old. 84% of the respondents suffer from pain during menstruation, most of whom (23%) rated it as very strong (score of 8-9 according to VAS). It was determined that dysmenorrhea was statistically significantly associated with the length of menstrual cycle ($p = 0,013$) and bleeding during menstruation ($p < 0,001$), but was not associated with BMI ($p = 0,559$). In the study dysmenorrhea was more commonly observed in women younger than 25 years of age, with a menstrual cycle of 28-35 days and menstrual bleeding for 5-7 days. The severity of the pain is statistically significantly correlated with the women's age ($p < 0,001$); a younger age is associated with more severe pain. To reduce the symptoms of a dysmenorrhea 36% of the respondents use a single drug, 34% use two, and 19% use more than two different pain medications. 11% of women do not use medications at all. The amount of pain medications used statistically significantly depends on the pain score ($p < 0,001$), but does not depend on the woman's age ($p = 0,108$).

Conclusions: Dysmenorrhea is statistically significantly correlated with women's age, length of menstrual cycle and menstrual bleeding. The amount of pain medications statistically significantly depends on intensity of pain during menstruation. BMI is not associated with dysmenorrhea.

MAXILLARY SINUSITIS TREATMENT AFTER UPPER MOLAR TOOTH EXTRACTION

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Keywords: odontogenic, maxillary, sinusitis, disease, inflammation, treatment

Introduction: Odontogenic maxillary sinusitis (OMS) - is a worldwide disorder, which is common for otorhinolaryngologists and oral and maxillofacial surgeons around the world. It is believed that odontogenic maxillary sinusitis make up about 10 - 12 percent of all cases of maxillary sinusitis. Surgical treatment may be dual: a classical operation may be performed (radical maxillary sinus Caldwell-Luc operation) or fistuloplasty - operation using mucoperiosteal flap.

Case report description: Patient V. Š. visited a doctor, because he complained of unilateral localization of the process, atypical, abundant and unpleasant smell of secretion from the nose and odontogenic pathology signs around the damaged sinus, pain and swelling. The symptoms gradually became worse and the patient decided to visit the doctor. When the patient's medical history was analysed it was observed that he had upper molar tooth extraction due to recommendation of an orthodontist. After evaluating the complaints and physical examination the doctor decided to do an X-ray, which showed that the patient had *sinusitis maxillaris lat. dex. Fistula oroantralis reg. 18 d.* As the patient had fistula in the oroantral part, firstly, the doctor decided to pass the conservative treatment of antibiotics to the patient (Sol. Amoxiclavii 1200 mg intravenous). Moreover, he administered sol. Dexamethasoni 4 mg I/V and sol. Ketanovi 30 mg I/V. When the patient started to feel better, the doctor performed fistuloplasty operation using mucoperiosteal flap. After full treatment the patient felt better and a couple of days later he was released home.

Conclusion: Odontogenic maxillary sinusitis starts out when microflora of the mouth enters into maxillary sinus, after Schneiderian membrane is damaged. This disease is characterized by the development of an inflammatory process in sinus maxillary, which is caused by infections in the upper teeth or surrounding structures around it. Odontogenic maxillary sinusitis is diagnosed based on patient complaints and physical examination. Furthermore, radiological investigation (radiographs or CT scan) is performed, in order to confirm or deny the odontogenic sinusitis. Treatment of odontogenic maxillary sinusitis is usually complex: starting with conservative medication and physiotherapy. If this treatment is ineffective, the patient needs surgical treatment. Patient prognosis after the treatment is generally well and only in rare cases the disease may become chronic. This clinical case demonstrates that there are different types of treatment, which can be performed in order to cure maxillary odontogenic sinusitis after extraction of molar teeth.

POLYMORBIDITY MANIFESTATION IN DIFFERENT AGE AND SEX GROUPS IN AN AVERAGE FAMILY DOCTOR PRACTICE IN LATVIA

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Keywords: Polymorbidity, family medicine.

Introduction: Polymorbidity is two or more chronic diseases in one individual, which is a major problem in the ageing population for both patients and health care system.

Aim: Our goal is to clarify the number of patients with polymorbidity in different age and sex groups in an average family doctor's practice.

Materials and methods: A cross-sectional outpatient cards study. Materials: an overview of the information on polymorbidity, a family doctor's practice outpatient cards. Quantitative methods: data extraction – valid information record in Microsoft Excel from outpatient cards that includes patient's age, sex, congenital and lifetime acquired chronic diseases; data collection - practice patient count from medical program MEDIUS. Qualitative methods: data analysis in SPSS, Microsoft Excel.

Results: From 1359 (583 men, 776 women) of researched family doctor's practice patients there are 599 (172 men, 427 women) or 44% patients determined as legitimate polymorbid patients in given age and sex groups. The patients were divided in 6 age groups:

1. 46 patients in the age group 26–45 (17 men, 29 women),
2. 105 patients in 46–55 (39 men, 66 women),
3. 145 patients in 56–65 (39 men, 106 women),
4. 142 patients in 66–75 (42 men, 100 women),
5. 111 patients in 76–85 (27 men, 84 women),
6. 44 patients in the age group 86–95 (6 men, 38 women).

We found individuals who have 2 to 13 different chronic diseases. The most frequent diseases found were primary arterial hypertension 75.8%, dyslipidemia 62.9 %, spondylosis 51.3 %. Although the percentage of the count of chronic diseases scatters in the elder age groups we see a coherence of the patient age and count of chronic diseases. The highest prevalence of chronic diseases comparing the age groups: in the age group 26-45 more often we found 2(42%) or 3(34%) chronic diseases; 46-55 -> 4(25.5%); 56-65 ->2 (6.8%); 66-75 ->13 chronic diseases (1.4%), 76-85 -> 5(23.3%) or 10 (3.6%);86-95 ->9 (11.4%) or 10(4.5%) chronic diseases. If the patients sex is taken into account, it does not show significance on polymorbidity manifestation.

Conclusions: Scientific research concludes that 44% of the people in an average regional practicing family doctor's practice are polymorbid. Data shows that the number of chronic diseases scatters in different age groups, but we concluded that the elder the patient, the higher the count of chronic diseases an individual has. Therefore, we advise that physicians provide an individual management of polymorbid patients in family doctors practice to decrease the risk of complications and improve their quality of life.

THE POLYPHARMACOTHERAPY IN PSYCHIATRIC PATIENTS IN PRIMARY CARE

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Keywords: Polypharmacotherapy, psychiatry, primary care

Introduction: Primary care psychiatry patients often get more than one medication at one time. Polypharmacotherapy and drug-drug interactions play an important role in psychiatry patients' treatment in primary care, as it could have negative effects on patients' health.

Aim: To evaluate possibility of drug interactions between patients with different diagnoses and to test the relationship between possible drug-drug interactions and different diagnoses in primary psychiatry care.

Materials and methods: In retrospective study a sample of 417 patient cases were examined. Data about age, psychiatric diagnoses and prescribed medications at the last visit by the doctor were collected. Interactions between drugs were verified using Rxlist drug interaction tool. Using this tool, possible drug-drug reactions were evaluated as minor (interaction is unlikely, minor, or insignificant), significant (monitoring by doctor is likely required), serious (regular monitoring by doctor required or alternate medication may be needed), contraindicated (high risk for dangerous interaction). Statistical analysis was performed using Gretl software.

Results: The sample is structured of 417 cases: 268 women and 149 men. Average age of participants in the sample was 67.9 years. The polypharmacotherapy (two or more prescribed medications for one patient at one visit) prevalence was 41.9 %. In 21.7% of all cases, where polypharmacotherapy was detected, minor reaction was estimated, in 68.1% - significant and in 10.2% - serious interaction possibility was found. There were no interactions that qualified as contraindications found in the sample. Depression was diagnosed for 46.6% patients, for whom at least one interaction was found, 11.3% was diagnosed with organic mental disorders, 3.1% with bipolar disorder, none was founded with dementia, and 39% with other psychiatric diseases (neurotic, stress-related and somatoform disorders, or mental and behavioural disorders, etc.). It appeared that for patients with diagnosed diseases, that were not as usual, as others, the risk of drug combination with possible drug-drug interactions was significantly higher (p value $8.50e-05$). On the other hand, more common diseases, like depression appear to be non-significant factor (p value 1) to determine prescription of drugs with possible interactions in my data sample.

Conclusion: The research revealed that in the analysed data sample, the patients that have been diagnosed with psychiatric disease, that are not so common, are more likely to have a higher risk of drug-drug interactions. Although possible drug interactions are mostly not dangerous for the patient, it requires doctors' attention, especially if diagnosed disease is not frequent.

EXTENDED DIFFUSE LARGE B-CELL LYMPHOMA: A CASE REPORT

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Keywords: Diffuse large B-cell lymphoma, extended lymphoma, maxillary sinus biopsy.

Introduction: Diffuse large B-cell lymphoma is the most common subtype of non-Hodgkin lymphoma (NHL) that accounts for 30-58 percents of all cases of NHL. It is an aggressive (fast-growing) lymphoma which results in symptomatic disease over months. The surgical excision biopsy is the optimal diagnostic method of this disease and without treatment it would be unavoidable fatal. The important fact is that, in most of the cases, patients with this type of lymphoma is curable with immunochemotherapy, even if it is advanced. We present a case report of extended diffuse large B-cell lymphoma diagnosed by the biopsy of maxillary sinus.

Case report description: A 46-year-old man this year came to general practitioner due to around 2 centimeters lymph nodes on the right side of the neck, painful swelling on the right cheek and general weakness that, according to the patient, was lasting for about 2 months. Ultrasonography of cervical lymph nodes was performed and detailed examination of a patient was recommended because of an atypical findings of these lymph nodes. The lymph nodes cortical biopsy was performed but there was no information about the Results: After the CT scan of the head, unnormal changes of the right maxillary sinus was observed. To confirm the diagnosis, biopsy of this sinus was done and diffuse large B-cell lymphoma extended to the right maxillary sinus was found. For a more detailed examination and treatment options the patient was immediately sent to a hematologist. From the patient's history there was known that he was treated in one of the dental clinics where he also had the surgery of the right maxillary sinus, however, there is no more data about this surgery and its indications.

Conclusion: After a comprehensive examination our patient was diagnosed with extended diffuse large B-cell lymphoma by the maxillary sinus biopsy. Even there is no data about the patient treatment in the dental clinic, it can be assumed that the patient had some symptoms previously.

Summary: Diffuse large B-cell lymphoma is the most common subtype of non-Hodgkin lymphoma. This is an aggressive type of lymphoma and would be fatal without treatment. In our case, the patient was diagnosed with extended diffuse large B-cell lymphoma by the biopsy of maxillary sinus. Fortunately, even it is advanced, in most cases this disease is curable.

GERIATRIC SESSION

THE RELATIONSHIP BETWEEN PHYSICAL ACTIVITY AND QUALITY OF LIFE IN OLDER ADULTS

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Keywords: Physical activity, quality of life, older adults.

Introduction: The European Union has a growing elderly population, being about 19.3% in 2016 this number is projected to rise further, eventually reaching around 28.5% by the year 2050. This resonates a problem, since old age is inherently associated with an increase in multiple chronic conditions and persistent pain that ultimately leads elderly people to be less physically active. As physical functioning plays an important role in quality of life and well-being, this consequentially leads to questions regarding the conditions of elderly life.

Aim: To investigate the relationship between physical activity and quality of life among the older adults.

Materials and methods: The cross-sectional study was conducted in 2017 with participants from National Osteoporosis Center, Vilnius, Lithuania. Inclusion criteria: age over 60 years old; Mini–Mental State Examination test result 15 points and more; Voluntary agreement. Physical activity was evaluated by completing the Physical Activity Scale for the Elderly (PASE). Quality of life was measured using CASP-19 questionnaire, counting total score and Control (C), Autonomy (A), Self-Realisation (S) and Pleasure (P) domains scores. Statistical analysis were conducted using SPSS 18.0 for Windows program package.

Results: In total 130 participants complied with inclusion criteria and finished the study, 101 (77.7%) of them was females and 29 (22.3%) males. Mean age of participants – 69.9 ± 5.5 (60–88) years. The mean values of questionnaires scores were: PASE – 93.9 ± 67.7 (0–389.9), CASP-19 – 35.89 ± 10.33 (12–57). It was found that PASE score positively moderately correlated with total CASP-19 score ($r=0.48$, $p<0.001$), CASP-C score ($r=0.52$, $p<0.001$) and positively weakly correlated with CASP-A ($r=0.33$, $p<0.001$), CASP-S ($r=0.34$, $p<0.001$) and CASP-P ($r=0.34$, $p<0.001$) scores. Further correlation analysis in male group revealed that PASE score positively weakly correlated with total CASP-19 score ($r=0.46$, $p=0.006$), CASP-A score ($r=0.35$, $p=0.031$) and positively moderately with CASP-C score ($r=0.60$, $p<0.001$). In female group there was found positive weak correlation between PASE score and total CASP-19 score ($r=0.39$, $p<0.001$) and separate CASP-19 domains: CASP-C ($r=0.39$, $p<0.001$), CASP-A ($r=0.29$, $p=0.002$), CASP-S ($r=0.30$, $p=0.001$) and CASP-P ($r=0.30$, $p=0.001$).

Conclusions: Physical activity shown positive relation with quality of life among older adults aged 60 and above. Among females it was related with all four quality of life domains: control, autonomy, self-realisation and pleasure; while for the males it only showed relation with control and autonomy.

PHYSICAL PERFORMANCE ASSOCIATIONS WITH QUALITY OF LIFE AND COGNITIVE FUNCTION IN ELDERLY WOMEN

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Keywords: Physical performance, quality of life, cognitive function, elderly women

Introduction: Physical performance and activity are known as important determinants of health among the elderly. Lack of it is associated not only with higher rates of morbidity, mortality, disability, but also with decreased cognitive function, reduced independence and quality of life. Chronic diseases associated with aging frequently cause reduced mobility, thus ascertaining physical performance and its impact on latter domains is essential in elderly people.

Aim: To investigate physical performance associations with quality of life and cognitive function in elderly women.

Materials and methods: This cross-sectional study was performed in National Osteoporosis Center (Vilnius, Lithuania). Women aged 60 years and older were included. Exclusion criteria: physical or mental inability to provide signed informed consent and cognitive assessment (MoCA score) lower than 18 (mild cognitive impairment). Physical performance was assessed using hydraulic hand dynamometer (JAMAR, Patterson Medical, UK) to measure handgrip strength (HGS, kg/m²) three times for each arm (the maximal result was used for further analysis) and Short Performance Physical Battery (SPPB), that combines the results of the balance, gait speed and chair stand tests. Quality of life was evaluated by EuroQoL Five Dimensions three levels (EQ-5D) questionnaire with self-rated health status (EQ-VAS) scale. The statistical analysis was performed using SPSS software for Windows (version 18.0).

Results: The study sample consisted of 76 elderly women, mean age – 70.02±5.45 (from 60 till years). The mean scores of physical performance scales were as following: HGS - 28.26±4.19 kg/m² and SPPB total score - 10.99±1.16. The average of EQ-5D index, EQ-VAS values and MoCA scores were 0.81±0.13, 70.84±12.14 and 24.75±2.78, respectively. Further analysis revealed that HGS correlated with EQ-VAS score ($r=0.3$; $p=0.005$). SPPB total score was associated with EQ-5D index ($r=0.25$, $p=0.03$) and MoCA score ($r=0.24$, $p=0.018$). SPPB gait of speed score correlated with EQ-5D index ($r=0.31$, $p=0.004$) and MoCA score as well ($r=0.31$, $p=0.003$).

Conclusions: Handgrip strength was positively associated with self-rated health status in women aged 60 and older. Physical performance, including gait speed, was positively associated with quality of life and cognitive functions.

CAROTID-CAVERNOUS FISTULAS AND THEIR ROLE IN FAMILY PRACTICE: A CASE REPORT

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Keywords: Carotid-cavernous fistula, chemosis, exophthalmos, auscultation.

Introduction: Carotid-cavernous fistulas (CCF) are abnormal communications between the internal or external carotid artery and the cavernous sinus. CCFs are rare, but potentially life threatening and diagnosis should be prompt to avoid total vision loss or brain hemorrhage and death. Auscultation of the affected eye is considered as one of the simplest methods to rule out CCFs in clinical practice, when symptoms such as chemosis and proptosis are present.

Case report description: On May 2017, 78-year old male was admitted to Republican Vilnius University Hospital (RVUL) presenting with throbbing right periorbital pain, pulsatile exophthalmos, ptosis and chemosis of the right eye with total ophthalmoplegia and impaired vision. Upon auscultation, orbital bruit was noted. Neurological examination revealed gait ataxia on the right with right hyperreflexia. Furthermore, head MRI revealed areas of ischemia on the right cerebellar peduncle and hemisphere as well as the pons. Detailed evaluation of patient's medical history revealed trigeminal neuralgia, diagnosed 8 years ago. On April 2017 fourth percutaneous trans-oval balloon compression of trigeminal ganglion was performed. Three weeks after the procedure right periorbital pain started to develop, followed by impaired movement, proptosis and chemosis of the right eye. The patient consulted his general practitioner and was referred to an ophthalmologist. Vision on patient's right eye started to decline as well as gait disturbances developed. 4 days later the patient was consulted by an ophthalmologist and sent to Vilnius University Hospital Santaros clinics. Typical clinical and radiological findings supported the presence of direct CCF. The patient was transferred to RVUL where endovascular embolization of CCF was successfully performed. Pain, exophthalmos and chemosis subsided, patient's vision increased, although gait disturbances remained.

Conclusions: The classic triad of symptoms in CCF are exophthalmos, chemosis and bruit, accompanied by ophthalmoplegia and visual loss. This pathology may be insidious in its course and develop several weeks or months after the initial trauma. Thus, a patient presenting with typical clinical findings suggestive of CCF should be referred to a specialist as soon as possible to avoid further complications. Auscultation of the affected eye is a simple, fast and effective way to rule out direct CCFs.

Summary: 78-year old male developed iatrogenic CCF several weeks after trigeminal neuralgia treatment. The diagnosis and treatment was delayed and brain ischemia developed, resulting in gait ataxia.

THE RELATIONSHIP BETWEEN LONELINESS AND EMOTIONAL STATE IN INSTITUTIONALIZED ELDERLY

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Keywords: Loneliness, emotional state, elderly

Introduction: Loneliness is a common experience in elderly population, with 40% of 65 years olds and above reportedly indicating sometimes feeling lonely. Studies reveal that institutionalization of elderly results in loneliness in higher percentages than population and it is linked with decreased quality of life, depression, alcoholism and suicide.

Aim: To investigate the relationship between loneliness and emotional state in elderly living in nursing homes.

Materials and methods: A group of 49 participants were recruited in the cross-sectional study in 2017 October – November, in two nursing homes “Senevita” and “Antaviliu pensionatas” in Vilnius, Lithuania. Inclusion criteria – men and women, older than 60 years old, living in nursing home. The exclusion criteria were age younger than 60, Mini Mental State Examination (MMSE) score lower than 13 points (lower scores indicate mild cognitive disfunction). Demographic history and MMSE score were obtained. Loneliness was measured using Revised University of California Los Angeles Scale to Assess Loneliness (R-UCLA). Positive (P) and Negative (N) Affect Schedule (PANAS) questionnaire was used to assess the emotional state. The statistical analysis was performed using SPSS software for Windows (version 23.0).

Results: Forty-nine participants were interviewed, 23 (47%) were men and 26 (53%) were women, the mean age was 76.18 ± 10.13 years, youngest – 60; oldest – 98. R-UCLA mean score was 43.30 ± 12.44 , PANAS-P – 26.06 ± 7.97 , PANAS-N – 24.52 ± 11 . Statistical significant R- UCLA, PANAS-P, PANAS-N scores differences in men and women groups was not established. Results of correlation analysis showed negative weak R-UCLA score correlations with PANAS-P ($r=-0.33$, $p=0.02$) and positive moderate PANAS-N ($r=0.43$, $p=0.002$) scores.

Conclusions: Loneliness is associated with increased negative emotional state and decreased positive emotional state frequency in institutionalized elderly.

PATIENT WITH DIAGNOSED ANXIETY AND DEPRESSION: OVERTREATMENT. CLINICAL CASE REPORT

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Keywords: Anti-psychotic drug, depression, mental disorders, muscles dyskinesia, treatment side effects.

Introduction: Depression is a common mental disorder and frequently is overtreated. Antidepressants can lead to wide spectrum of adverse effects.

Case report: A woman of 51 years old, a scientist, had an appointment with a psychiatrist due to emotional stress arising after negative working environment. She had developed anxiety after thinking about work tasks being done wrongly. In June 2013, she had been diagnosed with depression and used prescribed medication – *flupentixolum*, *paroksetinem*, *clonazepanum* and *sulpiridum*. The initial therapy also included *venlafaxinum*, however, the application of medication was discontinued due to eyes movement disorders and oedema around the eyes. In October 2013, the patient had an appointment to general practitioner because no improvements were recognized after taking pills. She was advised to continue prescribed treatment. In February 2014, the patient revisited general practitioner. Her medical status had become progressively worse. She complained about sleeping disorders and informed the doctor about taking four medical remedies and alcohol before sleep. During May and June, the patient had received a medical help and got rid of alcohol addiction. It was considered to add *quetiapinum* to treat sleeping disorders. In July 2016, the patient showed up with face muscles dyskinesia, which had been rapidly progressing. In April 2017, a neurologist prescribed *baclofenum*, *risperidonum*, *haloperidolum* in addition to *quetiapinum*. The prescribed medications did not show any improvements and *trihexyphenidyl hydrochloride* (Cyclodol) was added. In January 2018, the prescribed medications were discontinued and persistent facial muscles dyskinesia diminished. The patient began visiting psychologist and physiotherapist and that resulted in emotional state improvement. Huntington's chorea was considered as differential diagnosis.

Conclusion: Depression is a common mental disorder and more than 300 million people of all ages suffer from it. It is considered to depression be overtreated. The use of second-generation antipsychotics (*quetiapinum* etc.) nearly tripled in the USA during 1995-2008, ballooning to more than 16 million prescriptions. One of the adverse effects of *quetiapinum* is dyskinesia and develops in 4% of patients. To treat quetiapinum induced dyskinesia Cyclodol can be added because of its inhibitory mechanism of parasympathetic nervous system.

Summary: Overtreatment with antidepressants leads to severe adverse effects and decrease patients' quality of life. Patients with depression have better treatment outcomes when multidisciplinary approach (general practitioner, psychologist and psychiatrist) is involved. It's necessary to define the reason of depression and dissolve existing problems trying to accept them.

SUICIDE RISK FACTORS IN CANCER PATIENTS: A REVIEW OF THE LITERATURE

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Keywords: „cancer“, „suicide“, „risk factors“

Introduction: The suicide risk among people with cancer is twice as high as for the general population. Several surveys found that 6% - 25.24% of cancer patients have suicidal thoughts. The number of cancer cases is predicted to rise by 70% over the next two decades. The number of cancer-diagnosis related suicides is high and may increase in the future. Evidence-based prevention strategies are needed to protect this vulnerable group.

Aim: To identify risk factors associated with suicide of patients with cancer.

Materials and methods: We conducted the overview of ten years literature available in *PubMed* and *the Cochrane Collaboration* databases. Search terms were "*Suicide*", "*Risk factors*" and "*Cancer*". Of the 331 retrieved studies, 19 met the eligibility criteria and were included in the literature review.

Results: We divided the results into two groups. First group (Sociodemographic and clinical risk factors) includes sex, age, race, marital status, education, employment status, living area, religion, time after diagnosis, cancer's stage and type. Second group (Physical and psychosocial risk factors) includes performance status, pain, mental disorders and social support. Higher suicide rates were associated with male sex, white race and older age at diagnosis. The groups showing an increased suicide risk include lower educated, non- married, non-religious and patients living in rural areas. The suicide risk was higher for advanced-stage patients. The highest suicide risks were observed in patients with cancers of the lung and bronchus, stomach, pharynx, larynx, pancreas, head and neck, oesophagus, colon, genitals, nasal cavity and paranasal sinus, bone and cartilage, and hematological cancers. Poor performance status, pain, psychological comorbidity and poor social support were significantly associated with the experience of suicidality.

Conclusions: The suicide risk in cancer patients is high. There is a need for suicide prevention strategies. Suicide prevention begins with understanding suicide risk factors. The assessment of suicide risk should include the evaluation of sociodemographic, clinical, physical and psychosocial risk factors. Physical and psychosocial risk factors are especially important in interventions for suicide prevention because these are more changeable and reducible than sociodemographic and clinical suicide risk factors.

ANTI-BP180 AUTOANTIBODIES IMPACT TO BULLOUS PEMPHIGOID AND NASAL POLYPOSIS: A CASE REPORT

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Keywords: Bullous pemphigoid, nasal polyposis, anti-BP180 IgG autoantibodies.

Introduction: Bullous pemphigoid is an autoimmune blistering disease that usually affects the elderly. It often begins with variable severity pruritus with/without eczematous, excoriated, papular and/or urticaria-like lesions. Moreover, it is likely to cause tense large oval or round shaped blisters on normal or red skin. The pathogenesis of the disease is an inflammation and protease release caused by IgG autoantibodies to bullous pemphigoid antigens BP180 at the basement membrane of the skin that leads to subepidermal bulla formation. Furthermore, BP180 antigens are located not only in the skin, but also in the respiratory epithelial cells. Although, it is unknown whether bullous pemphigoid has nasal manifestations, however, the anti-BP180 autoantibodies, found in nasal polyps, are related to BP180. Therefore, we present a case report of a man who had a repeated surgical treatment of nasal polyposis since youth and who was afterwards diagnosed with the bullous pemphigoid at the age of 77.

Case report description: Male patient for decades repeatedly underwent surgical nasal polyposis treatment; the start of constant intranasal steroids treatment had led to some relief after last nasal polyposis operation. 3 years ago, the patient came to general practitioner (GP) with two around 8-centimeter diameter haemorrhagic itching blisters on the left leg. According to the history, the papular itchy lesions had appeared 1 month before and after a 3-week period they transformed to blisters. The prescribed topical anti-inflammatory treatment decreased skin eruption. After month, the patient came back to the GP because of the new blisters on the right leg. Afterwards, the dermatologist had consulted patient and performed skin lesions biopsy: the bullous pemphigoid diagnosis was established.

Conclusion: The evidence of anti-BP 180 autoantibodies involvement in nasal polyposis and bullous pemphigoid pathogenesis is important in constructing preliminary diagnosis pattern in case of elderly patient with serohemorrhagic vesicular rash without clear clinical picture of nasal polyps, but with the past medical history of nasal polyposis.

Summary: Bullous pemphigoid is an autoimmune blistering disease caused by IgG autoantibodies to antigens BP180 at the basement membrane of the skin. BP180 antigens are also found in the nasal epithelium and some studies revealed the increased levels of anti-BP180 IgG autoantibodies in the nasal polyps' tissue. Our patient had a repeated surgical treatment of a nasal polyposis and after a while, he was diagnosed with the bullous pemphigoid. In our presumption, the same pathogenic factor can cause both of these diseases.

IMPLICATION OF TROPONIN I LEVELS FOR LONG-TERM CLINICAL PROGNOSIS IN PATIENTS WITH ACUTE CHEST PAIN (ACP)

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Keywords: cardiac biomarker; outcomes; prognosis

Introduction: The relationship between troponin level and short-term outcomes among patients with ACS is established, but the relationship of troponin in long-term outcomes is inadequately defined.

Aim: The aim of this study was to compare long-term outcomes (percutaneous coronary intervention (PCI), heart failure, myocardial infarction, stroke or death) in patients with ACS according to the degree of cardiac troponin I (cTnI) elevation.

Materials and methods: This is a prospective study in ACS patients who underwent successful primary PCI between 2013-03 and 2017-09. Patients were divided into groups according to their troponin values at admission. Follow-up data of participating patients were obtained through outpatient records. Statistical analysis of data was carried out using SPSS, v 23.0. Normality of the data distribution was analyzed using the Kolmogorov–Smirnov test. Kruskal–Wallis H-test was used for nonparametric variables, with Bonferroni correction on paired comparisons. Univariate Cox regression analysis was carried out for each potential prognostic variable. The effect of median hazard ratio on survival was shown using the Kaplan–Meier curve. Receiver-operating characteristic curve analysis was carried out to determine the diagnostic discrimination of independent predictors on mortality. P value of less than 0.05 was considered statistically significant, with a confidence interval of 95%.

Results: We enrolled 3910 patients from whom 24,88 % (n=973) had cardiovascular events. The study population included 978 patients with troponin level less than 0,944 µg/l (Q1), 977 patients with troponin level between 0,944-6,49 µg/l (Q2), 978 patients with troponin level between- 6,50-29,41 µg/l (Q3), 977 patients with troponin greater than 29,42 µg/l (Q4). There were 1069 (27,3%) women and 2841 (72,7%) men. The mean age of the patients was 65 ± 12 years. The mean follow up duration was 2886 ± 1289 days. The differences between age, diabetes mellitus prevalence, body mass index, serum creatinine, and hemoglobin were not statistically significant. Our results showed significant differences between troponin categories ($p=0,023$) (specificity- 33,00%; sensitivity- 72,15%) and outcomes. The highest rates of cardiovascular outcomes were in the Q1 group compared with the other troponin quartile groups. Estimated survival time in Q1 group was 129,55±9,47 weeks ; in Q2- 155,20±10,19 weeks; in Q3-169,76±10,94 weeks; in Q4- 158,19±11,28 weeks.

Conclusions: The results of this study have indicated that patients who had lower than 0,944 µg/l troponin level at admission were significantly associated with lower survival time among ACS patients.

ASSOCIATION BETWEEN ANXIETY DISORDERS AND MARKERS OF PLATELET ACTIVATION

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Keywords: platelet, anxiety disorders, CD42a marker, cardiovascular disease

Introduction: Cardiovascular disease is the highest prevalence disease in the general population and it accounts for 20 million deaths worldwide each year. There are publications with evidences that a biological mechanisms such as higher platelet activity can be associated with increased risk of cardiovascular diseases. Also, some authors suggest a connection between anxiety disorders and platelet function changes.

Aim: To investigate the relationship between anxiety disorders and indicators of platelet function in population of male smokers.

Materials and methods: In 2017, a retrospective analysis was carried out on the basis of the data obtained from 257 smoking subjects in the Vilnius University Hospital Santaros Clinics. All the selected participants were men aged from 40 to 54 years and 63 of those patients suffered from anxiety disorders. The control group consisted of 194 patients without anxiety disorders. Flow cytometry suited to study the expression of platelet reactivity markers (*BD FACS Canto*, *BD Biosciences*, USA). Data was analyzed using *BD FACS Diva (version 6.1.2)* software. Platelets were identified by CD42a marker and assessed using CD63 and PAC1 markers. Also, monocytes in the blood were identified by CD45 and CD14 markers and assessed by the expression of the CD42a marker. This combination of markers is specific for platelet-monocytes aggregates. Pearson χ^2 test were used for comparison of normally distributed variables. Statistical analysis of data were made using SPSS 20.0 program. A p value <0.05 was considered statistically significant.

Results: The median age was 49 years (age range from 43 to 51 years) for the study group and 48 years (age range from 44 to 51 years) for the control group. The analysis of findings have revealed no statistically significant differences between platelet count and expression of platelet population markers in studied groups. We found no association between platelet aggregation and adhesion. However, assessment of platelet degranulation activity by the median expression 0.2 (0.1 to 0.3) of CD63 marker was higher in men with anxiety disorders compared to control group (median 0.2 (0.1 to 0.2) (p=0.040)).

Conclusions: This study demonstrated that platelet degranulation was marginally higher in patients with anxiety disorders and this was statistically significant.

ASSOCIATION BETWEEN ANXIETY DISORDERS AND CIGARETTE SMOKING, NICOTINE DEPENDENCE AND MOTIVATION TO QUIT SMOKING

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Keywords: smoking, anxiety disorders, motivation to quit smoking

Introduction: Smoking is one of the most prevalent addictions in the world. According to the estimates of the WHO, over 1.1 billion people are smoking. Many publications suggest that patients with anxiety disorders are more likely to get addicted to smoking.

Aim: To investigate the impact of anxiety disorders leading to motivation to quit smoking.

Materials and methods: In 2017, a retrospective analysis was carried out on the basis of the data obtained from 257 smoking subjects in the Vilnius University Hospital Santaros Clinics. All the selected participants were men aged from 40 to 54 years and 63 of those patients suffered from anxiety disorders. The control group consisted of 194 patients without anxiety disorders. The Fagerström test for Nicotine Dependence and the Penn State Cigarette Dependence Index questionnaire were used to assess the degree of nicotine dependence in all the participants. To assess the smoking status, the exhaled carbon monoxide measurements were performed using *Bedfont Micro+™ Smokerlyzer*. The Prochaska and DiClemente Transtheoretical model was deployed to assess the smokers' motivation to cease smoking. Furthermore, the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) was used to determine the prevalence of alcohol consumption and the associated level of harm. The statistical analysis of the data was conducted using SPSS 20.0 program. A p value <0.05 was considered statistically significant.

Results: The median age was 49 years (range, 43 to 51 years) for the study group and 48 years (range, 44 to 51 years) for the control group. The median amount of cigarettes smoked per day was 20 (13 to 20) and the median smoking experience was 29 (25 to 33) years. It was considered high and did not differ between the groups. According to Fagerström (p=0.004) and Penn State index (p<0.001) tests, the smokers with anxiety disorders, in comparison with the control group, were more nicotine dependent and more frequent night smokers. More smokers were motivated to quit smoking in the group of patients with anxiety disorders (77.8% (49) compared to 62.4% (121) (p=0.025)). According to ASSIST, men with anxiety disorders had higher alcohol-related risk in the medium (38% (24)) and in high risk (3.2% (2)) categories compared with men without anxiety disorders in medium (32.5% (63)) and in high risk (0% (0)) categories (p=0.041).

Conclusions: Smokers with anxiety disorders are more nicotine dependent and pose a higher alcohol-related risk. Also, they are more motivated to quit smoking if compared to the patients without anxiety disorders.

LINKAGE BETWEEN SMOKING, BLOOD PRESSURE AND BODY MASS

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Keywords: Men, body mass index, retrospective study.

Introduction: Overwhelming evidence supports the conclusion that cigarette smoking causes various adverse cardiovascular events and acts synergistically with hypertension. Smoking causes an acute increase in blood pressure (BP) and has been found to be associated with hypertension. Obesity is also associated with a markedly increased cardiovascular risk, however numerous studies support the notion that smokers tend to weigh less, have a lower body mass index (BMI) than nonsmokers, because of suppressed appetite.

Aim: To evaluate how smoking affects 40- 54 aged men blood pressure and body mass.

Methods: In the period of 2012-2014 at VUL SK was held a retrospective study. Selection criteria were: smoking men, aged 40-54, who had increased risk for cardiovascular disease. A total of 243 males were included into study, 12 were excluded because of the lack of data. All the participants were classified into 5 groups according to BMI: normal weight (18.5-24.9 kg/m²), overweight (25-29.9 kg/m²), I° obesity (30-34.9 kg/m²), II° obesity (35-39.9 kg/m²), III° obesity (>40 kg/m²). Then in every group was evaluated arterial hypertension (AH) degree. Normal blood pressure (BP) was taken as ≤139/89 mmHg, I° AH BP 140-159/90-99 mmHg, II° AH BP 160-179/100-109 mmHg, III° AH BP 180/110 mmHg. Data were analysed with SPSS 20 *Chi*- square and ANOVA F tests. Results were statistically significant if $p < 0.05$.

Results: 11 (4.53%) male got into “normal weight” group, 90 (37.04%) - “overweight”, 109 (44.85%) - “I° obesity”, 32 (13.17%) - “II° obesity”, 1 (0.41%) - “III° obesity”. Out of 243 participants, 22 men (9.10%) didn’t have AH. Comparing groups in between, highest prevalence of normal BP was in normal weight group: 18.2% out of all normal weight males didn’t have AH. 104 (95.41%) out of 109 respondents with I° obesity were diagnosed with AH: 47 (43.1%) had I° AH, 55 (50.5%) – II° AH and 2 (1.8%) III° AH. 5 (4.6%) male with I° obesity didn’t have AH. There was statistically significant correlation between BMI and AH ($p < 0.001$). Amount of men diagnosed with AH increased with higher BMI. Mean BMI values according to AH degrees: no AH – 28.8 ± 2.76 kg/m², I° AH – 30.1 ± 2.90 kg/m², II° AH – 31.1 ± 3.77 kg/m², III° AH - 34.5 ± 4.94 kg/m² ($p < 0.001$).

Conclusions: The majority of smoking men (95.47%) were obese, most of them had I° obesity. There was a statistically significant correlation between body mass index and arterial hypertension. Degree among 40-54 years old smoking men increased with higher body mass index. The majority of normal weight smokers (81.8%) still have AH despite normal body weight.

THE DYNAMICS OF TUBERCULOSIS MORBIDITY IN THE REPUBLIC OF BELARUS AND NEARBY COUNTRIES

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Keywords: TB, morbidity, HIV-TB, DR-TB.

Introduction: In 2015 10,4 million people got ill and 1,8 million people died because of TB. Due to WHO efforts to implement modern international strategies of struggle with TB in all world is observing a positive dynamics of basic epidemiological indexes. Comparison analysis of the epidemiological indexes of tuberculosis morbidity is very important for a right mark of the situation with TB in the explored countries.[1,2]

Aim is: analysis of TB morbidity dynamics in the Republic of Belarus by comparison with Russia, Ukraine, Poland, Lithuania, Latvia, Estonia and Kazakhstan.

Material and methods: analysis of the statistical WHO data about tuberculosis morbidity in nearby countries for 2000-2015 years, national Belarus statistics data.

Results: TB morbidity in analyzable region varies from 91 per 100.000 in the Ukraine till 18 per 100.000 in Estonia (difference is in 5 times). TB morbidity in the Ukraine, Kazakhstan and Russia is compared and significantly higher than in other region countries. Belarus is belonging to countries with low level of morbidity on a level with Estonia and Poland. The highest morbidity was registered in Kazakhstan in 2004 (202 per 100.000), but Kazakhstan morbidity index was under Ukraine (89 and 91 per 100000 to 2015). World TB morbidity peak, which was in 2004 year, practically coincided with maximum indexes in Kazakhstan, Russia and the Ukraine. In other region countries peak overcame earlier. The leaders in terms of reducing the morbidity are Estonia (-4,69 % in a year), Latvia (-4,43%) and Kazakhstan (-3,31%).

Significant dissemination DR-TB is distinguishing in analyzable region (except Poland - 0,9% in 2015). The highest levels of DR-TB are in Belarus (67,3%) and Kazakhstan (56,2%) in 2015. The HIV-TB level varies in 12,6 times. Combination TB with HIV infection is noting only at 1,9% patients with TB in Poland. This problem is the most actual in Latvia (24%) and Ukraine (22%). Russia and Estonia have same HIV proportion - 10 %. Belarus, Kazakhstan and Lithuania have comparatively low HIV level.

Conclusions:

1. Substantial reducing TB morbidity is in analyzable region and the leaders are Kazakhstan, Latvia and Estonia.
2. Significant DR-TB dissemination is a global problem of all explored countries especially for Belarus and Kazakhstan. Unfortunately, Belarus has the highest level of DR-TB among analyzable countries.
3. HIV-TB proportion is growing in all countries and is the highest in Latvia and Ukraine and Belarus has low HIV level.
4. Belarus has intermediate level of TB morbidity in general, but DR-TB morbidity high level in our country hasn't let us hope to reduce TB cases significantly in the near future.

MORTALITY FROM TUBERCULOSIS IN REPUBLIC OF BELARUS AND OTHER COUNTRIES OF THE EUROPEAN REGION OF WHO

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Keywords: TB, HIV-TB, mortality.

Introduction: TB is one of top 10 mortality reasons. To 2015 TB dissemination and mortality reduced by 50% as compared by indexes of 1990. For decision a global task reducing TB to level <1 per million people to 2050, the WHO strategy "The END TB" implies a reduction of 95% in 2035 the number of deaths from TB, compared to the 2015. [1]

Aim is: analysis of mortality's dynamics from tuberculosis and evaluation of the contribution to this indicator of HIV-associated TB in Belarus, Russia, Ukraine, Poland, Lithuania, Latvia, Estonia and Kazakhstan.

Material and Methods: The WHO statistics analysis of TB mortality in European region during 1994-2015 and national statistics.

Results of research: Belarus has the lowest mortality rate (4,0 per 100 000 in 2015 as compared by 12,1 in 2005) among the countries of the first group, which includes also Russia, Kazakhstan and Ukraine. The highest mortality during 1994-2000 was observed in Kazakhstan. Since 1997 index increased and peaked rapidly (38,4 per 100.000 people), then start to decline at a rapid rate (- 3,98% a year). In other countries this indicator increased maximum in 2005, overcome later than in the world (2002). In 1997 the maximum death rate (Kazakhstan) exceeds the minimum value (Belarus) almost in 6 times, in 2002 and 2005 - 2.4, in 2015 in 2.7 times (Ukraine and Belarus).

In Belarus pace of a mortality decline in 2006-2015 was near 10,3 % a year, in Russia and in the Ukraine this rate was similar (near 9%).

The second group is Poland and the Baltic countries. Poland has a very low mortality rate (1,4 per 100 000). The worst start position has Latvia, but since 2002 mortality index became lower (it changed insignificantly from 11 to 7,9 per 100 000) than in Lithuania

All countries, except Poland, overcame indicator peak later. The pace of a mortality decline lead Estonia (-5,5%) and Latvia (-5,14%).

The proportion of HIV -TB in 2015 ranged from 1,9% in Poland up to 24% and 22% in Latvia and Ukraine (> at 12,6 times). In Ukraine and Latvia the level of HIV-TB is almost identically, but mortality from HIV-TB in Latvia to 3,36 times lower.

Conclusions:

1. The average value of a mortality is 6,13 for 100.000, is higher in Kazakhstan, Lithuania, Ukraine. In general is observing a positive dynamics. In terms of reduction lead the Kazakhstan, Latvia and Estonia.
2. The powerful contribution to the mortality from TB is made by HIV-TB. A big difference of the mortality from HIV-TB in Ukraine and Latvia demonstrates priority of the organization of these patients treatment.
3. In Belarus the pace of a mortality decline since 2006 is significant, but mortality rate by comparison with Baltic countries is high.

GLYCATED HEMOGLOBIN AND LIPID PROFILE CORRELATION WITH ANTIDIABETIC DRUGS CHOICE IN LATVIAN FAMILY MEDICINE PRACTICES

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Keywords: Diabetes, antidiabetic drugs, glycated hemoglobin, total cholesterol, LDL cholesterol, triglycerides

Introduction: Diabetes mellitus is a common disease in the world and the number of diabetes patients is rapidly increasing. People who have diabetes need to measure glycated hemoglobin (HbA1c) test regularly to see if their levels are staying within range and it can tell if patients need to adjust their diabetes medications. Dyslipidemia, an abnormal level of lipids in blood, is frequently associated with diabetes as a strong risk factor for developing cardiovascular disease, and its control can prevent cardiovascular complications.

Aim: The aim of study was to determine how many of diabetes patients in a period of one year HbA1c, total cholesterol, LDL cholesterol, triglycerides have been measured and analyze its correlation against received antidiabetic medications and their combinations.

Materials and methods: Retrospective quantitative study in practices of two family medicine doctors was conducted in period between January 2017 and December 2017. During the study information from outpatient cards were collected such as age, gender, type of diabetes, HbA1c and received antidiabetic medications. For statistical analysis IBM SPSS Statistics 20.0 was used.

Results: During study 127 diabetes patients were included. 101 (79,5%) of diabetes patients in a period of one year HbA1c, total cholesterol, LDL cholesterol, triglycerides have been measured. Among 101 patients, 51 (50,5%) were men and 50 (49,5%) were women. In total, more often in diabetes pharmacotherapy was used monotherapy 53 (52,5%) times with mean HbA1c $6,9 \pm 1,4\%$, total cholesterol 5,05 mmol/L, LDL 2,92 mmol/L, triglycerides 1,8 mmol/L. Dual therapy was used 28 (27,7%) times with mean HbA1c $6,8 \pm 1,4\%$, total cholesterol 4,94 mmol/L, LDL 2,8 mmol/L, triglycerides 1,94 mmol/L. Triple therapy 14 (13,9%) times with mean HbA1c $7,6 \pm 1,4\%$, %, total cholesterol 5,29 mmol/L, LDL 2,71 mmol/L, triglycerides 1,72 mmol/L and 4 medications combinations 6 (5,9%) times with mean HbA1c $7,7 \pm 1,2\%$, total cholesterol 5,52 mmol/L, LDL 3,5 mmol/L, triglycerides 2,04 mmol/L.

Conclusion: Most of all diabetes patients (79,5%) in a period of one year HbA1, total cholesterol, LDL cholesterol, triglycerides have been measured. Only those of group who received dual medication combination total cholesterol was below 5 mmol/L. From all medications highest HbA1c, total cholesterol, LDL cholesterol, triglycerides were patients who received 4 medications. In others three medications groups lipid profile changes were without any significant differences. Most often the doctors were prescribed the monotherapy with metformin and in this group was the lowest HbA1c $6,4 \pm 0,7 \%$.

THE ISSUE OF WEIGHT MANAGEMENT IN SLEEP APNEA PATIENTS

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Keywords: sleep apnea, weight management, clinical nutritionist.

Introduction: weight loss is recommended to obstructive sleep apnea (OSA) patients. However, there is a lack of studies which evaluate clinical nutritionist (CN) influence on OSA patients weight loss.

Aim: to evaluate if CN intervention has influence on body weight (BW) in newly diagnosed OSA patients.

Materials and methods: prospective study was performed. After SA confirmation and treatment with CPAP therapy initiated patients were advised to seek CN help in outpatient setting. BW changes after 3 months were compared between those who were consulted by the CN and those who were not. For statistical analysis SPSS IBM 22.0 was used. BW difference was calculated using paired samples t-test was used.

Results: a total of 54 patients were investigated (male 77.8%), mean age 57±11 yrs. Majority of them were diagnosed with severe (77.3%) OSA. Almost half (45%) of patients were consulted by CN. The primary BW in this group was 139 ± 31 kg. After 3 months the average BW became 136.5 ± 29.6 kg. Mean difference was 2.6±4.6, p=0.011. Those who were not consulted by the CN average BW was 122 ± 23 kg. After 3 months the average BW became 120.5 ± 22.6 kg. Mean difference was 1.9±7.4, p=0.18. 5% drop in BW was achieved in 16.7% in both groups respectively.

Conclusions: our study showed that majority of OSA patients are not motivated to seek CN help. However, if they do, CN has influence on those patient's BW loss.

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