

filiform papillae were smoothed and a tongue back was lined with deep folds. Other diseases of mouth mucosa were diagnosed in a few cases and were presented by: recurrent aphthae, leukoplakia and chronic recurrent herpetic stomatitis.

The temporomandibular joint pathology (C07.6) was revealed in a single case and was due to clicking in the joint and a mild pain.

The above data evidence that dental and mouth disease incidence among the students of Rostov state medical

University is clearly marked and is characterized by a variety of nosological forms, hence the necessity in dental care is significant. Failure to provide necessary dental treatment at this stage will lead to further tooth decay and pathology aggravation, which will require further intervention of specialists and the use of more complex and expensive treatments. At the same time, a wide preventive and clinical examination by a dentist can afford to maintain teeth health and cure a larger part of the pathology in the early stages.

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Monitoring of the patients operated on nodular goiter and features of the operated thyroid gland functional state depending on the surgical intervention extent

Abstract: The paper presents some data about a monitoring of the changes in the thyroid residue: hormonal status, antibody rate depending on the scope of nodular goiter surgical treatment. It was established that 2 months after the surgery the autoimmune process becomes more active, the intensity of which gradually fades to the 6th and 12th months of post-operative intervention. It should be noted that a compensatory growth of the residual thyroid tissue after the surgery was observed.

Keywords: Thyroid gland, surgical interventions, monitoring of patients.

Introduction. Endocrine pathology occupies a leading place among the diseases of other organs and systems [1, 2–4; 3, 1137]. Annual growth in the incidence of organic thyroid pathology all over the world causes an increase in surgical activity as surgery helps to remove morphological substrate of the disease — a node, a particle or even the entire thyroid gland [4, 1203]. But then there is a problem of correction of functional and organic disorders caused both by primary disease and the surgery. Among the problems of the thyroid surgery the most discussed in the literature are the choice of the optimal level of operations and the prevention of postoperative recurrence and hypothyroidism [7, 1742–1745; 8, 172–174]. In this regard, insufficiently studied changes in thyroid residue are: dynamics of its size, hormonal status and antibody rate are especially interesting. Common views on the nature of the relationship of these changes with nodular transformation of residual thyroid tissue lack currently in available literature [2, 85–89; 5, 420–421; 6, 1303–1308]. Determination of structural and functional dynamics of thyroid residue after resection of the thyroid gland will allow monitoring the risk and evaluating the clinical significance of recurrences, and analyzing the adequacy of primary operation extent [9, 126–132; 10, 336–338; 11, 9].

Objective. To study the functional state of the operated thyroid gland using postoperative monitoring.

Material and methods. The clinical material consisted of 30 patients operated on nodal forms of goiter: the first (I) group consisted of 15 patients with nodular euthyroid goiter who had undergone surgery in the form of hemithyroidectomy, the second (II) group included 15 patients with euthyroid multinodular goiter who had undergone subtotal resection of both parts of the thyroid gland. Diagnosing of thyroid pathology was performed based on a comprehensive evaluation of the functional activity of the thyroid gland, clinical data of physical examination, ultrasound and fine-needle aspiration biopsy. Patients in both groups did not differ by type of intraoperative anesthesia. After the surgery, all patients were prescribed levothyroxine for 1 month at doses for patients of the first group 0.7 mg/kg of their body weight, the second group — 1.0 mg/kg of the body weight.

Before the surgery and 2, 6 and 12 months after it, all patients were tested for TSH, FT4, FT3, antibodies to thyroglobulin (ATG), thyroid peroxidase antibodies (ATPO). Additionally, the dynamics of thyroglobulin (TG), as a criterion of changes in the amount of thyroid tissue in the postoperative period was studied during the treatment for early diagnosis of goiter recurrence risk.

Results. It is noted that 2 months after the surgery the TSH rate in patients of the second group was significantly higher than in patients of the first group 32.36 ± 6.91 to 12.92 ± 4.84 mkME/ml; $p < 0.001$. In remote postoperative period the TSH rate in both groups was in the reference range: 6 months — 4.035 ± 0.44 and 3.20 ± 0.15 mkME/ml; 12 months — 3.71 ± 0.31 and 3.28 ± 0.20 mkME/ml; $p < 0.001$, respectively.

Comparative analysis of the free thyroxine (FT4) contents in serum showed that in the second month of postoperative period in both groups of patients, a decrease in its concentration occurs: the first group from 1.22 ± 0.03 to 0.92 ± 0.05 ng/dL; $p < 0.001$; in the second group from 1.15 ± 0.05 to 0.67 ± 0.05 ng/dL; $p < 0.001$.

2 months after the surgery in patients of both groups there also was a reduction of the free fraction of triiodothyronine (FT3) in the first group from 3.33 ± 0.11 to 2.79 ± 0.15 pg/ml; $p < 0.001$; in the second group from 3.20 ± 0.09 to 2.20 ± 0.13 pg/ml; $p < 0.001$.

In the study of autoimmune processes activity it was revealed that patients in both groups 2 months after the surgery had an increase in ATPO rates: in the first group from 68.95 ± 24.58 to 90.69 ± 30.37 IU/ml; $p < 0.001$; in the second group from 179.94 ± 50.38 to 191.49 ± 50.39 IU/ml; $p < 0.001$ and ATG: in the first group from 72.11 ± 25.04 to 73.89 ± 19.53 IU/ml; $p < 0.001$; in the second group from 135.37 ± 46.12 to 152.88 ± 39.96 IU/ml; $p < 0.001$, respectively). 6 and 12 months after the surgery in both groups of patients there was a reduction of the autoimmune process activity.

There also was a probable reduction of TG in both groups 2 months after the surgery, which is associated with a significant reduction in thyroid tissue after the operation, in patients of the first group from 36.56 ± 4.51 to 23.58 ± 2.88 ng/ml; $p < 0.001$; in the second group — from 34.33 ± 7.40 to 10.00 ± 2.42 ng/ml; $p < 0.001$. After 6 and 12 months, due to compensatory growth of residual thyroid tissue TG rates increased gradually: in the first group to 23.54 ± 2.84 and 24.90 ± 2.87 ng/ml; $p < 0.001$; in the second group to 11.29 ± 3.04 and 19.17 ± 7.72 ng/ml; $p < 0.001$.

Conclusions. Postoperative monitoring and early detection of autoimmune disorders in patients operated on the thyroid gland is an important step in preventing postoperative recurrent goiter and hypothyroidism because 5–40 % of patients experience these complications due to an occurrence of focal and then diffuse thyroiditis in the thyroid residue.

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The main principle of the oriental medicine – the issues of health preservation in the works of Avicenna

Abstract: About preservation of health and hygiene in «the Canon of Medicine» and other poetic and prose tractates of Avicenna.

Keywords: preservation of health, hygiene, physical exercise, activity, food, age, massage.

«I state: medicine is a science studying a human body in respect of its health or loss of health in order to preserve health and regain health if it was lost...» [1, 5]. It is notable that, grounding his understanding of medicine, Ibn Sina brings the preservation of health to the forefront. His views largely correspond to the tasks of modern medical science and practice.

On the assumption of such understanding of tasks of medicine, Ibn Sina formulated the rules of health preservation and created a code of hygienic requirements based on his reasonable findings.

Ibn Sina wrote: «... The main thing in the art of health preservation is the balance of required (general) factors... Primary attention should be paid to the balance of seven factors. They are the essence:

- 1) balance of character;
- 2) choice of food;
- 3) cleaning (of the body) from excess things;
- 4) preservation of (right) bodily structure;
- 5) improvement of what is inhaled through one's nose;
- 6) adjustment of clothes and

7) balance of physical and spiritual activity. The latter includes, to some extent, sleep and awakening» [1, 296–298]. In such short form, Ibn Sina set forth the laws of health, listed internal and external forces and reasons that influence the preservation of health.

The wideness and diversity of the approach of Ibn Sina to factors ensuring the health of healthy people should be noted. He considers them depending on the age, state of health, inclination to diseases, peculiarities of the seasons of a year etc.

The names of separate sections of the third part of the first book of «the Canon», which is called «About preservation of health», certify the originality and deep medical views of Ibn Sina. Ibn Sina was the first to give a medical ground of the impact of physical exercises on the strengthening of a human organism. He believed that they were the main condition of health preservation. He wrote: «... A physical exercise is a voluntarily exercise that leads to deep uninterrupted breathing» [1, 312]. A person who systematically does physical exercises and adheres to a routine does not need medicine. «Physical exercises together with right adherence to other routines are the strongest factors