

Table 1**The structure of infectious complications in patients with hematological malignancies**

Nosology		ALL n=145	AML n=139	CLL n=180	MM n=123	NLL n=125	CMLandIMFunder blastic crisis stage n= 24
Complication							
Febrile Neutropenia	Abs. Numb.	51	42	-	18	31	-
	%	35	30	-	15	25	-
mucositis	Abs. Numb.	44	42	-	31	25	12
	%	30	30	-	25	20	50
pneumonia	Abs. Numb.	19	21	70	43	19	18
	%	13	15	39	35	15	75
Herpeticinfection	Abs. Numb.	9	8	33	6	14	-
	%	6	6	18	5	11	-
Infections of the higher respiratory ways	Abs. Numb.	7	7	18	12	25	4
	%	5	5	10	10	20	5
intestinal damage	Abs. Numb.	7	7	-	5	5	4
	%	5	5	-	4	4	5
Urinary Tract Infection	Abs. Numb.	3	3	-	4	4	-
	%	2	2	-	3	3	-
abscesses and phlegmons	Abs. Numb.	3	3	11	3	-	-
	%	2	2	6,3	2	-	-
sepsis	Abs. Numb.	3	5	2	1	-	-
	%	2	3	1,3	1	-	-

Oncological aspects of toxic goiter thyroid gland

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According to the literature the frequency of thyroid cancer with a combination of toxic forms of goiter has been steadily increasing (3, 4, 5) and ranges from 2,1 to 5,7%. Toxic adenoma is the most dangerous in this respect among toxic forms of goiter (3,5). The main causes of cancer growth against the background of toxic goiter are the overall growth of cancer pathology, long thyrostatic therapy of hyperthyroidism, improvement of diagnostics, etc. Against the background of toxic goiter the multicentric growth of carcinomas is observed in 21,3-22, % of cases.

In the presence of thyroid cancer it is marked persistent severe course with a high propensity for recurrence of hyperthyroidism and insufficient effect of conservative therapy (1,2).

Unfortunately, the cancer often against the background of exophthalmic goiter is revealed after the operation and obtaining diagnostic evaluation by histologists.

Treatment tactics for patients with thyroid cancer and toxic goiter has its aim not only to eliminate the tumor but also hyperthyroidism.

Materials and methods

There were studied results of treatment of 105 patients with toxic goiter who were operated at the clinic of general surgery of ASMA between 1990-2012 years. Among operated patients with toxic goiter there were 21 men (20%) and 84 (80%) women. The mean age was $48, 0 \pm 1,7$ years. Disease duration with toxic goiter was $3, 2 \pm 1,2$ years. Thyroid cancer against the background of toxic goiter was revealed in 8 (7,6%) patients.

Diagnostic algorithm included: assessment of clinical symptoms, ultrasonography with fine-needle biopsy, thyroid scan, the level of thyroid and thyroid-stimulating hormone.

Discussion of results

Cancer against the background of toxic goiter before surgery was found in 3 patients, and in 5 - after morphological examination of resected gland. Among them there were two men, women - 6. Cancer against the background of diffuse toxic goiter was found in one percent, against the background of toxic adenoma it was in 4 and in 3 against the background of multinodular toxic goiter. In the presence of thyroid cancer thyrotoxicosis in the study group of patients was more severe compared with the total group of patients with toxic goiter. It should be noted that patients with carcinoma against the background of toxic goiter for a long time (mean 3,9 years) were treated by thyrotoxic drugs. The duration of conservative therapy have almost twice exceeded the rate in the total group of patients with toxic goiter. These data are consistent with popular opinion about the adverse effects of drugs on the epithelium of thyroid gland. Thus, the likelihood of developing of cancer of the thyroid gland against the background of toxic goiter increased respectively to the duration of hyperthyroidism and conservative treatment.

Indications for surgery were: relapse of hyperthyroidism, the inefficiency of conservative therapy, cancer against the background of toxic goiter. All patients were operated under general anesthesia. The volume of transactions was thyroidectomy.

Postoperative complications in patients operated with cancer against the background of toxic goiter were observed in 2 patients, both had hemi lateral paresis of larynx.

According to the morphological structure all tumors of the thyroid gland in operated patients were presented by highly differentiated adenocarcinomas. Follicular cancer was detected in 6 (75%) patients, which distinguished this group of patients from the group of thyroid cancer, where there was a marked predominance of papillary carcinomas. Postoperatively, the patient underwent a course of radiotherapy. The patients were admitted to the 'D' registered, received L-thyroxine suppressive doses under control of TSH. 5-year survival rate of thyroid cancer patients against the background of toxic goiter was 95%.

Conclusions

1. Preoperative diagnosis of thyroid gland's cancer against the background of toxic goiter is complicated.
2. In order to improve the preoperative diagnosis of thyroid cancer is necessary to conduct TAPB under ultrasound of suspicious nodal formations against the background of toxic goiter, especially in males.
3. Duration of thyrostatic conservative therapy should not exceed 2 years.
4. The operational benefits for toxic goiter – thyroidectomy.

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Dynamics of the case rate age cataract population of the amur region

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Abstracts: The structure of ophthalmic pathology in adults important place age-related cataract. During the study period (1999-2010) the proportion of the total cataract in the Amur region ranged from 18.4% to 22.7%, while the share of primary disease from 12.5% to 18.3%, which may indicate the deterioration of the epidemiological situation of this nosology. Differences share a common cataract among the urban and rural populations were minimal and similar in terms of dynamics. However, we observed a more dynamic growth in the share of primary disease of the rural population (73%), which may indicate, as inadequate access to surgical care, as well as the deterioration of the epidemiological situation of this nosology.

Key words: cataract, primary disease, the overall incidence, the Amur region.

The saved up experience of ophthalmologic practice testifies that the most frequent reason of a blindness and a slabovideniye at persons of the senior age groups is the age cataract [1, 3]. The number of elderly people is enlarged progressively among the population of the whole world. During 1980-2020 the estimated augmentation of the elderly population in the developed countries will make 186%, in developing countries – 356%. On the basis of it WHO believes that by 2025 about 50 million aged people of 60 years will have various degree of intensity of a phacoscotasmus. From them about 17 million will need surgical treatment [1, 4]. Only in Russia more than two hundred thousand operations for a cataract [5, 7] are annually carried out. Thus in recent years rather accurate tendency to augmentation of number of patients in group able-bodied (till 55 years) age at which the importance of this disease in structure of the reasons of disability on vision makes about 6% [2, 6] becomes perceptible. Due to the postareniye of the population of economically developed countries of the world and Russia the problem of cataracts is one of most socially actual. The ophthalmology saved up enough of the facts, testifying that this disease multifactorial. Epidemiology of a cataract bind to various factors which number, in particular, treat: racial accessory, character of a delivery, environmental pollution (including, salts of serious metals), composition of drinking water, smoking, pathological changes of microelement structure of a lens, application of medicinal preparations and senilism of an organism [4, 7].

Materials and methods

Research at regional level was conducted on materials of annual statistical reports of LPU for 1999-2010, provided in the Amur medical information and analysis center. On the basis of the received melon were calculated and analysed the specific gravity of the general and primary case rate by an age cataract of inhabitants of the Amur region.

Results and discussion

In structure of ophthalmologic pathology at adults of the Amur region the important place is taken by an age cataract. For the studied period (1999-2010) the specific gravity of the general case rate a cataract in the territory fluctuated from 18.4% to 22.7%, and the specific gravity of primary case rate from 12.5% to 18.3%. In comparison with 1999 to 2010 specific gravity of the general