European Journal of Biomedical and Life Sciences

№ 2 2015

«East West» Association for Advanced Studies and Higher Education GmbH

Vienna
2015

European Journal of Biomedical and Life Sciences

Scientific journal

№ 2 2015

ISSN 2310-5674

European Journal of Biomedical and Life Sciences is an international, German/English/Russian language, peer-reviewed journal. It is published bimonthly with circulation of 1000 copies.

The decisive criterion for accepting a manuscript for publication is scientific quality. All research articles published in this journal have undergone a rigorous peer review. Based on initial screening by the editors, each paper is anonymized and reviewed by at least two anonymous referees. Recommending the articles for publishing, the reviewers confirm that in their opinion the submitted article contains important or new scientific results.

Instructions for authors

Full instructions for manuscript preparation and submission can be found through the "East West" Association GmbH home page at: http://www.ew-a.org.

Material disclaimer

The opinions expressed in the conference proceedings do not necessarily reflect those of the «East West» Association for Advanced Studies and Higher Education GmbH, the editor, the editorial board, or the organization to which the authors are affiliated.

Typeset in Berling by Ziegler Buchdruckerei, Linz, Austria.
Printed by «East West» Association for Advanced Studies and Higher Education GmbH, Vienna, Austria on acid-free paper.

possible to use the radiotherapy also for patients after non-completed extirpation of a large tumor.

Annual mortality is low — up to 10 % on average also in non-treated cases, thanks to very small growth of tumor and its benign nature.

Modern surgical procedures have reduced occurrence of pre-operative and post-operative CMP (brain stroke) to less than 5 %. However, occurrence of cranial nerve damage is still high — from 20 % up to 40 %. Occurrence of such damage is high mainly at patients with a large tumor (over 4.5 cm). In case of approximately 20 % of patients this neurological deficit is permanent. On the other hand, damage of the nerves caused by long-term compression of tumor is typically permanent and irreversible [7].

In differential diagnostics the abscess, aneurysm of carotid arteries, lipoma, goitre and lymphoma must be considered.

Conclusion. Removal of glomus caroticumtumour is a selective method for patients in overall good condition. Removal should come as soon as possible after it has been diagnosed to prevent complicated resections and reconstructions of carotid arteries at advanced tumours. Subadventicial dissection and removal of tumour is vital to remove the tumour completely without minimum level of morbidity.

References:

1. Schmid M., Raithel D., Hahn E. G., Daniel W. G., Reithel M. Glomus caroticum tumor as a rare cause of reccurent syncope.//Clin Res Cardiol. – 2012. – 6. – P. 499–501.
2. Brown M. L., Zayas G. E., Abel M. D., Young W. F., Schaff H. V. Mediastinal Paragangliomas: The Mayo Clinic Experience. Ann Thorac Surg. – 2008. – 86. – P. 946–951.
3. Talay S., Abanoz M., Kaygin M. A., Dag Ö., Halıcı Ü., Ay D. et al. Glomus caroticum tumors: A case report of an operated giant carotid body tumor with a review of our experience in 47 patients.//Central European Journal of Medicine. – 2010. – 5. – P. 411–416.
4. Destito D., Bucolo S., Florio A. et al. Management of head and neck paragangliomas: a series of 9 cases and review of the literature.//Ear Nose Throat J. – 2012. – 91. – P. 366–375.
5. Suarez C., Rodrigo J. P., Bodeker C. C. et al. Jugular and vagal paragangliomas: systematic study of management with surgery and radiotherapy.//Head Neck. – 2013. – 35. – P. 1195–1204.
6. Boedeker C. C., Hensen E. F., Neumann H. P. et al. Genetics of hereditary head and neckparagangliomas.//Head Neck. – 2014. – 36. – P. 307–316.
7. Suarez C., Rodrigo J. P., Mendenhall W. M. et al. Carotid body paragangliomas: a systematic study on management with surgery and radiotherapy.//Eur Arch Otorhinolaryngol. – 2014. – 271. – P. 23–34.

Kuziyev Otabek Jurakulovich,
PhD, associate Professor of Forensic medicine and medical law, Tashkent pediatric medical Institute
Ortiqboyev Jakhongir Ortiqboy ogli, student
Khakimova Gulnoz Golibovna, student
Aripdjanova Nigina Bahromdjanovna, student
E-mail: baron-codli@mail.ru

Peculiarities of dermatoglyphic values among the people of Uzbek population dependently on sex

Abstract: This article describes a study conducted to determine the basic dermatoglyphic traits, located in relation to gender in persons of Uzbek population. Provides definitions of the differences in rate of dermatoglyphic depending on nationality.

Keywords: dermatoglyphics, national origin, papeleria patterns, fingerprints.

According to the results of various researches represented in the modern scientific literature, dermatoglyphics is considered as a source of competent and exclusively reliable information [1; 3; 4; 6; 7]. The recent researches showed that, besides quantitative and qualitative individualization, dermatoglyphics provides diagnostics (possible degree) of sex and nosologic classification of the subjects of the research [2].

Taking into account differences of dermatoglyphics dependent on nation detected in the published researches [5], and the definition of these values both for clinical and forensic medicine [2; 3; 4; 6], the study of these values among people of Uzbek population is an actual problem.

The aim of the research is to detect dermatoglyphic symptoms interrelated with sex among Uzbek population.

Materials and methods

Dermatoglyphic values of palm and finger patterns of 170 corpses of Uzbek population served the materials for research.

For the detection of pattern types' spread we applied a modification of distal phalanges skin pattern description worked out by the authors.

Results and discussion

The preliminary analysis of patients' classification according to sex performed by us showed that among 170 corpses 142 (83.5 %) patients were men and only 28 (16.5 %) women.

In the achieved dermatoglyphic values of finger and palmar prints we detected skin patterns of balls of finger distal phalanxes dependent on sex. The analysis of pattern types spread dependent on sex provided the following results (table 1).

Table 1. – The incidence of types of patterns among the patients, depending on the sex

Type of pattern	Right hand				Left hand			
	Male (n=142)		Female (n=28)		Male (n=142)		Female (n=28)	
	Abs.	%	Abs.	%	Abs.	%	Abs.	%
A	0	0	6	21.4*	0	0	3	10.7*
A1	0	0	3	10.7*	0	0	3	10.7*
A2	0	0	6	21.4*	0	0	6	21.4*
A3	0	0	3	10.7*	0	0	0	0
A4	0	0	6	21.4*	0	0	6	21.4*
L3	15	10.6*	0	0	32	22.5*	0	0
LR	125	88.0	9	32.1	125	88.0	6	21.4*
LR1	15	10.6	16	57.1*	15	10.6	9	32.1*
LU	47	33.1*	0	0	32	22.5*	0	0
LU2	15	10.6*	0	0	0	0	0	0
WR3	63	44.4	9	32.1	0	0	3	10.7*
WU4	0	0	0	0	32	22.5	9	32.1
W1	15	10.6	6	21.4	0	0	0	0
W2	79	55.6	3	10.7*	47	33.1	3	10.7*
W5	15	10.6	0	0	32	22.5	0	0
W6	0	0	6	21.4*	0	0	3	10.7*

Note: * – the accuracy of the data according to sex

As it is represented in the table, only in women on distal phalanxes of both right and left hands the most often met were arch patterns (A) — 6 (21.4 %) on the right hand and 3 (10.7 %) on the left, the most widely spread were pseudo loop arches A2 (6 (21.4 %) on both hands), single-loop arches A4 (also 6 (21.4 %) on both hands), and loop-glomerular curves — W6 (6 (21.4 % on the right hand and 3 (10.7 %) on the left), while among men these patterns were not observed.

The curved loops L3, simple ulnar loops LU and double-loop curves W5 were observed on the distal phalanxes of both right and left hands only among men (L3–15 (10.6 %) on the right hand and 32 (22.5 %) — on the left, LU — 47 (33.1 %) on the right hand and 32 (22.5 %) on the left, W5–15 (10.6 %) on the right hand and 32 (22.5 %) on the left), and rocket-shaped ulnar loops Lu2 were also seen only in men, but only on distal phalanxes of the right hand (15 (10.6 %)).

The simple radial loops — LR, radial rocket-shaped loops — LR1 and oval curves — W2 were observed both in men and women, but here radial loops LR (the right hand –125 (88.0 %) in men and 9 (32.1 %) in women, the left hand — 125 (88.0 %) in men and 6 (21.4 %) in women), and oval curves W2 (right hand –79 (55.6 %) in men and 3 (10.7 %) in women, left hand — 47 (33.1 %) in men and 3 (10.7 %) in women) prevailed in men, and radial rocket-shaped ones LR1 (right hand –15 (10.6 %) in men and 16 (57.1 %) in women, left hand — 16 (10.6 %) in men and 9 (32.1 %) in women). Simple curves W1 (15 (10.6 %) in men and 6 (21.4 %) in women) were also observed both in men and women, but only on distal phalanxes of the right hand and prevailed in women.

Thus, the results of patterns' spread analysis dependent on the sex show that the presence of arch patterns, pseudo loop arches, single loop arches and loop-glomerular curves among the checked prints prove the belonging of these prints to a female, while the presence of curved loops, double-loop curves and rocket-shaped ulnar loops testify their relevance to male.

In the processing of the achieved data by means of peak calculation, dependent on the sex, we detected dependence of the average summary peak value on the fingers of the right and left hands on the sex (table 2).

Table 2. – The average summary peak value on the fingers of the right and left hands surveyed according to gender

Type of pattern	Right hand		Left hand	
	Female (n=28)	Male (n=142)	Female (n=28)	Male (n=142)
A	8.5 ± 0.4	–	9.4 ± 0.6	–
A1	–	–	11.0 ± 0.1	–
A2	8.5 ± 0.4	–	4.8 ± 0.4	–
A3	4.9 ± 0.2	–	–	–
A4	7.6 ± 0.3	–	6.4 ± 0.2	–
L3	–	17.5 ± 0.01	–	10.0 ± 0.05
LR	5.9 ± 0.5	7.4 ± 0.3	–	14.7 ± 0.2
LR1	7.0 ± 0.5	10.4 ± 0.1	5.1 ± 0.5	12.5 ± 0.01
LU	–	7.6 ± 0.01	–	17.2 ± 0.01
LU2	–	15.7 ± 0.3	–	–
WR3	11.8 ± 0.6	16.0 ± 0.1	–	–
WU4	–	–	9.8 ± 0.3	22.9 ± 0.01
W1	15.7 ± 0.4	12.8 ± 0.01	15.0 ± 0.5	17.1 ± 0.1
W2	7.8 ± 0.3	16.0 ± 0.2	–	–
W5	–	9.2 ± 0.01	–	17.3 ± 0.01
W6	15.6 ± 0.6	–	12.2 ± 0.4	–

The above data show that the average summary peak value of males in most cases above than in females. While for women the maximum average summary peak value of balls of finger distal phalanxes on the right hand fall to the curves patterns: simple curves W1 (15.7 ± 0.4), were observed both in men and women and loop-glomerular curves W6 (15.6 ± 0.6) only in women; among of arch patterns the highest average in arc patterns A (8.5 ± 0.4) and pseudo loop arches A2 (8.5 ± 0.4); on the left hand — also on the curves patterns: simple curves W1 (15.0 ± 0.5) and loop-glomerular curves W6 (12.2 ± 0.4), and also for tent arch A2 (11.0 ± 0.1). For men the maximum average summary peak value of balls of finger distal phalanxes on the right hand fall to the loop patterns: curved loops L3 (17.5 ± 0.01) and rocket-shaped ulnar loops Lu2 (15.7 ± 0.3), among curved patterns on oval curves W2 (16.0 ± 0.2). The average summary peak value on simple curves W1 also significant (12.8 ± 0.01), but it is higher in women. On the left hand maximum average falls on the ulnar spiral curves WU4 (22.9 ± 0.01), but high averages are also observed in simple ulnar loops LU (17.2 ± 0.01), simple curves W1 (17.1 ± 0.1) and it is higher than that on the left hand for women and two-loop curves W5 17.3 ± 0.01.

Therefore, the average summary peak value of balls of finger distal phalanxes on both right and left hands also can be used in determining on sex of a person by his fingerprints dermatoglyphic.

Findings:

1. The presence of the test prints arch patterns, pseudo loop arches, single-loop arches and loop-glomerular curves prints were in female.

2. The presence of curved loops, ulnar loops, two-loop curves and rocket-shaped ulnar loops indicate their face male.

3. There is a direct correlation between average summary peak value of balls of finger distal phalanxes on both right and left hands and the gender of those who had taken these prints.

References:

1. Zvyagin V. I., Shpak L. Y. Medical and anthropological aspects of dermatoglyphics hand phalanges.//Forensic medicine expertise. – M., 2000. – Vol. 43, № 4. – P. 16–20.
2. Zvyagin. N. V. Dermatogliphic in forensic medicine.//Fingerprint: identification and determination of personality characteristics (fingerprinting and dermatoglyphics). – M., 2002. – P. 81–112.
3. Solonichenko V. G., Bogdanov N. N. Medical dermatogliphics.//Fingerprint: identification and determination of personality characteristics (fingerprinting and dermatoglyphics). – M., 2002. – P. 59–80.
4. Fandeeva O. M. Comparative characteristics of different types of patterns and their particular features on the fingers and toes.//Theory and practice of forensic medicine: Proceedings of the St.Petersburg scientific society of forensic. – St. P., 2001. – P. 120–122.
5. Hit G. L., Dolinova. N. A. Dermatoglyphic in race conducting: taxonomy race and populations.//Fingerprint: identification and determination of personality characteristics (fingerprinting and dermatoglyphics). – M., 2002. – P. 136–164.
6. Shpak L. U. Dermatoglyphics phalanges of fingers (anthropological and forensic aspects). – Abstracts on scientific degree PhD. – M.: State University M. V. Lomonosova, 2003. – P. 25.
7. Wertelecki W. Dermatoglyphics. In: Human Malformations and Related Anomalies, vol II, Oxford Monographs on Medical Genetics – № 27. – New York: Oxford University Press, 1993. – P. 999–1016.

Mamedova Guzalya Bakirovna,
Akbarhodjaev Aziz Ahrarovach,
Isaev Ilshod Sultanovich,
Odilova Madina Abdujalilovna,
Tashkent pediatric medical Institute,
Assistants of the Department
of Public health, organization
and management of health care
E-mail: baron-codli@mail.r

Development the marketing department in medical institutions

Abstract: Formation of a new entrepreneurial approach in medicine is closely linked with the development of the socio- economic structure of society, with the ability to quickly perceive the results of scientific and technological progress. Under these conditions, the development of marketing services is particularly important and necessary. The article presents the advantages of the use of marketing in health care facilities, as well as the results of studies conducted in private medical clinics system.

Keywords: marketing, finance, medical facilities.

Contents