
ENGLISH-AIDED INTEGRATION IN THE ADVANCED NEONATAL PRACTICE

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Abstract. *The paper deals with the concept of in utero programming and development of “mature” diseases among fetuses. Modern methods of evaluating the physical development of a newborn is a way to evaluate the metabolic state of a fetus. The objective of the work is to compare methods of evaluating the physical development of premature newborns and to determine the best available method for estimating weight and height indicators of premature newborns.*

The authors demonstrate significant differences in existing methods of evaluating the physical development of premature newborns. They also provide results of their own research that confirm existing differences, indicating English as a medium of research. The authors give recommendations for evaluating the physical development of premature newborns that match modern global tendencies in neonatology.

Keywords: *in utero programming, physical development, premature newborns, late preterm infants, metabolic state, English.*

Evaluating a newborn’s physical development is one of the key objectives of a neonatologist. An adequate evaluation of weight and height measurements allows understanding the metabolic state of a fetus and developing a program suitable for a newborn’s nutrition [1].

Over a quarter of century ago an English scientist David Barker suggested an “in utero programming” concept. As a result of any prenatal dysfunction a fetus experiences hypoxia, and a phenotype is formed, which is programmed to build-up a fat tissue and develop insulin resistance. D. Barker and his colleague C. Hales described this phenomenon as “thrifty phenotype” [1]. A fetus tries to compensate prenatal deficiency of nutrients by means of redistributing nutrients in favor of brain and “stealing” them from other organs, primarily from skeletal muscle. This way a fetus prepares itself for a “successful” existence in unfavorable conditions. However, if an organism is exposed to conditions of sufficient or excessive nutrition, its developed compensatory mechanisms turn out to be harmful, this is how a conflict between prena-

tal and postnatal growth rate is developing [2, 3].

Excess consumption of protein at an earlier age is considered nowadays to be the major cause of metabolic disorders, diabetes, obesity and arterial hypertension starting to develop among children. On the other hand, children with intrauterine growth retardation have elevated plastic needs, primarily to ensure normal neural development. Consequently, the issue of evaluating a newborn’s physical development is of particular importance, especially in cases of premature newborns. Thus far there are two methods used to evaluate a premature newborn’s physical development: Fenton growth chart and INTERGROWTH21 standards of growth [4, 5].

The purpose of the study is to compare the results of physical development evaluation using Fenton growth charts and INTERGROWTH21 standards of growth.

Materials and methods. A retrospective evaluating of physical development of 315 newborns has been performed using Fenton growth charts and INTERGROWTH standards of growth. Gestational age of newborns

was 34–36 weeks. English is used as a linguistic medium of the research.

Statistical processing of obtained data was carried out using standard software. On assessing of quantitative indicators, average value and standard deviation were calculated ($m \pm SD$).

Results. The weight of a newborn at 34 weeks of gestational age was measured as $2071,9 \pm 393,6$ g, at 35 weeks of gestational age – $2353,3 \pm 319,2$ g, at 36 weeks of gestational age – $2496,6 \pm 363,4$ g. Body length at 34 weeks of gestational age was measured as $44,9 \pm 2,8$ cm, at 35 weeks of gestational age – $46,3 \pm 1,8$ cm, at 36 weeks of gestational age – $48,5 \pm 2,2$ cm. Head circumference at 34 weeks of gestational age was measured as $30,8 \pm 1,46$ cm, at 35 weeks of gestational age – $31,6 \pm 1,58$ cm, at 36 weeks of gestational age – $32,2 \pm 1,48$ cm.

When using INTERGROWTH21 standards of growth to evaluate physical development 50% of the children had the body weight appropriate for the gestational age. 19% had a low birth weight, 8% had a very low birth weight, 9% had a high birth weight and 14% had a very high birth weight. The body length appropriate for the gestational age was determined among 51% of children. 2% had a low birth length, 17% had a very low birth length, 20% had a high birth length and 10% had a very high birth length. The head circumference appropriate for the gestational age was determined among 57% of children. 19% of children had a low head birth circumference, 10% had a very low head birth circumference, 11% had a high head birth circumference and 3% had a very high head birth circumference.

When using Fenton preterm growth charts to evaluate physical development 63% of the

children had the body weight appropriate for the gestational age. 24% had a low birth weight, 6% had a very low birth weight, 6% had a high birth weight and 1% had a very high birth weight. The body length appropriate for the gestational age was determined among 69% of children. 6% had a low birth length, 16% had a very low birth length and 9% had a high birth length. The head circumference appropriate for the gestational age was determined among 61% of children. 22% of children had a low birth head circumference, 2% had a very low birth head circumference, 13% had a high birth head circumference and 2% had a very high birth head circumference.

Conclusions. As we can see in the data provided above there are significant differences in the results of evaluating anthropometric indicators using these methods. Which is understandable, given that unlike Fenton growth charts, that have been developed based on retrospective analysis, INTERGROWTH21 standards of growth are based on prospective studies, in which the technique of evaluating anthropometric indicators is completely standardized and evaluating a newborn's growth rate is a continuation of studying fetal growth [4]. Taking into account the differences in standards of growth provided in various methods, it is necessary to adopt common standards for evaluating physical development. In our opinion, INTERGROWTH21 standards of growth is more optimal/beneficial, because the research as a result of which they have been developed, has higher quality design. We would also like to indicate the effectiveness of English as a linguistic support of the research giving a shortcut to the advanced neonatal study and practice.

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АНГЛИЙСКИЙ ЯЗЫК ДЛЯ ИНТЕГРАЦИИ В ПЕРЕДОВУЮ НЕОНАТАЛЬНУЮ ПРАКТИКУ

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***Аннотация.** В статье рассмотрены вопросы концепции внутриутробного программирования и формирования болезней «взрослого» у плода. Приводятся современные методы оценки физического развития новорождённого, как способа оценки метаболического статуса плода. Цель работы сравнить методы оценки физического развития недоношенных новорожденных и определить оптимальный метод оценки массо-ростовых показателей недоношенных детей. Авторы демонстрируют значимые различия в существующих методах оценки физического развития недоношенных новорожденных, приводят результаты собственных наблюдений, подтверждающие существующие различия. Английский язык используется как лингвистический посредник в проведении исследования. В заключении авторы дают рекомендации по оценке физического развития недоношенных новорожденных.*

***Ключевые слова:** внутриутробное программирование, физическое развитие, недоношенные новорожденные, поздние недоношенные, метаболический статус, английский язык.*

ENDOTHELIUM-DEPENDENT VASODILATION DISORDERS IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION

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Abstract. *The results of the value of indicators analysis of endothelium-dependent vasodilation in patients with acute myocardial infarction (MI) (n=63) are presented in the article. Patients with acute MI were divided into 4 subgroups: patients with Q wave MI (QWMI) (n=33), patients with non-Q wave MI (NQWMI) (n=30), patients with uncomplicated MI (n=33) and patients with complicated MI (n=13).*

Life-threatening complications: pulmonary edema and cardiogenic shock were identified in patients with complicated MI. Pharmacological test with 5% acetylcholine was used to assess the functional state of the vascular endothelium.

The most pronounced, statistically significant changes of endothelium-dependent vasodilation indicators among the examined patients with acute MI were observed in patients with QWMI compared to patients with NQWMI and in patients with complicated MI compared to patients with uncomplicated MI. Among patients with complicated MI, the most pronounced changes of endothelium-dependent vasodilation indicators were observed in patients with cardiogenic shock, compared to patients with pulmonary edema.

Keywords: *acute myocardial infarction, endothelial dysfunction, endothelium-dependent vasodilation, cardiogenic shock, pulmonary edema*

Today, acute MI continues to occupy a leading position in the structure of morbidity and mortality in the Russian Federation [1, 2]. According to the modern medical literature, the development of vascular endothelial dysfunction is one of the early predictors of a number of cardiovascular diseases, including in patients with acute MI [3, 4].

This study is relevant because of the high prognostic significance, the prospect of exploring and lack of available research literature studies of endothelium-dependent vasodilation indicators in patients with QWMI and NQWMI, and also in patients with complicated and uncomplicated MI. Received data can help to improve the diagnosis and prediction of adverse acute MI.

The objective of this research was to study and analyse endothelium-dependent vasodilation indicators in patients with acute MI.

The material of the research included 63 patients with acute MI and 20 healthy control individuals of the Astrakhan region (as a con-

trol group). All the patients included in this study were taken to the intensive care unit of the regional vascular center of the Alexandro-Mariinskaya regional Hospital, Astrakhan with a diagnosis of acute coronary syndrome. Duration of the research: 2017-2019.

Patients with acute MI were divided into 4 subgroups: 30 patients with NQWMI, 33 patients with QWMI, 50 patients with uncomplicated MI and 13 patients with complicated MI.

In 18% of patients, life-threatening complications were identified: 4 patients had pulmonary edema and 7 patients - cardiogenic shock.

Median value and percentile boundaries of patient's age were 51,0 [48,0; 59,0] years.

There were 17 (27%) female and 46 (73%) male patients with acute MI.

Median value and percentile boundaries of duration in medical history of coronary heart disease were 7,8 [7,3;8,4] years. Individuals included in the control group were compara-

ble in gender and age to patients with acute MI.

Exclusion criteria included: 60 years of age and above, congenital and acquired heart defects in the medical history, concurrent chronic diseases in the acute stage, congestive heart failure functional class III – IV according to NYHA classification, the presence of previous MI in the medical history, coronary bypass surgery and percutaneous coronary intervention.

Modern clinical recommendations were used to verificate and to choose treatment of patients with acute MI. This research was approved by the Regional Independent Ethics Committee (an extract of the record № 12 from 18 January 2016).

All patients with acute MI and healthy control individuals signed the informed consent.

Pharmacological test with 5% acetylcholine was used to assess the functional state of the vascular endothelium.

We studied the following indicators of the dopplerogram: • time of maximum vasodilation development (T max of vasodilation), seconds (sec.); • time of blood flow recovery (T rec. blood flow), sec.

STATISTICA 12.0 Stat Soft, Inc. was used to statistical analyses.

The normality of the attribute distribution was checked using the Kolmogorov-Smirnov test.

Median value (Me) and percentile boundaries [5 and 95] were calculated to each indicator.

The level of statistical significance was $p < 0.05$.

Results. It was found that in patients with acute MI, the value of T max vasodilation was 245.35 [189.15; 284.44] sec., which was statistically significantly higher ($p < 0.001$) than in the control group, where the value of T max vasodilation was 141.25 [92.65; 170.55] sec.

The value of the T rec. blood flow in patients with acute MI was 62.8 [37.55; 93.35] sec., which was statistically significantly less ($p < 0.001$) than in the control group, where the value of the T rec. blood flow was 168.70 [134.21; 197.95] sec.

Among patients with QWMI, the value of T max vasodilation was 267.53 [201.21; 284.44] sec., which was statistically significantly higher ($p = 0.002$) compared to patients with NQWMI, where the value of T max vasodilation was 200.13 [189.15; 222.23] sec.

The value of the T rec. blood flow in patients with QWMI was 53.27 [37.55; 71.44] sec., that was statistically significantly less ($p = 0.012$) compared to patients with NQWMI, where the value of T rec. blood flow was 60.33 [45.13; 93.35] sec.

In patients with complicated MI, the value of T max vasodilation was 270.35 [215.57; 284.44] sec., which was statistically significantly higher ($p = 0.001$), compared with patients with uncomplicated MI, where the value of T max vasodilation was 217.23 [189.15; 241.37] sec.

The value of the T rec. flow in patients with complicated MI was 50.17 [37.55; 68.15] sec., that was statistically significantly less ($p = 0.015$) compared to patients with uncomplicated MI, where the value of T rec. blood flow was 68.25 [48.21; 93.35] sec.

In patients with cardiogenic shock, the value of T max vasodilation was 268.82 [245.13; 284.44] sec., which was statistically significantly higher ($p = 0.003$), compared with patients with pulmonary edema, where the value of T max vasodilation was 233.45 [215.57; 254.44] sec.

The value of the T rec. blood flow in patients with cardiogenic shock was 42.12 [37.55; 50.25] sec., which was statistically significantly less ($p = 0.027$) compared to patients with pulmonary edema, where the value of T rec. blood flow was 59.35 [48.61; 68.15] sec.

Conclusions. In all patients with acute MI, a statistically significant increase of the value of T max vasodilation was observed in comparison with the control group, indicating an increase of microvascular reactivity, as well as a decrease of the value of T rec. blood flow reflecting a decrease of the duration of vasodilator production of the microvascular endothelium.

The most pronounced, statistically significant changes of endothelium-dependent vasodilation indicators, that means, deeper changes in the functional state of the vascular endo-

thelium among the examined patients with acute MI were observed in patients with QWMI compared to patients with NQWMI and in patients with complicated MI compared to patients with uncomplicated MI.

Among patients with complicated MI, the most pronounced changes of endothelium-dependent vasodilation indicators were found in patients with cardiogenic shock, compared to patients with pulmonary edema.

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НАРУШЕНИЕ ЭНДОТЕЛИЙ-ЗАВИСИМОЙ ВАЗОДИЛАТАЦИИ У ПАЦИЕНТОВ С ОСТРЫМ ИНФАРКТМ МИОКАРДА

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***Аннотация.** В статье представлены результаты анализа значения показателей эндотелий-зависимой вазодилатации у пациентов с острым инфарктом миокарда (ИМ) (n=63). Среди пациентов с острым ИМ были пациенты с Q образующим (n=33) и не Q образующим (n=30) ИМ и пациенты с неосложненным (n=33) и осложненным ИМ (n=13). У пациентов с осложненным ИМ были выявлены жизнеугрожающие осложнения в виде отёка лёгких и кардиогенного шока. Для оценки функционального состояния сосудистого эндотелия проводили фармакологический тест с 5% ацетилхолином. Наиболее выраженные, статистически значимые изменения показателей эндотелий-зависимой вазодилатации, среди обследуемых пациентов с острым ИМ наблюдались у пациентов с Q образующим ИМ по сравнению с пациентами с не Q образующим ИМ и у пациентов с осложненным ИМ по сравнению с пациентами с неосложненным ИМ. Среди пациентов с осложненным ИМ наиболее выраженные изменения показателей эндотелий-зависимой вазодилатации были выявлены у пациентов с кардиогенным шоком, по сравнению с пациентами с отёком лёгких.*

***Ключевые слова:** острый инфаркт миокарда, эндотелиальная дисфункция, эндотелий-зависимая вазодилатация, кардиогенный шок, отёк лёгких.*