



# GODIŠNJAK KBC "DR DRAGIŠA MIŠOVIĆ - DEDINJE"



ZBORNİK SAŽETAKA PUBLIKOVANIH  
NAUČNO-ISTRAŽIVAČKIH I STRUČNIH RADOVA  
ZAPOSLENIH ZDRAVSTVENIH RADNIKA I SARADNIKA  
U 2019. GODINI



## MISIJA

Naša misija je briga o pacijentima uz korišćenje savremenih zdravstvenih tehnologija u skladu sa standardima kvalitetne i bezbedne zdravstvene zaštite sekundarnog i tercijarnog nivoa, nastavljajući naučnoistraživački rad i obrazovanje studenata u dodiplomskoj i poslediplomskoj nastavi.

## VIZIJA

Prepoznatljivost u obezbeđivanju zdravstvene zaštite sekundarnog i tercijarnog nivoa, svim građanima u skladu sa usvojenim standardima kvalitetne i bezbedne zdravstvene zaštite i visokim renomeom naučnoistraživačke i obrazovne delatnosti.

## GODIŠNJAK

### KBC "DR DRAGIŠA MIŠOVIĆ-DEDINJE"

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zdravstvenom sistemu



Reč urednika...

*Što je osoba obrazovanja, utoliko će joj češće biti potrebno još obrazovanja*  
(Peter Drucker)

Kao glavna karakteristika postindustrijske revolucije ističe se porast broja zaposlenih koji proizvode i distribuiraju ideje i informacije. Prepoznavanje znanja kao najznačajnijeg proizvodnog resursa kreira novu klasu – radnike znanja. Paradoksalni status znanja posmatranog u kontekstu robe omogućava da se ono deljenjem umnožava, te se zalihe znanja ne smanjuju ukoliko se drugima prenose, a vlasnik znanja ne ostaje bez svog poseda čak i kada svojinu prenese velikom broju dugih osoba.

Ovaj ljudski kapital ima karakteristiku izuzetne mobilnosti, što u velikoj meri omogućava imperativni odgovor izazovima savremenog doba "društva znanja" – koncept doživotnog učenja. Ovaj koncept se više decenija progresivno inkorporira u svaki segment medicine i zdravstva kako bi omogućio stalni porast kvaliteta lečenja i nege.

Danas, poseban izazov za sve menadžere i rukovodioce postaje motivacija radnika znanja. Oni vide sebe kao „profesionalce“ a ne kao „zaposlene radnike“, ne zavise od institucija i poslodavca jer im znanje omogućava mobilnost. Zbog toga što kolektivno poseduju sredstva proizvodnje, radnici znanja postaju partneri poslodavca i zahtevaju drugačiji stil komunikacije, poverenje i uvažavanje umesto tradicionalnog hijerarhijskog odnosa odozgo-nadole.

Upravo u takvom ambijentu KBC "Dr Dragiša Mišović-Dedinje" kao organizacija koja uči, okuplja dobre ljude i stručnjake, sa ciljem da ih zadrži i osnaži, kako bi u partnerskom odnosu imali uzajamnu korist.

Šestu godinu za redom, predstavljamo Vam proizvod naših profesionalaca - Zbornik sažetaka publikovanih naučno-istraživačkih i stručnih radova zaposlenih zdravstvenih radnika i saradnika u 2019. godini, sa željom da studentima, stručnoj javnosti, pacijentima i prijateljima Ustanove ponosno pokažemo naš kolektivno stečeni kapital znanja.

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**ORIGINALNI RADOVI  
U ČASOPISIMA SA JCR  
(JOURNAL CITATION REPORTS) LISTE**



## The Prognostic Effect of Circadian Blood Pressure Pattern on Long-Term Cardiovascular Outcome Is Independent of Left Ventricular Remodeling

*Tadic, M; Cuspidi, C; Celic, V; Pencic, B; Mancia, G; Grassi, G; Stankovic, G; Ivanovic, B.*

J. Clin. Med. 2019, 8, 2126.

|     |           |
|-----|-----------|
| M21 | IF: 5.688 |
|-----|-----------|

### Abstract

We aimed to investigate the predictive value of 24 h blood pressure (BP) patterns on adverse cardiovascular (CV) outcome in the initially untreated hypertensive patients during long-term follow-up. This study included 533 initially untreated hypertensive patients who were involved in this study in the period between 2007 and 2012. All participants underwent laboratory analysis, 24 h BP monitoring, and echocardiographic examination at baseline. The patients were followed for a median period of nine years. The adverse outcome was defined as the hospitalization due to CV events (atrial fibrillation, myocardial infarction, myocardial revascularization, heart failure, stroke, or CV death). During the nine-year follow-up period, adverse CV events occurred in 85 hypertensive patients. Nighttime SBP, non-dipping BP pattern, LV hypertrophy (LVH), left atrial enlargement (LAE), and LV diastolic dysfunction (LV DD) were risk factors for occurrence of CV events. However, nighttime SBP, non-dipping BP pattern, LVH, and LV DD were the only independent predictors of CV events. When all four BP pattern were included in the model, non-dipping and reverse dipping BP patterns were associated with CV events, but only reverse-dipping BP pattern was independent predictor of CV events. The current study showed that reverse-dipping BP pattern was predictor of adverse CV events independently of nighttime SBP and LV remodeling during long-term follow-up. The assessment of BP patterns has very important role in the long-time prediction in hypertensive population.

## Hydroxyurea-induced senescent peripheral blood mesenchymal stromal cells inhibit bystander cell proliferation of JAK2V617F-positive human erythroleukemia cells

Sunčica Bjelica, Miloš Diklić, Dragoslava Đikić, Marijana Kovačić, Tijana Subotički, Olivera Mitrović-Ajtić, **Milica Radojković**, Vladan P. Čokić, Juan F. Santibanez

The FEBS Journal 286 (2019) 3647–3663<sup>a</sup>2019 Federation of European Biochemical Societies

|     |           |
|-----|-----------|
| M22 | IF: 4.739 |
|-----|-----------|

### Abstract

Hydroxyurea (HU) is a nonalkylating antineoplastic agent used in the treatment of hematological malignancies. HU is a DNA replication stress inducer, and as such, it may induce a premature senescence-like cell phenotype; however, its repercussion on bystander cell proliferation has not been revealed so far. Our results indicate that HU strongly inhibited peripheral blood mesenchymal stromal cells (PBMSC) proliferation by cell cycle arrest in S phase, and that, consequently, PBMSC acquire senescence-related phenotypical changes. HU-treated PBMSC display increased senescence-associated  $\beta$ -galactosidase levels and p16<sup>INK4</sup> expression, as well as DNA damage response and genotoxic effects, evidenced by expression of  $\gamma$ H2A.X and micronuclei. Moreover, HU-induced PBMSC senescence is mediated by increased reactive oxygen species (ROS) levels, as demonstrated by the inhibition of senescence markers in the presence of ROS scavenger *N*-acetylcysteine and NADPH oxidase inhibitor Apocynin. To determine the HU-induced bystander effect, we used the *JAK2V617F*-positive human erythroleukemia 92.1.7 (HEL) cells. Co-culture with HU-induced senescent PBMSC (HU-S-PBMSC) strongly inhibited bystander HEL cell proliferation, and this effect is mediated by both ROS and transforming growth factor (TGF)- $\beta$  expression. Besides induction of premature senescence, HU educates PBMSC toward an inhibitory phenotype of HEL cell proliferation. Finally, our study contributes to the understanding of the role of HU-induced PBMSC senescence as a potential adjuvant in hematological malignancy therapies.



## The influence of sex on left ventricular strain in hypertensive population

Tadic, Marijana; Cuspidi, Cesare; **Celic, Vera**; Ivanovic, Branislava; Pencic, Biljana; Grassi, Guido

Journal of Hypertension: January 2019 - Volume 37 - Issue 1 - p 50-56

doi: 10.1097/HJH.0000000000001838Endocrine. 2018 Oct;62(1):136-143.

|     |           |
|-----|-----------|
| M21 | IF: 4.209 |
|-----|-----------|

### Abstract

**Objective:** The aim of this study was to evaluate the influence of sex on left ventricular mechanics in hypertensive individuals.

**Methods:** This cross-sectional study included 171 untreated hypertensive patients and 112 normotensive controls who underwent a 24-h ambulatory blood pressure monitoring and comprehensive echocardiographic examination including strain assessment.

**Results:** Hypertensive women and men had significantly lower left ventricular global longitudinal and circumferential strains than their normotensive counterparts. Left ventricular global longitudinal strain was lower in hypertensive men than in women ( $-19.8 \pm 2.2$  vs.  $-17.9 \pm 2.1\%$ ;  $P < 0.01$ ). Left ventricular global circumferential strain was also reduced in hypertensive men in comparison with women ( $-21.0 \pm 2.5$  vs.  $-18.7 \pm 2.3\%$ ;  $P < 0.01$ ). The difference in left ventricular radial strain was not discovered between hypertensive women and men. Furthermore, left ventricular twist was significantly higher in hypertensive women than in hypertensive men ( $21.9 \pm 4.1^\circ$  vs.  $20.6 \pm 3.8^\circ$ ;  $P = 0.034$ ). Female sex and arterial hypertension, and also their interaction, were associated with lower left ventricular mass index, increased left ventricular global longitudinal, and circumferential strains and increased left ventricular twist compared with hypertensive men.

**Conclusion:** Left ventricular longitudinal and circumferential strains were significantly reduced in hypertensive patients. However, the changes are more pronounced in hypertensive men than in women. Sex has a significant effect on the association between hypertension, and longitudinal and circumferential strain.

## The impact of arterial hypertension on left ventricular strain in patients with aortic stenosis and preserved ejection fraction

Tadic, Marijana; Cuspidi, Cesare; Pencic, Biljana; Ivanovic, Branislava; Grassi, Guido; Kocijancic, Vesna; Celic, Vera

Journal of Hypertension: April 2019 - Volume 37 - Issue 4 - p 747-753  
doi: 10.1097/HJH.0000000000001963

|     |           |
|-----|-----------|
| M21 | IF: 4.209 |
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### Abstract

**Objective:** The influence of arterial hypertension on aortic stenosis severity is still controversial. The aim of this study was to evaluate the influence of hypertension on LV strain in patients with moderate and severe aortic stenosis.

**Methods:** This cross-sectional study included 115 patients with moderate and severe aortic stenosis and preserved LV ejection fraction (>50%) and 89 age-matched normotensive and hypertensive controls who underwent comprehensive echocardiographic examination. Aortic stenosis patients were divided into normotensive and hypertensive groups.

**Results:** There was no significant difference in LV ejection fraction between hypertensive and normotensive aortic stenosis patients. LV mass index gradually increased with the grade of aortic stenosis. LV global longitudinal strain, as well as endocardial and epicardial longitudinal strains, was significantly lower in hypertensive patients with severe aortic stenosis than in their normotensive counterparts. There was no significant difference in LV global circumferential strain between normotensive and hypertensive patients with severe aortic stenosis. Among patients with moderate aortic stenosis, there was no difference in global longitudinal strain between normotensives and hypertensive patients, whereas circumferential was significantly lower in hypertensive patients. LV radial strain was reduced in patients with severe aortic stenosis than in control subjects. SBP and mean aortic valve gradient were associated with LV global longitudinal and circumferential strains in aortic stenosis patients independently of LV mass index, LVEF, age and BMI.

**Conclusion:** Hypertension had additional significant negative influence on LV mechanics in patients with significant aortic stenosis. Blood pressure was associated with LV global longitudinal and circumferential strains in aortic stenosis patients independently of main clinical and demographic characteristics.

## The association between 24-h blood pressure patterns and left ventricular mechanics

Tadic M, Cuspidi C, **Majstorovic A**, Pencic B, Mancina G, Bombelli M, Grassi G, Kocijancic V, Djukic V, Celic V

Journal of Hypertension, 01 Feb 2020, 38(2):282-288  
DOI: 10.1097/hjh.0000000000002241 PMID: 31503137

|     |           |
|-----|-----------|
| M21 | IF: 4.209 |
|-----|-----------|

### Abstract

**Objective:** We sought to investigate left ventricular (LV) mechanics in the recently diagnosed hypertensive patients with different 24-h blood pressure (BP) patterns (dipping, nondipping, extreme dipping and reverse dipping). **METHODS:** The current cross-sectional study included 209 hypertensive patients who underwent 24-h ambulatory BP monitoring and comprehensive two-dimensional echocardiographic examination including multilayer strain analysis.

**Results:** There was no difference in 24-h and daytime BP values between four groups. Night-time BP significantly and gradually increased from extreme dippers, across dippers and nondippers, to reverse dippers. LV global longitudinal and circumferential strains were greater in dippers and extreme dippers than in nondippers and reverse dippers. This was also found for endocardial and epicardial LV longitudinal and circumferential strains. Multivariate logistic regression analysis demonstrated that nondipping and reverse dipping patterns were associated with reduced LV longitudinal strain [odds ratio (OR) 1.71 (95% confidence interval (CI): 1.10-5.61) and OR 2.50 (95% CI: 1.31-6.82), respectively] independently of age, sex, 24-h SBP, LV mass index and E/e'. Only the reverse dipping BP pattern was independently of clinical and echocardiographic parameters related with reduced LV circumferential strain [OR 1.90 (95% CI: 1.10-4.80)]. **Conclusion:** Nondipping and reverse dipping BP patterns had stronger impact on LV mechanics compared with patients with dipping and extreme dipping BP patterns in hypertensive population. LV functional and mechanical remodeling deteriorated from extreme dippers and dippers, to nondippers and reverse dippers.

## Prevalence and course of disease after lung resection in primary ciliary dyskinesia: a cohort & nested case-control study

*Panayiotis Kouis, Myrofora Goutaki, Florian S. Halbeisen, Zorica Zivkovic, Claudia E. Kuehni, Panayiotis K. Yiallourous et al.*

Respiratory research (2019), vol. 20 br. 1

|     |           |
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| M21 | IF: 4.184 |
|-----|-----------|

### Abstract

**Background:** Lung resection is a controversial and understudied therapeutic modality in Primary Ciliary Dyskinesia (PCD). We assessed the prevalence of lung resection in PCD across countries and compared disease course in lobectomised and non-lobectomised patients.

**Methods:** In the international iPCD cohort, we identified lobectomised and non-lobectomised age and sex-matched PCD patients and compared their characteristics, lung function and BMI cross-sectionally and longitudinally.

**Results:** Among 2896 patients in the iPCD cohort, 163 from 20 centers (15 countries) underwent lung resection (5.6%). Among adult patients, prevalence of lung resection was 8.9%, demonstrating wide variation among countries. Compared to the rest of the iPCD cohort, lobectomised patients were more often females, older at diagnosis, and more often had situs solitus. In about half of the cases (45.6%) lung resection was performed before presentation to specialized PCD centers for diagnostic work-up. Compared to controls (n=197), lobectomised patients had lower FVC z-scores ( $-2.41$  vs  $-1.35$ ,  $p=0.0001$ ) and FEV1 z-scores ( $-2.79$  vs  $-1.99$ ,  $p=0.003$ ) at their first post-lung resection assessment. After surgery, lung function continued to decline at a faster rate in lobectomised patients compared to controls (FVC z-score slope:  $-0.037$ /year Vs  $-0.009$ /year,  $p=0.047$  and FEV1 z-score slope:  $-0.052$ /year Vs  $-0.033$ /year,  $p=0.235$ ), although difference did not reach statistical significance for FEV1. Within cases, females and patients with multiple lobe resections had lower lung function.

**Conclusions:** Prevalence of lung resection in PCD varies widely between countries, is often performed before PCD diagnosis and overall is more frequent in patients with delayed diagnosis. After lung resection, compared to controls most lobectomised patients have poorer and continuing decline of lung function despite lung resection. Further studies benefiting from prospective data collection are needed to confirm these findings.

## Sex specific associations in genome wide association analysis of renal cell carcinoma

Laskar, R.S., Muller, D.C., Li, P, Savic, S. et al.

Eur J Hum Genet 27, 1589–1598 (2019). <https://doi.org/10.1038/s41431-019-0455-9>

|     |           |
|-----|-----------|
| M21 | IF: 3.650 |
|-----|-----------|

### Abstract

Renal cell carcinoma (RCC) has an undisputed genetic component and a stable 2:1 male to female sex ratio in its incidence across populations, suggesting possible sexual dimorphism in its genetic susceptibility. We conducted the first sex-specific genome-wide association analysis of RCC for men (3227 cases, 4916 controls) and women (1992 cases, 3095 controls) of European ancestry from two RCC genome-wide scans and replicated the top findings using an additional series of men (2261 cases, 5852 controls) and women (1399 cases, 1575 controls) from two independent cohorts of European origin. Our study confirmed sex-specific associations for two known RCC risk loci at 14q24.2 (*DPF3*) and 2p21(*EPAS1*). We also identified two additional suggestive male-specific loci at 6q24.3 (*SAMD5*, male odds ratio ( $OR_{\text{male}}$ )=0.83 [95% CI=0.78-0.89],  $P_{\text{male}}=1.71 \times 10^{-8}$  compared with female odds ratio ( $OR_{\text{female}}$ )=0.98 [95% CI=0.90–1.07],  $P_{\text{female}}=0.68$ ) and 12q23.3 (intergenic,  $OR_{\text{male}}=0.75$  [95% CI=0.68-0.83],  $P_{\text{male}}=1.59 \times 10^{-8}$  compared with  $OR_{\text{female}}=0.93$  [95% CI=0.82–1.06],  $P_{\text{female}}=0.21$ ) that attained genome-wide significance in the joint meta-analysis. Herein, we provide evidence of sex-specific associations in RCC genetic susceptibility and advocate the necessity of larger genetic and genomic studies to unravel the endogenous causes of sex bias in sexually dimorphic traits and diseases like RCC.

## Polyoxometalates in Biomedicine: Update and Overview

Čolović M, Lacković M, Lalatović J, Mougharbel AS, Kortz U, Krstić DZ.

Curr Med Chem. 2019 Aug 27. doi: 10.2174/0929867326666190827153532

|     |           |
|-----|-----------|
| M22 | IF: 3.469 |
|-----|-----------|

### Abstract

**Background:** Polyoxometalates are negatively charged clusters containing early transition metal ions in high oxidation states (e.g. W<sup>6+</sup>, Mo<sup>6+</sup>, V<sup>5+</sup>) surrounded by oxo ligands. These compounds have been applied in the fields of catalysis, electronics, magnetic materials and nanotechnology. Moreover, polyoxometalates were found to exhibit biological activities in vitro and in vivo, such as antitumor, antimicrobial, and antidiabetic activities.

**Method:** Literature search for peer-reviewed articles was performed using PubMed and Scopus databases, and utilizing appropriate key words.

**Results:** This review gives a comprehensive overview of recent studies regarding biological activities of polyoxometalates, and their biomedical applications as promising anti-viral, -bacterial, -tumor, and -diabetic agents. Additionally, their putative mechanism of the actions and molecular targets are particularly considered.

**Conclusions:** Although a wide range of biological activities of polyoxometalates was reported, they are not close to clinical trials and the final application in the treatment of diabetes, infectious and malignant diseases. Accordingly, further studies should be directed towards delimiting the mechanism of polyoxometalate biological actions, which would enable fine-tuning at the molecular level, and consequently efficient action towards biological targets and as low toxicity as possible. Furthermore, biomedical studies should be performed on solution-stable compounds under physiological conditions and concentrations employed.

**Keywords:** polyoxometalates; antiviral; antibacterial; antitumor; normoglycemic activities; biomedicine

## Do reverse dippers have the highest risk of right ventricular remodeling?

Marijana Tadic, Cesare Cuspidi, **Aleksandra Sljivic**, Biljana Pencic, Giuseppe Mancia, Michele Bombelli, Guido Grassi, Maurizio Galderisi, Vesna Kocijancic, **Vera Celic**

Hypertension Research (2019)

|     |           |
|-----|-----------|
| M22 | IF: 3.217 |
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### Abstract

We aimed to evaluate right ventricular (RV) deformation in recently diagnosed untreated hypertensive patients with different 24-h blood pressure (BP) patterns (dipping, nondipping, extreme dipping and reverse dipping). This cross-sectional study involved 190 untreated hypertensive patients who underwent 24-h ambulatory BP monitoring and a detailed two-dimensional echocardiographic examination, including the assessment of layer-specific strain. We found that 24-h and daytime BP values did not differ between the four groups. Nighttime BP significantly and gradually increased from extreme dippers across dippers and nondippers to reverse dippers. RV structure and systolic and diastolic function did not significantly differ among the four groups. However, RV global and RV free wall longitudinal strains were significantly lower in nondippers and reverse dippers than in dippers and extreme dippers. The endocardial and epicardial RV longitudinal strains of the whole RV and free wall RV were the lowest in reverse dippers and highest in extreme dippers. Multivariate logistic regression analysis demonstrated that only reverse dipping patterns were associated with reduced RV global longitudinal strain [OR 2.9 (95% CI: 1.5–8.2)], independent of age, sex, 24-h systolic BP, LV mass index, RV wall thickness and  $E/e'_{t}$ . Similarly, the reverse dipping pattern was associated with reduced RV free wall longitudinal strain, independently of the mentioned parameters [OR 3.8 (95% CI: 1.8–8.5)]. In conclusion, in the hypertensive population, the reverse dipping BP pattern had an adverse effect on RV deformation. RV remodeling progressively deteriorated from extreme dippers to reverse dippers, but only the reverse dipping BP pattern was independently associated with the reduction in RV longitudinal strain.

## Left atrial phasic function in hypertensive patients with significant aortic stenosis and preserved ejection fraction

*Marijana Tadic, Cesare Cuspidi, Biljana Pencic, Guido Grassi, Vesna Kocijancic and Vera Celic*

Hypertens Res 42, 1200–1208 (2019). <https://doi.org/10.1038/s41440-019-0256-0>

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| M22 | IF: 3.217 |
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### Abstract

The purpose of this investigation was to evaluate the influence of hypertension on left atrial (LA) function in patients with moderate and severe AS. This cross-sectional study included 121 patients with moderate and severe AS and preserved left ventricular (LV) ejection fraction (>50%) and 79 age-matched controls who underwent a comprehensive echocardiographic examination. LA phasic function was determined by both volumetric and strain methods. Our findings showed that the LV ejection fraction was similar between hypertensive and normotensive AS patients. Maximal, minimal, and pre-A LA volume indexes gradually increased from controls to moderate-to-severe AS patients. The total, passive and active LA emptying fraction (EF) gradually decreased in the same direction. LA phasic function estimated with strain analysis showed that reservoir, conduit, and pump LA phasic functions were lower in all AS patients than in normotensive controls. However, there was no significant difference between moderate and severe AS except in LA pump function, which was lower in severe AS. Differences in LA phasic function were more prominent in volumetric than in strain analyses. Blood pressure, LV mass index, and AS severity were independent of other clinical and echocardiographic parameters associated with LA phasic function in patients with AS. In conclusion, hypertension has an additive impact on LA phasic function in patients with moderate and severe AS. Blood pressure and AS severity were independently associated with LA phasic function parameters in AS patients. Volumetric assessment of LA phasic function should not be completely replaced with strain analysis.



## Systemic sclerosis impacts right heart and cardiac autonomic nervous system.

*Karen Bissell, Philippa Ellwood, Eamon Ellwood, Chen-Yuan Chiang, Guy B. Marks, Asma El Sony, Innes Asher, Nils Billo, Christophe Perrin and the Global Asthma Network Study Group † (include Zivkovic Z).*

Int. J. Environ Res Public Health  
2019, 16(4), 605; <https://doi.org/10.3390/ijerph16040605>.

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| M21 | IF: 2.948 |
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### Abstract

Patients with asthma need uninterrupted supplies of affordable, quality-assured essential medicines. However, access in many low- and middle-income countries (LMICs) is limited. The World Health Organization (WHO) Non-Communicable Disease (NCD) Global Action Plan 2013–2020 sets an 80% target for essential NCD medicines' availability. Poor access is partly due to medicines not being included on the national Essential Medicines Lists (EML) and/or National Reimbursement Lists (NRL) which guide the provision of free/subsidised medicines. We aimed to determine how many countries have essential asthma medicines on their EML and NRL, which essential asthma medicines, and whether surveys might monitor progress. A cross-sectional survey in 2013–2015 of Global Asthma Network principal investigators generated 111/120 (93%) responses—41 high-income countries and territories (HICs); 70 LMICs. Patients in HICs with NRL are best served (91% HICs included ICS (inhaled corticosteroids) and salbutamol). Patients in the 24 (34%) LMICs with no NRL and the 14 (30%) LMICs with an NRL, however no ICS are likely to have very poor access to affordable, quality-assured ICS. Many LMICs do not have essential asthma medicines on their EML or NRL. Technical guidance and advocacy for policy change is required. Improving access to these medicines will improve the health system's capacity to address NCDs.

## Cardiorespiratory fitness and right ventricular mechanics in uncomplicated diabetic patients: Is there any relationship?

*Vladan Vukomanovic, Jelena Suzic-Lazic, Vera Celic, Cesare Cuspidi, Dusan Skokic, Antonio Esposito, Guido Grassi & Marijana Tadic*

Acta Diabetol. 2019

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| M22 | IF: 2.996 |
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### Abstract

**Aims:** This study investigated the association between cardiorespiratory fitness and right ventricular (RV) strain in uncomplicated diabetic patients.

**Methods:** This cross-sectional study involved 70 controls and 61 uncomplicated patients with type 2 diabetes, who underwent laboratory analysis, comprehensive echocardiographic study and cardiopulmonary exercise testing.

**Results:** RV endocardial and mid-myocardial longitudinal strains were significantly reduced in diabetic subjects ( $-27.5 \pm 4.2\%$  vs.  $-25.3 \pm 4.3\%$ ,  $p=0.004$  for endocardial strain;  $-25.6 \pm 3.5\%$  vs.  $-24.1 \pm 3.2\%$ ,  $p=0.012$  for mid-myocardial strain). The same was revealed for endocardial and mid-myocardial of RV free wall. There was no difference in RV epicardial strain.  $VO_2$  was significantly lower in the diabetic group ( $27.8 \pm 4.5$  ml/kg/min vs.  $21.5 \pm 4.2$  ml/kg/min,  $p < 0.001$ ), whereas ventilation/carbon dioxide slope was significantly higher in diabetic subjects ( $25.4 \pm 2.9$  vs.  $28.6 \pm 3.3$ ). Heart rate recovery was significantly lower in diabetic patients. HbA1c and global RV endocardial longitudinal strain were independently associated with peak  $VO_2$  and oxygen pulse in the whole study population.

**Conclusion:** Diabetes impacts RV mechanics, but endocardial and mid-myocardial layers are more affected than epicardial layer. RV endocardial strain and HbA1c were independently associated with cardiorespiratory fitness in the whole study population. Our findings show that impairment in RV strain and cardiorespiratory fitness may be useful indicators in early type 2 diabetes, prior to the development of further complications.

## Influence of circadian blood pressure patterns and cardiopulmonary functional capacity in hypertensive patients

*Marijana Tadic, Cesare Cuspidi, Jelena Suzic-Lazic, Anita Andric, Carla Sala, Ciro Santoro, Olinka Iracek, Vera Celic*

J Clin Hypertens (Greenwich). 2019  
<https://doi.org/10.1111/jch.13671>

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| M22 | IF: 2.444 |
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### Abstract

We sought to assess functional capacity in recently diagnosed untreated hypertensive patients with different 24-hour blood pressure (BP) patterns (dipping, non-dipping, extreme dipping, and reverse dipping). This cross-sectional study involved 164 untreated hypertensive patients who underwent 24-hour ambulatory BP monitoring and cardiopulmonary exercise testing. Our findings showed that 24-hour and daytime BP values did not differ between four groups. Nighttime BP significantly and gradually increased from extreme dippers to reverse dippers. There was no significant difference in BPs at baseline and at the peak of exercise among four observed groups. Peak oxygen consumption (peak VO<sub>2</sub>) was significantly lower in reverse dippers than in dippers and extreme dippers. Heart rate recovery was significantly lower among reverse dippers than in dippers and extreme dippers. Ventilation/carbon dioxide slope (VE/VCO<sub>2</sub>) was significantly higher in reverse dippers and non-dippers in comparison with dippers and extreme dippers. Non-dipping BP pattern (non-dippers and reverse dippers together) was independently and negatively associated lower heart rate recovery in the first minute and peak VO<sub>2</sub>. Reverse dipping BP pattern was independently associated not only with heart rate recovery in the first minute and peak VO<sub>2</sub>, but also with VE/VCO<sub>2</sub>. In conclusion, untreated hypertensive patients with reverse dipping BP patterns showed significantly worse functional capacity than those with dipping and extreme dipping BP patterns. Circadian BP rhythm is related with functional capacity and should be taken into account in the risk assessment of hypertensive patients.

## The relationship between functional capacity and left ventricular strain in patients with uncomplicated type 2 diabetes

Vukomanovic, Vladan; Suzic-Lazic, Jelena; Celic, Vera; Cuspidi, Cesare; Petrovic, Tijana; Grassi, Guido; Tadic, Marijana

Journal of Hypertension: September 2019 - Volume 37 - Issue 9 - p 1871-1876  
doi: 10.1097/HJH.0000000000002125.

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| M22 | IF: 2.444 |
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### Abstract

**Objective:** We aimed to evaluate the association between functional capacity and left ventricular (LV) mechanics in the patients with uncomplicated type 2 diabetes.

**Methods:** The present cross-sectional study included 80 controls and 70 uncomplicated diabetic patients. These participants underwent laboratory analysis, comprehensive echocardiographic examination and cardiopulmonary exercise testing.

**Results:** Global longitudinal ( $-21.6 \pm 2.8$  vs.  $-18.4 \pm 2.3\%$ ,  $P < 0.001$ ) and circumferential ( $-22.0 \pm 2.9$  vs.  $-19.5 \pm 2.6\%$ ,  $P < 0.001$ ) strains were significantly reduced in diabetic participants. The same was found for longitudinal and circumferential endocardial, midmyocardial and epicardial strains. Peak oxygen uptake ( $27.0 \pm 4.3$  vs.  $20.7 \pm 4.0$  ml/kg/min,  $P < 0.001$ ) and oxygen pulse ( $14.1 \pm 3.0$  vs.  $11.6 \pm 3.2$  ml/beat,  $P < 0.001$ ) were significantly lower in the diabetic group, while ventilation/carbon dioxide slope was significantly higher in these patients. In the whole study population glycosylated hemoglobin, as well as LV endocardial longitudinal and circumferential strains were independently of other clinical and echocardiographic parameters of LV structure, systolic and diastolic function associated with peak oxygen consumption and oxygen pulse.

**Conclusion:** Our investigation showed that diabetes equally affected all LV myocardial layers. Endocardial LV longitudinal and circumferential strains, as well as glycosylated hemoglobin – main parameter of glucose regulation, were independently associated with functional capacity in the whole study population. These findings indicate that determination of LV strain and functional capacity could detect subclinical target organ damage and prevent development of further complications in uncomplicated diabetes mellitus patients.

## Association between functional capacity and heart rate variability in patients with uncomplicated type 2 diabetes

*Vladan Vukomanovic, Jelena Suzic-Lazic, Vera Celic, Cesare Cuspidi, Tijana Petrovic, Sanja Ilic, Dusan Skokic, Daniel Armando Morris & Marijana Tadic*

Blood Pressure, 28:3, 184-190, DOI: 10.1080/08037051.2019.1586431

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| M22 | IF: 2.292 |
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### Abstract

**Objective:** We sought to investigate functional capacity, heart rate variability (HRV), as well as their relationship in the patients with uncomplicated type 2 diabetes.

**Methods:** This cross-sectional observational study included 62 controls and 53 uncomplicated diabetic patients. Included subjects underwent laboratory analysis, 24-h ECG Holter monitoring and cardiopulmonary exercise testing.

**Results:** All parameters of time and frequency domain of HRV were decreased in the diabetic patients. Oxygen uptake at ventilatory threshold ( $18.3 \pm 3.9$  vs.  $14.6 \pm 3.6$  mL/kg/min,  $p < .001$ ), peak oxygen uptake (peak VO<sub>2</sub>) ( $27.8 \pm 4.1$  vs.  $19.5 \pm 4.3$ , mL/kg/min,  $p < .001$ ) and oxygen pulse were significantly lower in the diabetic group, whereas ventilation/carbon dioxide ratio and ventilation/carbon dioxide slope ( $25.4 \pm 2.5$  vs.  $28.6 \pm 3.9$ ,  $p < .001$ ) were significantly higher in this group. Furthermore, heart rate recovery in the first minute was significantly lower in the diabetic group ( $26 \pm 5$  vs.  $23 \pm 5$  beats/min,  $p = .003$ ). In the whole study population HbA<sub>1c</sub> and SDNN were independently of other clinical and HRV parameters associated with peak VO<sub>2</sub>, ventilation/carbon dioxide slope and heart rate recovery in the first minute.

**Conclusions:** Our investigation showed that both functional capacity and HRV were significantly impaired in uncomplicated diabetic patients. HbA<sub>1c</sub>, an important parameter of glucose regulation, was independently associated with HRV parameters and functional capacity in the whole study population. This reveals a potentially important role of determination of functional capacity and cardiac autonomic function as important markers of preclinical damage in diabetic population.

**Keywords:** diabetes, cardiopulmonary exercise testing, functional capacity, heart rate variability

## Is there association between left atrial function and functional capacity in patients with uncomplicated type 2 diabetes?

*Vladan Vukomanovic, Jelena Suzic-Lazic, Vera Celic, Cesare Cuspidi, Guido Grassi, Maurizio Galderisi, Vladimir Djukic & Marijana Tadic*

The International Journal of Cardiovascular Imaging volume 36, pages15–22 (2020)

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| M23 | IF: 1.860 |
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### Abstract

We sought to investigate the relationship between phasic left atrial function (LA) and functional capacity in the patients with type 2 diabetes (DM). This cross-sectional investigation included 72 controls and 64 uncomplicated DM subjects. All participants underwent echocardiographic examination and cardiopulmonary exercise testing. Total and passive LA emptying fractions (EF), demonstrating LA reservoir and conduit function, were significantly lower in DM patients than in controls. Active LA EF, the parameter of LA booster pump function, was similar between DM and controls. Total and positive LA strains, corresponding with reservoir and conduit function, were also significantly reduced in DM subjects comparing with controls. However, negative LA strain - parameter of LA booster pump function, was significantly increased in DM patients in comparison with controls. Peak oxygen consumption was significantly reduced and ventilation/carbon dioxide slope was elevated in DM patients. In the whole study population LA global longitudinal strain was associated with heart rate recovery in the first minute, peak oxygen consumption and ventilation/carbon dioxide slope independently of other clinical parameters and LV hypertrophy and LV diastolic function. In conclusion, LA phasic function and functional capacity were significantly impaired in the patients with DM. LA longitudinal strain, but not LA volume index, was independently related with functional capacity in the whole study population. Our results suggest that evaluation of LA function and functional capacity could detect subclinical target organ damage and prevent development of further complications in uncomplicated DM patients.

## The incidence of and risk factors for complications when removing a single uterine fibroid during cesarean section: a retrospective study with use of two comparison groups

*Sparić R, Papoutsis D, Bukumirić Z, Kadija S, Spremović Radjenović S, Malvasi A, Lacković M, Tinelli A*

J Matern Fetal Neonatal Med. 2019 Jan 30;1-8. doi: 10.1080/14767058.2019.1570124.

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| M23 | IF: 1.493 |
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### Abstract

**Purpose:** To determine the incidence of and risk factors for perioperative complications in women with a single uterine fibroid, who had a cesarean myomectomy (CM).

**Methods:** This was a retrospective study of women who had a CM between 2015-2016. They were compared versus women who had a cesarean section (CS) alone and nonpregnant women who had a laparotomic myomecto-my (LM).

**Results:** We identified 44 CM women, 51 CS patients, and 44 LM women. Those with a CM in most cases had subserosal at the anterior uterine wall and near the lower uterine segment (LUS), as most frequent fibroids; moreover, they had, on average, 18 min longer surgery duration versus CS alone. CM did not affect the Apgar scores and the incidence of minor and major complications was 36.4% and 29.5%, with the most frequent being postoperative anemia (36.4%) and intraoperative hemorrhage (29.5%). No significant differences were reported on both minor and major complications in the three groups. The following variables were found to be significant predictors in univariate logistic regression analysis for the occurrence of major complications in women who had a CM: the fibroid size (OR=1.040, 95%CI: 1.014-1.066, p=.002), and duration of surgery (OR=1.059, 5%CI:1.012-1.108, p=.013). The fibroid diameter cut-off was 75.0 mm (sensitivity 69.2%; specificity 90.3%), and the surgery duration was 87.5 min (sensitivity 53.8%; specificity 93.5%).

**Conclusion:** CM appears safe, with no additional risks when compared to CS alone and LM in the women of reproductive age.

**Keywords:** Fibroid; cesarean myomectomy; complications; myomectomy; outcome

## Cyclin D1 and p57 expression in relation to clinicopathological characteristics and overall survival in patients with renal cell carcinoma

*Dragana Latic, Snezana Pejic, Slavisa Savic, Zlatibor Loncar, Ivan M. Nikolic, Gorana Nikolic, Ivan Pavlovic, Sanja Radojevic-Skodric*

JBUON 2019; 24(1): 301-309 ISSN: 1107-0625, online ISSN: 2241-6293.

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| M23 | IF: 1.379 |
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### Abstract

**Introduction:** To the best of our knowledge, no previous work has been done on automatic detection of glucose level anomalies based on scanning the spent dialysate. Here we present a non-invasive method to detect glycaemia variations during hemodialysis (HD) session using the near-infrared spectroscopy analysis of the spent dialysis fluid.

**Methods:** Samples of spent dialysate were obtained at predetermined time points upon five consecutive dialysis treatments from three patients (non-diabetic males; aged 74, 75 and 76 years; dialysis vintage 108, 24 and 66 months respectively) treated with chronic bicarbonate HD (high-flux membrane, surface area 1.7m<sup>2</sup>, mean dialysate flow rate 500ml/min, effective blood flow rate 300ml/min, dialysate content: Na<sup>+</sup> 138mmol/l, Cl<sup>-</sup> 110.5mmol/l, K<sup>+</sup> 2mmol/l, Ca<sup>++</sup> 1.75mmol/l or 1.50mmol/l, Mg<sup>++</sup> 1mmol/l CH<sub>3</sub>COO<sup>-</sup> 3mmol/l, HCO<sub>3</sub><sup>-</sup> 32mmol/l, Glucose 1g/l). The samples of spent dialysate were analyzed with near-infrared spectroscopy in the range from 700 to 1700 nm. The absorption spectrum of each sample was measured three times providing a dataset of 126 spectra. The glucose values were presented in the form of a binomial variable, where 0 indicates glucose level ≤6.0mmol/l and 1 glucose level >6.0mmol/l. The methods of machine learning were applied as more specific methods of classification. Data were analyzed with Partial Least Squares Regression (PLSR) and several machine learning (ML) algorithms: Random Tree, Logistic Regression, KNN (K-nearest neighbor), Support Vector Machine (SVM), Decision Tree Classifier, and Gaussian Naive Bayes (NB). These classifier methods were used on the same dataset with cross validation, and Area Under the Curve (AUC) evaluation. Results were compared between different methods. Spectras were normalized using Standard Normal Variates (SNV). In constructing the model, we chose the classification approach.

**Results:** According to the ROC curve and AUC criterion, the best model was acquired using RF algorithm, followed by SVM and KNN. RF gave an accuracy of 91%, followed by SVM of 89% and KNN of 80%. Decision Tree had an accuracy of 71%, while Logistical regression with AUC and Naive Bayes had poor accuracy of 57.6% and 57.8%.

**Conclusions:** So far no studies addressed monitoring and detecting anomalies in spent dialysate glucose level. Moreover, machine learning method was never used for this purpose and this study suggests that this non-invasive approach is highly accurate in predicting elevated intradialytic glycaemia and thus might be used for on-line glycaemia monitoring.



## Hysteroscopy - history and development

*Rudić-Biljić-Erski Ivana, Vasiljević Mladenko, Rakić Snežana, Mihajlović Slađana, Džatić-Smiljković Olivera, Biljić-Erski Aleksandar*

Srpski arhiv za celokupno lekarstvo 2019 Volume 147, Issue 5-6, Pages: 375-379  
<https://doi.org/10.2298/SARH180720001R>

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| M23 | IF: 0.299 |
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### Abstract

Hysteroscopy is the gold standard for diagnosing and managing endocervical and endometrial pathology. The development of today's hysteroscopy begins in the early 19th century. Initially, hysteroscopy was used solely for diagnostics. Operative hysteroscopy surfaced with the development of distension media, the hysteroscope, and its associated instruments. Operative hysteroscopy underwent the most significant development in the early 1970s, when new hysteroscopes were introduced, and the distension media became more widely used. A multitude of hysteroscopic procedures are performed with the common goal of removing pathological changes in the endometrial cavity. In the 1980s, small cameras, also known as "chip" cameras, were developed, leading to the transition of endoscopy into videoendoscopy. Bettocchi revolutionized modern hysteroscopy in 1996 when he used the first operative office hysteroscope. Operative resectoscopes, containing monopolar and bipolar energy, were also constructed. Hysteroscopic morcellators have been in use since the beginning of the 21st century. Today's modern hysteroscopy represents a safe diagnostic and operative endoscopy.

**Keywords:** hysteroscope, resectoscope, morcellator, operative hysteroscopy

## Clear cell endometrioid type ovarian carcinoma associated with endometriosis of the ipsilateral ovary

*Rudic Biljic Erski I, Vasiljevic M, Rakic S, Dzatic-Smiljkovic O, Mihajlovic S.*

Vojnosanitetski pregled 2019;76,(5): 547-551 <https://doi.org/10.2298/VSP170424107R>

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| M23 | IF: 0.272 |
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### Sažetak

**Uvod.** Endometrioza jajnika je identifikovana kao faktor rizika od nastanka karcinoma jajnika udruženog sa endometriozom. Prikazali smo bolesnicu sa istovremenom pojavom svetloćelijskog/endometrioidnog tipa karcinoma jajnika i endometrioze u istom jajniku.

**Prikaz bolesnika.** Bolesnica, stara 47 godina, podvrgnuta je operativnom zahvatu zbog endometrioidne ciste na desnom jajniku. Urađena je histerektomija sa obostranom adnektomijom, limfadenektomija regije desnog slabinskog mišića, omentektomija i višestruke biopsije peritoneuma. Posle operacije primenjena je hemioterapija u toku šest ciklusa po protokolu Taxol-CBDCA. Nakon hiruškog zahvata i sprovedenog lečenja hemioterapijom urađen je kontrolni CT abdomena i male karlice i kod bolesnice nisu nađeni znakovi recidiva bolesti. Šest meseci posle završenog lečenja bolesnica se dobro osećala i nije imala recidiv bolesti.

**Zaključak.** Svetloćelijski i endometrioidni podtip karcinoma jajnika imaju dobru prognozu ako se otkriju i leče u ranom stadijumu bolesti. Kod prikazane bolesnice karcinom je otkriven u prvom stadijumu i uspešno je lečen kombinovanom terapijom tj. hiruški i hemioterapijom.

**Ključne reči:** adenokarcinom svetlih ćelija; dijagnoza; endometrioza; jajnik, neoplazme; lečenje, ishod.

## Unilateral agenesis of the right ovary and fallopian tube in an infertile patient with a normal uterus

*Rudic Biljic Erski I, Vasiljevic M, Rakic S, Mihajlovic S*

Vojnosanit Pregl 2019; 76(6): 641–644.

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| M23 | IF: 0.272 |
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### Sažetak

**Uvod.** Jednostrana agenezija jajnika i jajovoda je ekstremno retko stanje i obično je udružena sa anomalijama materice i bubrega. Ova anomalija se obično otkriva slučajno na laparoskopiji i laparotomiji, koje se izvode zbog nekih drugih ginekoloških i opstetričkih razloga. Prikazali smo redak slučaj jednostrane agenezije jajnika i jajovoda kod infertilne pacijentkinje sa normalnom matericom.

**Prikaz bolesnika.** Pacijentkinja stara 34 godine, sa primarnim infertilitetom, primljena je na našu kliniku za laparoskopiju i histeroskopiju zbog okluzije levog jajovoda i endometrijalnog polipa u šupljini materice. Urađena je laparoskopija i histeroskopija. Na laparoskopiji je dijagnostikovana unilateralna agenezija desnog jajnika i desnog jajovoda, sa normalnom matericom. Pri eksploraciji peritonealnih površina, omentuma i seroze creva nije nađeno ektopično tkivo ni za ostalo tkivo jajnika i jajovoda. Ultrazvučnim pregledom urinarnog trakta isključene su anomalije bubrega. Hormonske analize i kariotip kod pacijentkinje su bili normalni. Spermogram partnera je bio uredan. Godinu dana kasnije pacijentkinja je spontano ostala trudna. Serijskim ultrazvučnim pregledima u toku trudnoće dijagnostikovani su normalni intrauterusni razvoj ploda. Pacijentkinja se porodila u 40. nedelji trudnoće, spontano, vaginalnim imputem. Rodila je žensko, živo novorođenče, telesne mase 3,350 gr, dužine 53 cm, Apgar score 9/10 na rođenju. Pacijentkinja je zajedno sa novorođenčetom treći dan posle porođaja otpuštena kući.

**Zaključak.** Jednostrana agenezija jajnika i jajovoda je retko udružena sa normalnom matericom. Laparoskopija predstavlja zlatni standard za dijagnozu agenezije jajnika i jajovoda. Ukoliko ne postoje druge akušerske indikacije za carski rez, ova anomalija nije indikacija per se za carski rez i moguć je vaginalni porođaj u terminskoj trudnoći.

**Ključne reči:** anomalije; dijagnoza; jajovodi; neplodnost; laparoskopija; jajnik

## Malignant postpartal GTN :Rare appearance of equal Ultrasonography and operative finding in uterine PSTT and choriocarcinoma

*Maglic R, Mihajlovic S, Ivic B, Jokanovic P, Dobrosavljevic A, Maglic D, Krusic S.*

Vojnosanitetski preglod 2020 OnLine-First Issue 00, Pages: 50-50

<https://doi.org/10.2298/VSP17022205>

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| M23 | IF: 0.272 |
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### Abstract

Frequency of malignant Gestational Trophoblastic Neoplasms (GTN) is estimated at 1,03 cases in 1000 deliveries with 5 fold greater risk in patients younger than 20 and older than 40 years. Serum value of human chorionic gonadotropin is the most relevant parameter in diagnosis of GTNs. In placental site trophoblastic tumor (PSTT) - serum levels of chorionic gonadotropin do not have the same significance as they do in other malignant GTNs. Definite diagnosis of PSTT is almost always confirmed by immunohistochemistry. In the course of just a few months (August 2016 to January 2017) in Obs/Gyn Clinic "Narodni front" in Belgrade, two GTN patients were admitted and treated, with almost equal ultrasonography (pictures), operative findings and postoperative outcome. Due to histopathological and immunohistochemical examination two different types of malignant GTN were confirmed. The first patient (admitted in August 2016) 26 years old was admitted for uterine bleeding 11 months after vaginal delivery surgery histopathological examination confirmed PSTT. The second patient (admitted in January 2017) 27 years old, admitted 4 months after vaginal delivery because of uterine bleeding. Histology confirmed Choriocarcinoma. Considering the fact that malignant GTN can appear in different types, with different ultrasonography pictures, this report is significant because two distinctly different malignant GTN entities could appear with equal clinical manifestations and equal ultrasound pictures even when they may have very different course of disease treatment and outcome. Such cases need correct diagnosis which may be reached only after immunohistochemistry analysis. The ultrasound patterns, both in gray scale, color flow, and Doppler values, were almost equal in both cases and guided the diagnostic procedures to the final treatment, even regardless of their very different histopathology.

**Keywords:** ultrasound, Color Doppler, GTN, PSTT, choriocarcinoma, immunohistochemistry

## Uterus didelphys associated with ovarian endometriosis in an infertile patient

*Rudić-Biljić-Erski Ivana, Vasiljević Mladenko, Rakić Snežana, Džatić-Smiljković Olivera, Mihajlović Slađana*

Vojnosanitetski preglod 2019 Volume 76, Issue 7, Pages: 749-752  
<https://doi.org/10.2298/VSP170113148R>

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| M23 | IF: 0.272 |
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### Abstract

**Introduction.** Uterus didelphys results when Mullerian duct fusion is completely arrested during development. We presented a rare case of nonobstructive uterus didelphys occurring simultaneously with an endometriotic cyst of the ovary.

**Case report.** A twenty-nine-year-old, nulliparous patient was admitted to our Clinic for laparoscopic treatment of an endometriotic ovarian cyst. Diagnoses of right ovarian endometriotic cyst and nonobstructed uterus didelphys were established with bimanual pelvic exam and two-dimensional transvaginal ultrasound. Diagnoses were subsequently confirmed by laparoscopy and magnetic resonance imaging. Laparoscopic incision and drainage of the endometriotic cyst were performed, followed by biopsy and coagulation of endometriotic lesions. Histopathology confirmed ovarian endometriosis. Gonadotropin-releasing hormone analogue (GnRHa) was prescribed postoperatively, for a total of 3 months. Ten months after completion of treatment, the patient was without disease recurrence.

**Conclusion.** Nonobstructive uterus didelphys is rarely associated with ovarian endometriosis.

**Keywords:** uterus, congenital abnormalities, ovary, infertility, endometriosis, laparoscopy, treatment outcome.

# Left ventricle ejection fraction and strain derived by three-dimensional echocardiography are associated with exercise capacity in the patients with heart failure

*Pavlović-Kleut Milena, Šljivić Aleksandra, Ćelić Vera*

Vojnosanitetski preglod 2019 Volume 76, Issue 8, Pages: 779-786  
<https://doi.org/10.2298/VSP170716162P>

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| M23 | IF: 0.272 |
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## Abstract

**Background/Aim.** Echocardiography represents the most commonly performed noninvasive cardiac imaging tests for the patients with heart failure (HF). The aim of this study was to assess the relationship between the exercise capacity parameters [peak oxygen consumption ( $VO_2$ ) and the minute ventilation-carbon dioxide production relationship ( $VE/VCO_2$ )] and the three-dimensional speckle-tracking echocardiography (3D-STE) imaging of left ventricular (LV) function in the HF patients with the reduced LV ejection fraction (LVEF).

**Methods.** This cross-sectional study included 80 patients with diagnosed ischemic LV systolic dysfunction (LVEF < 45%) divided into subgroups based on the proposed values of analyzed cardiopulmonary exercise testing (CPET) variables:  $VO_2$  peak  $\leq 15$  mL/kg/min,  $VO_2$  peak  $> 15$  mL/kg/min,  $VE/VCO_2$  slope  $< 36$  and  $VE/VCO_2$  slope  $\geq 36$ . All patients underwent a physical examination, laboratory testing, two-dimensional (2D) and 3DE, and CPET.

**Results.** LVEF, global longitudinal, circumferential, radial and area strains were significantly lower in the subgroups of subjects with a peak  $VO_2$  less, or equal to 15 mL O<sub>2</sub>/kg per min and with a  $VE/VCO_2$  slope greater, or equal to 36 compared to the subgroups of subjects with a peak  $VO_2$  greater than 15 mL O<sub>2</sub>/kg per min and with a  $VE/VCO_2$  slope less than 36. There was a significantly positive correlation between the peak  $VO_2$  values and parameters of 3DE, and a significantly negative correlation between the  $VE/VCO_2$  slope values and parameters of 3DE.

**Conclusion.** The results of this study provide further evidence that the LV function can be noninvasively and objectively measured by 3D-STE. A significant correlation between examined parameters suggests that LVEF and strain derived by 3DE are associated with exercise capacity in the patients with HF.

**Keywords:** heart failure, myocardial contraction, echocardiography, ventricular function, left , exercise test, oxygen consumption

## Spirometric changes in children with asthma exposed to environmental tobacco smoke and treated with inhaled corticosteroids

*Snežana Radić, Branislava Milenković, Branislav Gvozdinović, Biljana Medjo, Sanja Dimić Janjić*

Vojnosanit Pregl 2019; 76(3): 321–330.

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| M23 | IF: 0.272 |
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### Abstract

**Background/Aim.** Corticosteroids are the most frequently prescribed anti-inflammatory treatment in asthma. A purpose of this study was to compare the spirometric parameters as a response to inhaled fluticasone propionate (FP) treatment in children with asthma, exposed and nonexposed to environmental tobacco smoke (ETS).

**Methods.** The study included 527 children aged between 1 and 16 years with persistent asthma divided into the groups of ETS exposed (ETSE, n = 337) and ETS free (ETSF, n = 190) children. Spirometry was performed before (1st set of results) and after 6 months of FP treatment (2nd set of results). Good lung function (GLF) was defined as forced expiratory volume in one second (FEV1)  $\geq$  85%, and “poor lung function” (PLF) as FEV1 < 85%.

**Results.** Among the ETSE children, 208 had one smoking parent, 129 had two, 228 had smoking mothers and 238 smoking fathers. The ETSE children received a higher FP dose ( $p < 0.0001$ ) which was increased with the increase of the number of smokers in the family. The ETSE children had significantly lower lung function both in the 1st and 2nd sets of tests compared to the ETSF children ( $p < 0.05$ ). After the FP treatment, both groups improved all spirometric parameters ( $p < 0.001$ ). In the 2nd set of the spirometric tests, the children of smoking mothers had lower spirometry values compared to the children of smoking fathers ( $p < 0.05$ ). The proportion of the children improving from the PLF to GLF after 6 months of FP was much higher among the ETSF than the ETSE children ( $p < 0.05$ ).

**Conclusions.** The ETSE children had lower spirometric values before FP. After 6-months of the FP treatment children in both groups improved the spirometric values, but the improvement was higher in the ETSF children.

Key words: asthma; child, preschool; child; adolescent; parents; smoking; tobacco smoke pollution; respiratory function tests; fluticasone; administration, inhalation.



**RAD U ČASOPISU KOJI NIJE  
UVRŠTEN U PRETHODNO NAVEDENE  
BAZE PODATAKA**





## Evaluation of Efficacy and Tolerability of a Fixed Combination of N-Acetyl Cysteine (NAC) with Propolis as a Supplement in Treatment of Adults with Acute Respiratory Infections a Real Life Observational Single Centre Clinical Trial

*Jelica Videnović-Ivanov, Violeta Mihajlović-Vučinić, Svetlana Filipović-Stepić, Ivana Filipović, Marco Caminati, Anita Agić and Zorica Živković*

EC Pulmonology and Respiratory Medicine 8.5 (2019): 417-423.

### Abstract

**Introduction and Aim:** The aim of this study was to assess the efficacy of N-acetyl cysteine (NAC) in formulation with propolis as a supplement in treatment of patients with acute respiratory infections.

**Patients and Method:** The prospective study was conducted in Clinic for Pulmonology (Clinical Centre of Serbia, Belgrade) in period February 2017-July 2017 enrolling patients with symptoms of acute respiratory infections. After a detailed analysis of the symptoms, adequate standard therapy was applied together with the preparation of 600 mg N-acetylcysteine and 80 mg propolis, sachet (Pro- poMucil® AbelaPharm, Serbia), once daily for 10 days.

**Results:** Number of 71 patients with average age  $60.7 \pm 14.9$  years was included in the study. Cough as a symptom was present in 85.9% of patients, with clear sputum in 63.4%. Among the patients included 41% were diagnosed with acute bronchitis, 28% with bronchial asthma, 20% with chronic obstructive pulmonary disease (COPD) and 11% with pneumonia. Ten days after initiation of therapy, regression of inflammatory parameters such as C-reactive protein (CRP), sedimentation rate, fibrinogen, white blood cells count and neutrophils count was observed, while simultaneously observing and increase in quantity of mucus.

**Conclusion:** Use of preparation containing N-acetyl cysteine and propolis alongside the standard therapy in the treatment of the acute respiratory infection, during the course of 10 days, have shown a positive effect via stabilizing the overall condition, inducing coughing of the viscous secretions.

**Keywords:** Acute Respiratory Infections; Dietary Preparation; N-acetylcysteine; Propolis

## Visual Analog Scale-An easy Method of Cough Assessment in Children

*Zorica Zivkovic, Vesna Vekovic, Jasmina Jovic-Stojanovi, Ivana Filipovic, Marco Caminati, Davor Korcok, Svetlana Mitrovicand Olivera Ostojic.*

EC Pulmonology and Respiratory Medicine 8.11 (2019): 82-91.

### Abstract

**Introduction:** Cough is the symptom of respiratory infections, which represent the most common diseases in preschool children. The visual analog scale (VAS) has been used to assess cough severity in children suffering from chronic cough.

**Methods:** The study was conducted in the Children's Hospital for Lung Diseases and Tuberculosis, Medical Centre "Dr. Dragisa Misovic". All patients were presented with prolonged cough (due to upper and/or lower respiratory tract infectious with or without atopic constitutions) up to two weeks. They have been taking alongside their therapy a Herbiko® kid's syrup with honey.

**Results:** 109 patients were included in the study. According to results on VAS after the treatment all participants experienced no cough or cough several times but without disturbing daily activity. None of the participant had cough that interfere daily activities. ANOVA test with repeated measurements has showed that there is a statistically significant improvement of cough severity on VAS before and after the treatment with natural product.

**Conclusion:** Herbal products was found safe and effective in reducing symptoms of prolonged dry, productive and mixed cough. Cough monitoring is a very important both for clinical studies and practice. VAS is a simple and a very useful tool for monitoring cough severity.

**Keywords:** VAS; Cough; Assessment; Children

## Effects of herbal medicine on acute cough and quality of life in children and their parents - A prospective real life study

*Baljosevic I, Bajec-Opancina A, Subarevic V, Stankovic K, Novkovic M, Agic A and Filipovic I*

Trends Med, 2019 doi: 10.15761/TiM.1000173 Volume 19: 1-5

### Abstract

**Introduction:** Most children have about 4–6 respiratory infections each year. The term “herbal medicine” is used to identify medicinal herbs or some substances obtained from such herbs that help the body to fight different diseases, including infections, and for improving overall health. This research was aimed at assessing the quality of life of children in the acute phase of the respiratory infection, who got natural syrup for the control of cough.

**Patients and method:** The prospective study was conducted at the institute for children. The study included 99 respondents who were given the unique natural syrup for children twice a day for 10 days. The research was done using a questionnaire filled by the parents of children with cough.

**Results:** After the supplementation it is evident decrease in number of subjects with above various disturbances (cough disturbs night sleep and regular daily activities) and thus quality of life improvement. There is significant improvement of their respiratory secretion characteristics. 70% of subjects reported improvement of cough symptoms, 27% no change. Syrup taste children considered as tasty (63%). It was determined significant positive correlation between children’s and parents’/ family life quality during visit.

**Conclusion:** It can be concluded that after the application of the syrup in conjunction with a therapeutic therapy, the overall quality of life is improved.

## Update on food allergies

*Marija Radulovic, Djordje Filipovic, Ivana Filipovic*

Prev Ped, 2019; God 5, Vol 1-2

### Abstract

Food allergy has been defined as adverse reaction to food in which “immunological mechanism have been demonstrated”. The clinical presentation of food allergy involves a large spectrum of symptoms ranging from skin like urticaria, angioedema, atopic eczema, dermatitis, gastrointestinal (vomiting, colic, abdominal pain, diarrhea, constipation), respiratory (rhinorrhea, sneezing, cough, dyspnea). According to a recent review the point prevalence of self-reported food allergy is approximately six times higher than challenge food allergy. A proper diagnosis is necessary for a sufficient and safe management. The core stone of diagnosis of food allergy is a careful dietary history. Mostly food allergies are self reported, but also a great number of tests are available. The most widely used tests for food allergies diagnosis are: skin prick tests (SPT), specific IgE (sIgE), compo-nent resolved diagnosis (CRD) and the atopy patch test (APT). Besides food avoidance there is also growing interest in the effectiveness of potential immunomodulatory treatment approaches, including sublingual and oral immunotherapy to induce tolerance, particularly for peanut allergy.

Key words: food allergy, urticaria, skin prick test

## Prevenција respiratorne alergije alergen specifičnom imunoterapijom

*Zorica Živković, Ivana Filipović, Vesna Veković, Jasmina Jocić-Stojanović, Olivera Ostojić*

Prev Ped, 2019; God 5, Supl. 1

### Sažetak

**Uvod:** Podrazumeva primenu ekstrakta alergene u malim i postepeno rastućim dozama, sa ciljem izazivanja tolerancije na relevantni alergen, samim tim smanjuju se klinički simptomi. ASIT je jedina kauzalna terapija, koja može imati uticaja na dalji tok alergijskih bolesti. Kod dece SLIT može da prevenira razvoj senzibilizacije na nove alergene, ili može da zaustavi progresiju alergijskih simptoma, odnosno da spreči razvoj astme kod dece sa već postojećom alergijskom kijavicom.

**Cilj rada:** U dečjem uzrastu svaka terapija koja nije agresivna i ne ugrožava komfor deteta, ima značajno mesto u protokolu lečenja. SLIT se primenjuje u kućnim uslovima, ne zahteva stručni nadzor i potpuno je neinvazivna metoda. Jedini problem je nesigurna klinička efikasnost i nedostatak preciznih markera kojim se može pokazati delovanje terapije. Generalno, ne sprovodi se kod dece mlađe od 5 godina, i sa posebnom pažnjom se savetuje deci koja su senzibilisana na više alergena.

**Zaključak:** Ukoliko bolest dugo traje i ima hroničan recidivantan tok, očekivano je da su rezultati slabiji. Praktična primena kod dece je u slučaju senzibilizacije na inhalatorne alergene (grinje, poleni), na insekte (osa, pčela), i pokazalo se da su efekti terapije dobri. U ostalim slučajevima (hrana, životinjska dlaka, gljivice) efekat je varijabilan.

**Ključne reči:** alergije, deca, imunoterapija

## Značaj psiho-socijalne podrške: Plućna tuberkuloza i maloletnička trudnoća-prikaz slučaja

*Milošević, J.*

Preventivna pedijatrija, 2019, april, 5(1-2), 56-57

### Sažetak

**Uvod.** Informisanje i edukacija mladih o zdravim navikama i riziko-faktorima ključne su mere prevencije i temeljni postupak u očuvanju zdravlja. Mladi često nerealno procenjuju negativne posledice svog seksualnog ponašanja.

**Prikaz slučaja.** Pregledom i analizom medicinske dokumentacije, uvidom u porodični, socijalni, ekonomski i zdravstveno-vaspitni status maloletne pacijentkinje utvrđeno je stanje u oblasti reproduktivnog i opšteg zdravlja. Individualni, holistički pristup i evidentirana saznanja relevantni su za kreiranje i primenu odgovarajućih programa zdravstvene edukacije.

**Zaključak.** Kao rezultat prikaza slučaja može se zaključiti da je, zbog sveobuhvatnog problema maloletničke trudnoće i tuberkuloze, koji pored reproduktivnog i opšteg zdravlja ugrožava i psiho-socijalno funkcionisanje pojedinca i porodice, potrebno sprovesti adekvatne mere i aktivnosti u prevenciji, ranoj intervenciji i tretmanu pacijentkinje.

## Prava dece na sveobuhvatnu zdravstvenu zaštitu u Republici Srbiji

*Milošević, J. Todorović, J. Ostojić, O.*

Socijalna misao, 2019, decembar, 97, 2, 41-52

### Sažetak

U savremenom društvu, briga o zdravlju dece i mladih, kao i ostvarivanje pravna zdravstvenu zaštitu normativno su uređena i priznata međunarodnim zakonima. Konvencija UN o pravima deteta, koja postoji 30 godina, najvažniji je dokument iz oblasti prava deteta, predstavlja sistematizaciju svih dečijih prava i ima nesagledivi značaj za konstituisanje, garantovanje i poštovanje prava dece. Svako dete ima pravo na najviši mogući standard zdravlja i sveobuhvatnu zdravstvenu zaštitu. Zakonskim izmenama unapređeno je i pravo deteta na izražavanje mišljenja i privatnost u oblasti zdravstvene zaštite, uključujući i određena prava dece sa navršenih 15 godina, koja su u potpunosti uskladu sa standardima iz oblasti prava deteta da zdravstvena zaštita bude „po meri svakog deteta”, uz poboljšanje kvaliteta života.



# IZVODI U ZBORNICIMA MEĐUNARODNIH SKUPOVA





## The value 3D OmniView ultrasound for diagnosis of cleft palate

*A. Jurisic, Z. Jurisic, D. Dinic, S. Mihajlovic*

Ultrasound in Obstetrics & Gynecology 2019; 54 (Suppl. 1): 224–462

### Abstract

**Objectives:** To analyse the diagnostic value of 3D OmniView ultrasound in analysis of fetal face and detection of cleft palate.

**Methods:** In this study 350 patients with normal pregnancy in second trimester were included. Patients were scanned on GE E10 ultrasound with RM6C transabdominal probe. The analysis of fetal face in OmniView technique was performed from the volume obtained from fetal profile position, in High2 resolution and with sweep angle of 65 degrees. After obtaining fetal face image in surface rendering, the analysis was continued in OmniView mode. First plane represented frontal face with retranasal triangle. In second plane fetal maxilla and palate were analysed. In third plane fetal mandible was reconstructed. In 3 patients with suspected fetal cleft palate we performed the same procedure.

**Results:** In 350 patients we did not detect any abnormality of fetal face and we followed them up until delivery. No abnormality of fetal face was confirmed on delivery. In 3 patients who were referred with suspicious fetal cleft we performed detailed analysis of fetal face in 3D surface rendering mode and also in 3D OmniView mode. Utilising OmniView procedure, we confirmed unilateral cleft of lip and palate in two patients and bilateral cleft and palate in one patient. We performed genetic analysis in all patients with clefts and excluded chromosomal abnormalities in all of them. Detected anomalies were confirmed on delivery.

**Conclusions:** In 3D OmniView ultrasound mode it is possible to analyse the morphology of fetal face and facial bones. Fetal nose, maxilla and hard palate, and mandible can be visualised in separate planes and abnormalities of fetal face development can be confirmed.

## The value of radiant flow and 3D HD power Doppler flow ultrasound in detection of velloamentous insertion of umbilical cord

*Z. Jurisic, A. Jurisic, S. Mihajlovic*

Ultrasound in Obstetrics & Gynecology 2019; 54 (Suppl. 1): 224–462.

### Abstract

**Objectives:** To analyse the application of radiant colour flow and 3D HD flow in confirmation of velloamentous insertion of umbilical cord.

**Methods:** In a two-year period we examined 5120 patients and analysed placental insertion and also insetion of umbilical cord. Examinations were performed on GE E10 with transabdominal probe RMC6 and GE E8 with transabdominal probe RAB6. Umbilical cord insertion was checked in colour Doppler mode with radiant flow. When suspicious finding was detected, 3DHD power Doppler flow was applied in order to confirm diagnosis. 3D volume was obtained in power Doppler mode, High2 resolution with sweep angle of 45 degrees. Futher analysis was performed in gloss body mode with colour and monochrome reconstruction of umbilical vessels position.

**Results:** We detected 5 patients with velloamentous insertion. Velloamentous insertion was detected in two patients with singleton pregnancy in second trimester. One of them had vasa praevia confirmed with 3D HD flow with vessels overlying internal cervical orifice. Placental insertion was on the anterior wall and umbilical cord insertion on posterior wall of the uterus. Three patients had twin pregnancy with septal velloamentous insertion. All patients were followed up until delivery. Patients were delivered by Caesarean section and umbilical cord insertion confirmed after extraction of the placenta.

**Conclusions:** Velloamentous insertion can be screened by radiant colour flow and definite diagnosis can be confirmed in 3DHD power Doppler mode. In order to prevent obstetrical complications pregnancies with velloamentous insertion were terminated by Caesarean section.

## The incidence of malignancy in hysteroscopically removed polyps in infertile patients

*S. Mihajlovic, A. Jurisic, Z. Jurisic*

Ultrasound in Obstetrics & Gynecology 2019; 54 (Suppl. 1): 224–462.

### Abstract

**Objectives:** Polyp is a growth that develops from endometrium, most commonly benign, but a certain percentage can be of malignant origin. Hysteroscopy is an endoscopic method of examining the inside of the cervical canal and uterine cavity. It is a diagnostic method of visualising the interior of the uterus, but it is possible to do biopsy of the susceptible sites of mucous membranes, adhesiolysis, polypectomy, septum resection by instruments specially adapted for this type of intervention. The aim of this paper is to analyse the removed polyps, in infertile women, to detect the presence of malignancy in the analysed polyps.

**Methods:** The study has been done at GAK “Narodni Front” in Belgrade, reviewing 100 infertile patients, after hysteroscopic polypectomy and the material has been sent to histopathological analysis in order to detect malignancy at the polyp.

**Results:** The average age of the patient was 32years (range, 23-44years). In 88 patients, histopathological analysis confirmed polyps. In one patient, histopathological examination of the material revealed malignancy in the polyps itself. In one patient, intraepithelial neoplasia was confirmed. In 4 patients, proliferation of endometrium was found. In 6 patients submucosal myoma was found. One of submucosal myoma was suspected to be polyp after the ultrasound examination.

**Conclusions:** Hystopathological analysis of polyps removed by hysteroscopy, of 100 examined patients, found one endometrial carcinoma, and in one patient intraepithelial neoplasia.

## Maternal serum screening biomarker levels in pregnancies affected by gestational diabetes mellitus

*Milovanovic Z. , Mihajlovic S. , Karadzov N. , Filimonovic D.*

Perinat. Med. 2019; 47 (Suppl) DOI 10.1515/jpm-2019-2502

### Abstract

**Objective:** To examine the maternal first trimester screening serum biomarkers  $\beta$ -hCG and PaPP-A as a possible predictor of Gestational Diabetes mellitus.

**Population:** We investigate 210 pregnant women who came for the prenatal control. 30 of them excluded due to an increased risk for chromosomal abnormality, insufficient data or no follow-up. The study included 180 pregnant women, with singleton pregnancies. 106 women who subsequently developed GDM and 74 non-diabetic controls.

**Methods:** Maternal serum free  $\beta$ -hCG and PaPP-A were measured at 11,0 to 14,0 weeks of gestation, expressed as multiples of the gestation-specific normal median (MoM). To estimate if pregnant women developed Gestational diabetes mellitus, a standard oGTT was performed between 20,0 to 28,0 gestational weeks.

**Results:** Among 180 women included in the study and tested by oGTT 106 were classed as GDM by WHO criteria and 74 were confirmed as unaffected. There were no differences in age, BMI, obstetric and family history, CRL or NT measurements. There was a reduction of 11% and 13% in both, maternal median PaPP-A and median free- $\beta$ HCG in GDM groups compared with non-dia

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## Management of term infants at risk for early onset gbs sepsis in corelation with mothers gbs screening status and intrapartum antibiotic exposure in all natural birth born term infants

*Zdjelar S. , Lakovic G. , Mihajlovic S., Kubat J. , Nikolic M.*

Perinat. Med. 2019; 47 (Suppl) DOI 10.1515/jpm-2019-2502

### Abstract

Early-onset neonatal bacterial sepsis is occurring within the first 7 days. Most infants become symptomatic within 24 hours of birth and the infection is usually result from horizontal and vertical transmission with organisms that colonize the birth canal. GBS rarely can ascend to amniotic fluid colonizing the infant or the infant may become colonized during passage through the birth canal. Maternal GBS colonization in current pregnancy, GBS bacteriuria, a previous infant with invasive GBS disease, prolonged rupture of membranes ( $\geq 18$  hours) and maternal fever ( $>38$  C) are the factors most commonly associated with early-onset GBS sepsis. At present, there is no laboratory test that has sufficient sensitivity to allow clinicians to safely rule out GBS sepsis.

The management of well-appearing at-risk term infants depends on the number of risk factors and whether maternal intrapartal antibiotic prophylaxis for GBS was used. Careful assessment and observation of these at-risk infants are fundamental component of appropriated care. In the year of 2018. we had in our hospital 2247 newborns of which 70.2 % were natural birth born and 82.2 % of them were term infants. More than 90 % of mothers had GBS screening results from 35-37 weeks of pregnancy.

## Viral infections in pregnancy and their treatment

*Mihajlovic S. , Nikitovic R. , Kubat J. , Nikolic M. , Radovanovic M.*

Perinat. Med. 2019; 47 (Suppl) DOI 10.1515/jpm-2019-2502

### Abstract

Nowadays we are faced with an increased number of viral infections during pregnancy. Although infections primarily leave the effects on the health of mothers, many infections can be perinatally transmitted and can cause health complications of the fetus and infant. The treatment of these infections is based on two principles, the first is the reduction of the symptoms of maternal infection and the second is the prevention of transmission of viral infection from the mother to the child.

In this, we paid special attention to the treatment of herpes simplex virus, cytomegalovirus and hepatitis B infections during pregnancy.

## Relationship between distribution of LDL subfractions and NAFLD in PCOS - Effect on CV risk

*Perovic Blagojevic I, Ignjatovic S, Macut D, Kotur-Stevuljevic J, Bozic-Antic I, Vekic J, Bjekic-Macut J, Kastratovic-Kotlica B, Andric Z, Ilic D.*

Clinica chimica acta/Abstracts, June 2019, Special Issue EuroMedLab 2019, vol. 493S1. S317-S348

### Abstract

**Background-aim:** The most common cardiometabolic complication in PCOS is dyslipidemia. In obese women with PCOS, atherogenic dyslipidemia is commonly present, characterized by elevated concentrations of sdLDL particles (LDL III and LDL IV subfractions), which are particularly atherogenic form of lipoproteins. Non-alcoholic fatty liver disease (NAFLD) is one of the additional risks for cardiovascular disease development in PCOS women. The aim of this study was to estimate the relationship between distribution of LDL particles and NAFLD and the impact on cardiovascular risk (CVR) in women with PCOS. Methods: Study included 114 women, aged 20 to 39 years, with proven PCOS (55 normal weight, BMI <25 kg/m<sup>2</sup>, 59 obese, BMI >25 kg/m<sup>2</sup>) and 23 healthy control. Vertical polyacrylamide gradient gel electrophoresis was used to separate LDL subfractions. We have calculated several NAFLD indices: the aspartat aminotransferase (AST)/platelet ratio (APRI) index, lipid accumulation product (LAP) and hepatic steatosis index (HIS) and the index of central obesity (ICO). Cardiovascular Risk Score (CVRS) was calculated by adding the points for each risk factor (BMI, low HDL-c, high non-HDL-c, smoking, blood pressure and fasting glycemia).

**Results:** We found significantly lower LDL particle size in normal weight and obese patients compared to controls (P<0.001) with smallest LDL diameters in obese patients. Compared to controls, less LDL I subfraction (P<0.001), but more LDL II and LDL III subfractions (P<0.001) were found in both patient groups. NAFLD and ICO, a marker of abdominal obesity showed significant negative correlation with LDL particle size in patients (LAP -0.195 (P<0.05), ICO -0.195 (P<0.05)). LDL particle size significantly decreased with increased CVRS (P<0.01), while all NAFLD indices exhibited significant positive correlation with CVRS (HIS 0.427(P<0.001), APRI 0.278 (P<0.01), LAP 0.566 (P<0.001)).

**Conclusions:** Results of this investigation showed that abdominal obesity is a common mechanism that increase the CVR both in PCOS and in NAFLD. NAFLD in women with PCOS leads to changes in the metabolism of LDL particles through changes in their diameters. Redistribution to smaller, more atherogenic LDL particles is a type of dyslipidemia that increases CVRS in PCOS.

## The effect of levothyroxine treatment on serum lipid levels in women with subclinical hypothyroidism

*Marković Z., Ilić S., Stefanović A., Stojanov M., Milošević V.*

Clinica Chimica Acta, Vol. 493 (June 2019): S333

### Abstract

The influence of thyroid hormones action on lipid metabolism is well known, so any disturbances of thyroid gland function could be followed by changed serum lipid levels, depending on severity and duration of disorder. The aim of the study was to evaluate if the subclinical hypothyroidism (SCH) is associated with altered lipid profile and if those changes were reversed following levothyroxine (L-T4) replacement therapy.

Participants of the study were 61 women with SCH and 60 apparently healthy women representing control group. The exclusion criteria were clearly defined. Thyroid hormones – total-T4 (TT4), free-T4 (FT4), total-T3 (TT3), thyroid-stimulating hormone (TSH) as well as serum lipid parameters were measured by standard laboratory methods in both groups. The group of patients with SCH, after baseline measurements, received L-T4 replacement therapy and L-T4 doses were adjusted by TSH measurements in defined periods of time. The SCH group underwent laboratory parameters measurements at the end of the study after one year, when euthyroidism was restored.

The SCH group had significantly higher values of total cholesterol (T-C), low-density lipoprotein cholesterol (LDL-C) and triglyceride (TG) relative to control group (6.2±1.41 mmol/L vs. 5.5±0.91 mmol/L, 3.9±1.24 mmol/L vs. 3.4±0.80 mmol/L, 1.28 mmol/L (1.13-1.46) vs. 0.90 mmol/L (0.80-1.02); P<0.001, P<0.05, P<0.001, respectively). Values of TT4 and FT4 were significantly lower and TSH values were significantly higher in SCH group according to control group (P<0.001, P<0.001, P<0.001, respectively). L-T4 replacement therapy resulted in significant decrease of both T-C and LDL-C concentrations relative to baseline levels (6.2±1.41 mmol/L before vs. 5.7±0.92 mmol/L after therapy, 3.9±1.24 mmol/L before vs. 3.5±0.85 mmol/L after therapy; P<0.05, P<0.05, respectively).

Our results indicate that SCH is associated with altered serum lipid profile and L-T4 replacement therapy, TSH guided, can improve T-C and LDL-C levels.



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## Abstract

**Introduction:** To the best of our knowledge, no previous work has been done on automatic detection of glucose level anomalies based on scanning the spent dialysate. Here we present a non-invasive method to detect glycaemia variations during hemodialysis (HD) session using the near-infrared spectroscopy analysis of the spent dialysis fluid.

**Methods:** Samples of spent dialysate were obtained at predetermined time points upon five consecutive dialysis treatments from three patients (non-diabetic males; aged 74, 75 and 76 years; dialysis vintage 108, 24 and 66 months respectively) treated with chronic bicarbonate HD (high-flux membrane, surface area 1.7m<sup>2</sup>, mean dialysate flow rate 500ml/min, effective blood flow rate 300ml/min, dialysate content: Na<sup>+</sup> 138mmol/l, Cl<sup>-</sup> 110.5mmol/l, K<sup>+</sup> 2mmol/l, Ca<sup>++</sup> 1.75mmol/l or 1.50mmol/l, Mg<sup>++</sup> 1mmol/l CH<sub>3</sub>COO<sup>-</sup> 3mmol/l, HCO<sub>3</sub><sup>-</sup> 32mmol/l, Glucose 1g/l). The samples of spent dialysate were analyzed with near-infrared spectroscopy in the range from 700 to 1700 nm. The absorption spectrum of each sample was measured three times providing a dataset of 126 spectra. The glucose values were presented in the form of a binomial variable, where 0 indicates glucose level  $\leq 6.0$ mmol/l and 1 glucose level  $> 6.0$ mmol/l. The methods of machine learning were applied as more specific methods of classification. Data were analyzed with Partial Least Squares Regression (PLSR) and several machine learning (ML) algorithms: Random Tree, Logistic Regression, KNN (K-nearest neighbor), Support Vector Machine (SVM), Decision Tree Classifier, and Gaussian Naive Bayes (NB). These classifier methods were used on the same dataset with cross validation, and Area Under the Curve (AUC) evaluation. Results were compared between different methods. Spectras were normalized using Standard Normal Variates (SNV). In constructing the model, we chose the classification approach.

**Results:** According to the ROC curve and AUC criterion, the best model was acquired using RF algorithm, followed by SVM and KNN. RF gave an accuracy of 91%, followed by SVM of 89% and KNN of 80%. Decision Tree had an accuracy of 71%, while Logistical regression with AUC and Naive Bayes had poor accuracy of 57.6% and 57.8%.

**Conclusions:** So far no studies addressed monitoring and detecting anomalies in spent dialysate glucose level. Moreover, machine learning method was never used for this purpose and this study suggests that this non-invasive approach is highly accurate in predicting elevated intradialytic glycaemia and thus might be used for on-line glycaemia monitoring.

## Hepatitis B virus Infectious: Prevention of Mother -to -Child Transmission

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3rd Infectious Diseases in Obstetrics and Gynecology (ISIDOG), 2019.

### Abstract

**Introduction:** Universal screening for hepatitis B in pregnant women in the first trimester of pregnancy substantially reduces transmission to babies, thereby preventing future development of chronic hepatitis B infection. There is also evidence that treating infants at birth with HBIG in addition to routine hepatitis B vaccination is effective in preventing infection.

**Goals:** The aims of this study were to assess the effect of maternal screening for hepatitis B (HB) virus and a perinatal prevention program of mother-to-child transmission,

**Methods:** This retrospective cohort study enrolled 2316 pregnant women and their neonates with informed consent. Pregnant women underwent maternal universal screening for HBs antigen (Ag) in the first trimester. All neonates delivered from HBs Ag-positive women were given HB immune globulin and HB vaccine based on the guidelines of the perinatal prevention program.

**Results:** 2316 pregnant women were included in the study. 20 tested positive for HBs Ag. All neonates delivered from HBs Ag-positive women were given HB immune globulin and HB vaccine. There was no case of mother-to-child transmission, suggesting the perinatal HBV prevention program was effective.

**Conclusion:** Eradication of HBV is achievable with optimal management of HBV carriers, especially during pregnancy by interruption of vertical transmission. Routine antenatal screening and neonatal immunoprophylaxis remain the key measures to reduce the global HBV burden.

**Keywords:** Hepatitis B virus, Immunoprophylaxis, Pregnancy, Vaccination, Vertical transmission.

## Early-onset group b streptococcal disease in neonates born to group b streptococcus positive mothers

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3rd Infectious Diseases in Obstetrics and Gynecology (ISIDOG), 2019.

### Abstract

**Introduction:** Early-onset group B streptococcal disease (EOGBS) occurs in neonates (days 0-6) born to pregnant women who are recto- -vaginally colonized with group B Streptococcus (GBS). Since 2002, according to the recommendation of world guidelines, universal screening for all pregnant women has been introduced. Intrapartal antibiotic prophylaxis has reduced the incidence of early-onset neonatal disease without a notable impact on the incidence of early and late-onset neonatal disease. The aim of the study was to assess the effect of maternal screening for GBS and intrapartal antibiotic prophylaxis in preventing of early neo- natal sepsis.

**Material and methods:** This retrospective cohort study enrolled all pregnant women in our hospital and their neonates with informed consent during the period of one year. We performed vaginal-rectal swab in pregnant women from 35-40 gestational week. Intrapartal antibiotic prophylaxis was administered to all women at risk. The antibiotic of choice is crystalline Penicilin, and in case of allergy alternative antibiotics are: Cephazolin, Clindamycin and Vancomycin.

**Results:** The screening covered 96% of pregnant women. 77.7 % of these, had a VR swab on admission to the maternity ward, while the others were taken at the admission. 22.15% of them were positive and 19% of them received a proper antibiotic prophylaxis. The incidence of early neo- natal sepsis caused by GBS was 0.0 %.

**Conclusion:** Although GBS colonization among pregnant women was high, no cases of neonatal GBS have occurred after implementation of prevention guidelines.

**Keywords:** group B Streptococcus, neonatal sepsis, prophylaxis

## Antibiotic prophylaxis in contemporary gynecology: more light and fewer shadows

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3rd Infectious Diseases in Obstetrics and Gynecology (ISIDOG), 2019.

### Abstract

**Introduction:** Gynaecologic minor surgical procedures considering the risk of pelvic inflammatory disease are treated as most other clean-contaminated procedures - a single antibiotic in a single dose before procedure (30-60 minutes before incision).

**Material and method:** 604 patients undergoing small gynecological procedures were included in this retrospective study that has been conducted between 01.01.2018. and 01.01.2019. at the Hospital for Gynecology and Obstetrics Dr. Dragisa Misovic. A group of patients were divided in two groups those who received prophylactic antibiotics 24% and those who did not receive antibiotics 76%.

**Results:** The occurrence of infections, as complications after small gynecological interventions, was reported in neither in the group of patients who received prophylactic antibiotics or therapy, nor in the group of patients who did not receive antibiotics.

**Conclusion:** The aim of prophylaxis is primarily to reduce the risk of infection as a possible complication and to avoid the use of antibiotics for therapeutic purposes. According to official recommendations, antibiotic prophylaxis is not required for small gynecological interventions (curettage, cervical biopsy, insertion and removal of intrauterine contraceptive devices, hysteroscopy and hysterosalpingography), unless there is a risk of a pelvic inflammatory disease. Overuse of antibiotics is associated with unnecessary drug exposure, possible emergence of resistant microorganisms, and increased treatment costs. The threat of antibiotic resistant bacteria is a constant reminder of the importance of rational antibiotic use.

**Keywords:** antibiotic prophylaxis, small gynaecological interventions, pelvic inflammatory disease

## Maternal and neonatal chickenpox in postpartum period: a case report

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3rd Infectious Diseases in Obstetrics and Gynecology (ISIDOG), 2019.

### Abstract

**Introduction:** During pregnancy, varicella may have serious consequences for the pregnant women and for the fetus or newborn. Chicken pox between the 5th and 24th weeks of pregnancy may lead to the congenital varicella syndrome. In case of maternal varicella during the last few weeks of pregnancy or shortly after delivery, the virus can cause chicken pox in the newborn.

**Goals:** To present a case report of maternal and neonatal chickenpox in postpartum period.

**Case report:** Patient S.D., aged 35, was admitted to our hospital in her second pregnancy. The pregnancy was controlled on regular base. She gave birth to healthy male newborn. On the first postpartum day mother has developed unspecific generalized rash. She confirmed a history of primary varicella-zoster virus (VZV) infection. According to that data she received antihistamines and corticosteroid therapy. She was discharged third postpartum day in good physical condition with minimal skin changes. Two days later, she presented with typical clinical signs of varicella infectious and viral pneumonia. The diagnosis is laboratory and radiographic confirmed. The newborn received intravenous VZIG immediately in his third day of life, but unfortunately he also developed varicella infectious on his 15th day of life, treated with antiviral drugs for several days in hospital.

**Conclusion:** Life-threatening disseminated neonatal varicella must be expected if the mother develops chicken pox between 5 days before and 2 days after delivery. Using currently available diagnostics, immunoprophylactic and therapeutic opportunities, these serious consequences of varicella during pregnancy can be prevented.

**Key words:** chickenpox, postpartum period, immunoprophylactic, vaccination

## Perioperative and early postoperative complication analysis in patients with uterine myomas: laparotomy vs. laparoscopic approach

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16th International Congress of the Association of Gynecologists and Obstetricians of Serbia, Montenegro and Republic of Srpska, Budva, 26-28 September 2019

### Sažetak

**Uvod:** Miomi uterusa su najčešći benigni tumori ženskog reproduktivnog trakta. Po tipu, miomi su mogu podeliti na subserozne, intramuralne i submukozne. Prema lokalizaciji mioma, možemo ih podeliti na mi- ome fundusa, prednjeg zida, zadnjeg zida, istmikocervikalni miome i miome roga uterusa. U savremenoj kliničkoj praksi postoji više kliničkih pristupa rešavanju ove delikatne problematike, kako hirurških, tako i farmakoloških. Među hirurškim pristupima u poslednjim godinama najveći primat se daje minimalno invazivnoj hirurgiji. Miomektomija predstavlja standardu hiruršku proceduru u cilju prezervacije repro- duktivne moći žene, a minimalno invazivni pristup nam daje mogućnost laparaskopskog i histeroskopskog pristupa, u zavisnosti od samih karakteristika mioma, kao i iskustva i veštine operatora. Cilj rada: Procena intraoperativnih komplikacija, kao i ranih postoperativnih komplikacija kod pacijent- kinja podvrgnutiv minimalno invazivnom i klasičnom, abdominalnom pristupu zbrinjavanja mioma uterusa.

**Materijal i metode:** Retrospektivnom studijom su obuhvaćene pacijentkinje sa miomima uterusa operisane u Bolnici za Ginekologiju i akušerstvo KBC "Dragiša Mišović" u toku 2018. i 2019. godine. U istraživanje je uključeno 63 pacijentkinja, podeljenih u dve grupe: grupu I od 39 pacijentkinje kojima je urađena abdom- inalna miomektomija i grupu II od 24 pacijentkinje kojima je učinjena miomektomija laparaskopskim putem. Obradeni su sledeći parametri: godine starosti, broj abortusa i porođaja, postojanje hipertenzije i dijabete- sa, postojanje prethodne miomektomije, karakteristike mioma (tip, lokalizacija i dimenzije), laparaskopija i laparatomija po redu i vrsta laparatomije, iskustvo operatora, trajanje operacije, perioperativno krvarenje i transfuzije, parametri hemograma pre i posle operacije, trajanje postoperativne hospitalizacije, nalaz histo- patološkog pregleda odstranjenog mioma i postoperativne komplikacije. Analiza perioperativnih komplik- acija obuhvatila je ispitivanje pojave intraoperativnih i postoperativnih komplikacija, i to: lakših komplik- acija poput postoperativne anemije, febrilnog stanje, pozitivne mikrobiološke kulture, i težih komplikacija poput proširenja obima operativnog zahvata, perioperativnog krvarenja, postoperativna ileusa, pojave he- matoma na uterusu i u prednjem trbušnom zidu, dehiscencije operativne rane, bakteriemije posle operacije, relaparotomije, neplanirane histerektomije, produžene postoperativne hospitalizacije.

**Rezultati:** Od ukupno 63 pacijentkinje, kod ukupno 24 primenjen je minimalno invazivni pristup, kod 37 abdominalni, a kod 2 pacijentkinje učinjena je konverzija operativnog pristupa i one su zbrinute ab- dominalno. U pogledu ispitivanih perioperativnih komplikacija, između ispitivanih grupa nije bilo statis- tički značajnih razlika, kako u pogledu učestalosti pojedinačnih komplikacija, tako ni u pogledu ukupnih učestalosti pojave težih i lakših komplikacija. Od posmatranih komplikacija, kod ispitanica u prikazanom istraživanju su registrovane sledeće teže komplikacije: krvarenje, transfuzije i produžena hospitalizacija. Učestalost i količina perioperativnih transfuzija se nisu razlikovali između ispitivanih grupa. U obe grupe registrovane su sledeće lakše komplikacije: postoperativna febrilnost, anemija i cervikovaginalna infekcija, čija učestalost nije bila statistički značajno veća ni u jednoj ispitivanoj grupi.

**Zaključak:** pristup minimalno invazivnom i abdominalnom hirurškom zahvatu kod pacijentkinja sa mio- mima uterusa i učestalost njegovih komplikacija u ispitivanoj studiji zavisio je od adekvatnosti pristupa hirurškom zahvatu, u odnosu na kritičnost prema samim karakteristikama mioma, procenjenim komorbiditetima pacijentkinje i iskustvu operatora.

## Prikaz slučaja: karcinom cerviksa udružen sa postojanjem obostranih ovarijalnih metastaza i rekurentnim vaginalnim krvarenjem indukovanim upotrebom oralnih antikoagulantnih lekova

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16th International Congress of the Association of Gynecologists and Obstetricians of Serbia, Montenegro and Republic of Srpska, Budva, 26-28 September 2019

### Sažetak

**Uvod:** Karcinom cerviksa je najčešći ginekološki karcinom u svetskim razmerama. Dijagnoza ovog oboljenja se postavlja nakon histološke evaluacije biopata uzetog prilikom kolposkopskog pregleda. Ukoliko se dijagnoza postavi u ranom stadijumu bolesti, najoptimalniji vid lečenja je hirurški. Kod uznapredovalih karcinoma cerviksa primenjuje se kombinovana hemo-radioterapija. Prognostički faktori uslovljeni su stadijumom oboljenja u kome se postavi dijagnoza.

**Cilj rada:** Procena stadijuma oboljenja karcinoma cerviksa, koji predstavlja najznačajniji indikator dugogodišnjeg preživljavanja i izbor adekvatne terapije kod pacijentkinje sa uznapredovalim karcinomom cerviksa.

**Prikaz slučaja:** Osamdesetogodišnja pacijentkinja tretirana oralnim antikoagulantnim lekovima (OAL) usled kompleksnog kardiovaskularnih oboljenja (atrijalna fibrilacija, multipla valvularna insuficijencija, prisustvo koronarnog arterijskog stenta, hipertenzija) pregledana je od strane svog izabranog ginekologa zbog ponovljenog vaginalnog krvarenja u nekoliko navrata. Izabrani ginekolog uputio je pacijentkinju kardiologu u cilju remodelovanja terapije OAL. Pacijentkinja je primljena u našu bolnicu sa vrednosti INR 4. Ginekološkim pregledom je konstatovano postojanje erozija na površini grlića materice, a ultrazvučnim pregledom male karlice utvrđeno je postojanje obostrane adneksalne tumorske promene promera 5x5 cm, sa povišenim vaskularnim protocima i redukovanim indeksima otpora. Pacijentkinja je pre dvanaest godina podvrgnuta obostranoj mastektomiji i radioterapiji zbog karcinoma dojke. Obzirom na vaginalno krvarenje, PAPA i kolposkopija nisu inicijalno urađeni. Biohemijski tumorski marker za jajnik (CA125) bio je povišen (232 U/ml). Nakon korekcije antikoagulantne terapije, krvarenje se nastavilo. Biopsijom cervikalne mukoze patohistološki je utvrđeno postojanje slabo diferentovanog (G3) infiltrativnog adenokarcinoma. Snimci magnetne resonance su pokazali da ne postoji zahvaćenost drugih organa male karlice, kao ni udaljenih metastaza i potvrdili su postojanje prethodno ultrazvučno opisanih promena jajnika. Obzirom na sve prethodno prikupljene rezultate analiza, pacijentkinji je dijagnostikovano postojanje karcinoma cerviksa stadijuma IIB u skladu sa FIGO klasifikacijom. Uzimajući u obzir stadijum oboljenja, prisustvo kardiovaskularnog oboljenja i starost pacijentkinje, multidisciplinarni onkološki konzilijum predložio je kombinovanu hemo-radioterapiju kao najbolji vid lečenja. Pacijentkinja je trenutno podvrgnuta prethodno pomenutom vidu lečenja, dobrog je opšteg stanja i redovno dolazi na zakazane kontrole. Preliminarni rezultati ukazuju da nema dalje ekspanzije malignog procesa.

**Zaključak:** Terapijske strategije za karcinom cerviksa ne bi trebalo da uključuju kombinovani pristup radikalne hirurgije i postoperativne radioterapije obzirom na značajan porast morbiditeta zabeleženog u literaturi i nepostojanje očiglednog uticaja na preživljavanje pacijenata. Neoadjuvantna radioterapija praćena radikalnom hirurgijom predstavljala bi kontraverznu alternativu prethodno navedenom. Kombinovana hemo-radioterapija predstavlja efektivan terapijski modalitet u lečenju adekvatno dijagnostikovanih pacijentkinja.

## Racionalna primena antibiotika kod malih ginekoloških intervencija

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16th International Congress of the Association of Gynecologists and Obstetricians of Serbia, Montenegro and Republic of Srpska, Budva, 26-28 September 2019

### Sažetak

Razmatrana je upotreba antibiotika kod malih ginekoloških intervencija izvedenih u Bolnici za ginekologiju i akušerstvo KBC „Dr Dragiša Mišović“- Dedinje u periodu od 01.01.2018. do 01.01.2019. godine. Tokom ovog perioda urađene su 604 male ginekološke intervencije, a upotreba antibiotika zavisila je isključivo od operatora-ginekologa, njegovog iskustva, procene kliničke slike i rizika. Upoređene su dve grupe pacijenata: pacijentkinje kojima je administriran antibiotik u profilaktičke ili terapijske svrhe, a bez indikacija i pacijentkinje koje nisu primale antibiotik. Primena antibiotika se kretala u rasponu 0-100%.Nijedna pacijentkinja iz obe grupe nije imala komplikaciju koja bi zahtevala dodatnu primenu antibiotika u terapijske svrhe.

Zvanična preporuka je da se kod malih ginekoloških intervencija (eksplorativna kiretaža, biopsija grlića, stavljanje i uklanjanje intrauterusnih kontraceptivnih uložaka, histeroskopija i histerosalpingografija) ne koristi antibiotik u profilaktičke svrhe, ukoliko ne postoji jasan rizik za nastanak pelvične inflamatorne bolesti. Nepravilna upotreba antibiotika u profilaktičke svrhe, bez konkretnih indikacija (infekcija male karlice), povezana je sa nepotrebnom izloženošću pacijenta lekovima, mogućem nastanku rezistentnih mikroorganizama i povećanju troškova lečenja. Postoji potreba za dodatnom edukacijom ginekologa o upotrebi, odnosno zloupotrebi antibiotika prilikom izvođenja ginekoloških intervencija i manjih operacija.



## **Incidenca javljanja rane neonatalne sepse uzrokovane beta hemolitičkim streptokokom**

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16th International Congress of the Association of Gynecologists and Obstetricians of Serbia, Montenegro and Republic of Srpska, Budva, 26-28 September 2019

### **Sažetak**

Neonatalna sepsa uzrokovana beta-hemolitičkim streptokokom (GBS) i dalje predstavlja vodeći uzrok smrti kod neonatusa. Incidenca je 1-2%. Za glavni faktor rizika smatra se kolonizacija gastrointestinalnog i genitourinarnog trakta majke ovim uzročnikom.

U Bolnici za ginekologiju i akušerstvo KBC „Dr Dragiša Mišović“ - Dedinje praćena je incidenca javljanja rane neonatalne sepse uzrokovane GBS-om u periodu od 01.01.2018. do 31.12.2018. godine. Metodom skrininga smatra se vagino-rektalni bris kod trudnica od 35 do 38 n.g., a pod profilaksom intra- partalno ordiniranje ciljanog antibiotika kod rizičnih grupa. Antibiotik izbora je kristalni penicilin. Rezultati istraživanja pokazali su da je GBS infekcija identifikovana u 33% slučajeva, a incidenca rane neonatalne sepse uzrokovane beta-hemolitičkim streptokokom iznosila je 0.31%.

Može se doneti zaključak da prvovremenim skriningom i adekvatnom antibiotskom profilaksom, koji su određeni svetskim protokolima, značajno smanjujemo morbiditet i mortalitet neonatusa izazvanih ovim uzročnikom.

## Crew resource management - can a nurse be a co-pilot?

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### **Abstract**

Crew Resource Management, Cocpit Resource Management - CRM is a set of a training procedures used in environments where human error can cause fatal consequences. It is used to improve security of the aircraft and focuses on interpersonal communication, leadership and decision-making in the cockpit. Today, CRM is applicable in all fields where critical decisions are being made. The purpose of this paper is to investigate application of CRM for operating room staff and all emergency services.

Author will present systematic review of published studies about teamwork trainings, using CRM methods, in the healthcare system. These studies present methods and techniques on how the teamwork can be valued and mesured, as well as, efficiency of training which actively joins all members of the healthcare team (briefings, checklists and communication techniques that can foster an environment of mutual respect ). New digital technologies, as „black boxes” - for recording and archiving all data related to operating procedures and working environment including screening and monitoring, which is followed by complete analysis of all collected data, will be also presented.

One of the many conclusions is that excellent individuals, although highly skilled in their discipline, may not perform well in teams and therefore can not be useful team members, even though they are often hierarchically set as leaders. Therefore, the training by CRM methodology would enable the acquisition of important communication skills of these individuals and, also, encourage other team members to communicate among each other using non-conflict tools, which, consequently, can increase the patient safety level.

**Key words:** communication, safety, teamwork, management, critical care

## Vaskularni pristupi na hemodijalizi

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28. Kongres Udruženja nefroloških sestara Srbije , 10-13.okt.2019. Kladovo

### Sažetak

Hemodijaliza predstavlja postupak vantelesnog odstranjivanja štetnih materija koje se nakupljaju u organizmu zbog privremenog ili trajnog gubitka funkcije bubrega. Da bi se omogućio process hemodijalize potreban je adekvatan vaskularni pristup koji će spasiti život pacijentu. Uspešan hemodijalizni tretmen započinje dobrim vaskularnim pristupom. Hemodijaliza može biti akutna i hronična. Akutna hemodijaliza se sprovodi hitno preko privremenog dvolumenskog CVK koji se plasira u jugularnu, subklavijalnu ili femoralnu venu .Hronična hemodijaliza se sprovodi preko trajnih vaskularnih pristupa: arterio-venske fistule, arterio –venskog grafta i trajnog katetera-Hickman kateter-a.

Trajni vaskularni pristupi na HD moraju da zadovoljavaju sledeće kriterijume: protok najmanje 300-350 ml/min, dovoljnu dužinu segmenta za eksploataciju, da se lako kreira, da ima nisku stopu komplikacija, da ima što duži vek eksploatacije.

AV fistula je” zlatni standard”, i najčešće je rešenje . Radi se na podlaktici ili nadlaktici, ima najduži vek trajanja i minimalan rizik od infekcija i tromboziranja.

Mane AVF: treba joj vremena da se razvije (šest nedelja) , neophodan je ubod iglama što je za pacijenta bolno, posle duže upotrebe fistula se “proširi” i nastaje aneurizma. AV graft je drugi izbor za vaskularni pristup kada vene nisu dovoljno pogodne za izradu fistule. Neophodna je hiruška intervencija prilikom koje se između vene i arterija postavlja silikonska cevčica. Prednosti AV grafta:može se koristiti posle dve nedelje, pruža odličan protok. Mane kod AV grafta: manji vek trajanja nego AV fistula, podložniji infekcijama nego AVfistula.

Hickman kateter predstavlja nužno “zlo” kod pacijenta na hroničnom programu HD. On je rešenje kada nema druge mogućnosti za izvođenje hemodijalize.

Prednost Hick.katetera: koristi se odmah nakon plasiranja, nisu potrebne igle.

Mane Hick.katetera: komplikacije tokom postavljanja i upotrebe su ogromne jer je otvoren pristup bakterijama i virusima, nema dovoljan protok krvi, česta je pojava tromba unutar katetera koji onemogućava kvalitetnu dijalizu, ne sme se kvasiti.

Vaskularni pristupi zahtevaju posebnu pažnju i negu da bi se izbegle komplikacije kao što su: aneurizma, stenoza, recirkulacija, hematoma, tromboza i infekcija.

Mere prevencije komplikacija kod vaskularnih pristupa: primena asepsa i antisepsa (maske, rukavice, dezinf. sredstva) stručan i savestan rad, pravilno punktiranje(menjati mesto uboda, pažljivo punktiranje), pravilno vođenje hemodijalize, dobra antikoagulantna terapija, dobra edukacija pacijenata o nezi njihovih vaskularnih pristupa.

Praktični saveti pacijentima u vezi sa vaskularnim pristupom: svakodnevno proveravanje rada fistule blagim pipanjem, nastojte da uvek imate kod kuće sterilne gaze, flaster, Hepatrombin i neutralne kreme, prekomerno donošenje težine na dijalizu i jaka ultrafiltracija izlaže vas riziku pada krvnog pritiska pri čemu fistula može da stane.

## Uloga zdravstvenih saradnika u palijativnom zbrinjavanju dece

*Milošević, J., Todorović, J.*

Zbornik rezimea stručno naučne konferencije sa međunarodnim učešćem, Dani defektologa Srbije, Zlatibor, 21-24.02.2019. (str. 114). Beograd: Društvo defektologa Srbije

### Sažetak

Palijativno zbrinjavanje (PZ) u pedijatriji podrazumeva aktivan multidisciplinarni pristup i sveobuhvatne postupke usmerene prema telesnim, psihološkim i duhovnim teškoćama bolesnog deteta, uz istovremenu sveobuhvatnu podršku i pomoć njegovoj porodici. Patološka stanja i oboljenja sa indikacijama za palijativno zbrinjavanje su po svojoj prirodi veoma raznovrsna i zahtevaju pružanje neophodne medicinske i psiho-socijalne podrške i pomoći. Ciljevi složenog i kompleksnog palijativnog zbrinjavanja su očuvanje kvaliteta života obolelog deteta i njegove porodice, a posebna pažnja je usmerena na otklanjanje bola i drugih tegoba, uz omogućavanje „predaha“ članovima porodice, kao i podrška tokom žalosti u slučaju smrtnog ishoda.

Podaci iz različitih izvora ukazuju da od 10.000 dece i adolescenata 10-16 zahteva palijativno zbrinjavanje (Janković, Lozanović, Martić, 2014), dok indikacije za palijativno zbrinjavanje u Srbiji ima 1.500 – 2.400 dece i adolescenata (Službeni glasnik RS, br. 22/2016).

Od postavljanja dijagnoze započinje timski, holistički pristup sa osnovnim ciljem održavanja kvaliteta života dece i adolescenata na najvišem mogućem nivou. Svi klinički i edukacioni resursi, moraju biti dostupni 24 sata 365 dana u godini i prilagođeni uzrastu deteta, njegovim kognitivnim i individualnim sposobnostima u odgovarajućem kulturološkom kontekstu, uz obezbeđivanje zabave, igre i odgovarajućeg obrazovanja. Adekvatan pristup, dobra i kvalitetna komunikacija koja se bazira na posebnoj osetljivosti ili senzitivnosti za potrebe umiruće dece i njihovih porodica obavlja se po izboru deteta ili porodice u sopstvenoj kući, posebnim „hospisima“ za decu ili namenskim bolničkim prostorima (tzv. hospitalni hospisi). Pored svakog zdravstvenog radnika, obavezu pružanja palijativnog zbrinjavanja imaju izdavnstveni saradnici. Oni kao članovi tima za PZ, uz konsultacije i koordinaciju sa drugim edukovanim zdravstvenim radnicima, primenjuju postupke iz sopstvenog profesionalnog domena u pružanju psiho-socijalne pomoći i podrške prema individualnim potrebama svakog deteta i porodice, bez obzira o kojoj se bolesti ili stadijumu bolesti radi..

## Primena edukativnih programa u terapiji alergijskih bolesti

*Milošević, J., Todorović, J.*

Zbornik rezimea stručno naučne konferencije sa međunarodnim učešćem, Dani defektologa Srbije, Zlatibor, 21-24.02.2019. (str. 116). Beograd: Društvo defektologa Srbije

### Sažetak

Zastupljenost alergijskih bolesti u svetu i kod nas konstantno se povećava. Prema podacima Svetske zdravstvene organizacije 20% svetske populacije je bolovalo od nekog alergijskog oboljenja, kao što su astma i alergijski rinitis (WHO, 2003). Podaci iz 2017. godine ukazuju da je najčešće alergijsko oboljenje alergijski rinitis od koga boluje 10-40% svetske populacije. Osim toga, ovo oboljenje je blisko povezano sa astmom, te tako 15-38% bolesnika sa AR ima astmu a 60-85% astmatičara boluje od rinitisa (Brozek et al., 2017). Simptomi mogu da variraju od blagih pa do onih opasnih po život, a stručnjaci upozoravaju da će do 2025. godine svaki drugi čovek imati polensku alergiju. Mnogobrojna istraživanja u svetu ukazuju da su mogući uzroci porasta alergijskih oboljenja stres, izmenjen imunitet, konzumiranje hrane bogate konzervansima i aditivima, izloženost štetnim hemijskim supstancama i zagađenost životne sredine. Alergijske bolesti predstavljaju hronično zapaljensko stanje uzrokovano imunim mehanizmima, nastalo usled posledice senzibilizacije na različite agense-alergene.

Cilj tematskih edukativnih aktivnosti je da se u svakom pojedincu razvije odgovornost za sopstveno zdravlje, zdravlje najbliže okoline i unapredi kvalitet života. Edukativni program se realizuje tokom hospitalizacije i zakazanih kontrolnih ambulantnih pregleda pacijenata sa alergijskim bolestima. Savetodavne aktivnosti specijalnog pedagoga, u korelaciji sa doktorima i medicinskim sestrama, realizuju se putem tematskih predavanja, individualnog savetodavnog rada ili zdravstveno-vaspitnog rada u malim grupama, edukativnih radionica, izložbi, okruglih stolova i tribina uz aktivno uključivanje primarne porodice pacijenata. Savremeni edukativni programi namenjeni najmlađim pacijentima i njihovim porodicama predstavljaju složen multidisciplinarni pristup koji integriše saznanja iz više naučnih oblasti kao što su medicinske, socijalne, nauke o ponašanju i komunikaciji..

## Plućna tuberkuloza i maloletnička trudnoća - značaj psihosocijalne podrške - prikaz slučaja

*Milošević, J.*

Zbornik apstrakata, VI godišnji kongres Udruženja za preventivnu pedijatriju Srbije sa međunarodnim učešćem, Beograd, 12 - 14. april 2019., (str. 93)

### Sažetak

**Uvod:** Pravilno lečenje trudnica obolelih od TBC-a zahteva specifičan bolnički i ambulantni tretman. Primena savremene terapije, uz redovne kontrole, omogućava da se trudnoća uspešno razvija.

**Cilj rada:** Cilj rada je ukazivanje na značaj rane dijagnoze, sprovođenje terapijskih procedura i individualnog pristupa pacijentu, uz kontinuiranu psihosocijalnu podršku.

**Materijal i metode:** Podaci su uzeti iz medicinske dokumentacije. Devojčica je bila hospitalizovana tokom 7 dana u Institutu za zdravstvenu zaštitu majke i deteta radi dopunskog ispitivanja zbog sumnje na TBC. Urađena je fiberoptička bronhoskopija, sa uzorkovanjem bronhoalveolarnog lavata i biopsijom. PPD test je bio pozitivan. Zbog anamnestičkih podataka o amenoreji, poslata na ginekološki pregled i potvrđeno je postojanje maloletničke trudnoće. Započeta je primena tuberkulostatika. Tokom prve dve nedelje boravka na našem odeljenju devojčica je prestala da kašlje. Bila je slabog apetita, sa stagnacijom u telesnoj masi. Hospitalizovana je tokom 2 meseca. Po otpustu naloženo da se odmah i obavezno javi u nadležni ATD radi daljeg lečenja i praćenja. Devojčica je pušač, živi u prizemnoj kući sa roditeljima i mlađim bratom. Roditelji su bolesni i nisu dolazili redovno u posetu, dok je partner povremeno dolazio u posetu. Navodi da je u prisustvu roditelja razgovarala sa predstavnicima socijalne službe. Porodica je lošeg socioekonomskog statusa, a roditeljski odnos prema maloletnoj devojčici je bio tolerantan. Devojčica pohađa večernju školu.

**Rezultati:** Primenjena je metoda individualnog pristupa. Obavljeno je nekoliko edukativnih razgovora o egzistenciji, brizi o

detetu, porodičnom statusu. Dat je savet o odvikavanju od pušenja i negativnom dejstvu duvana na pacijentkinju i bebu. Preporučeno je specifičan higijensko-dijetetski režim, jačanje samopouzdanja i organizovano slobodno vreme. Savetovana je psiho-socijalna podrška, uz osnaživanje ličnosti i porodičnog okruženja. U dogovoru sa socijalnom radnicom, obezbeđena je jednokratna materijalna pomoć. Komunikacija sa partnerom - ocem deteta je prekinuta.

**Zaključak:** Nastavak savetodavnog rada, pružanje sveobuhvatne pomoći i redovne kontrole potrebni su tokom celog graviditeta, uz aktivnosti usmerene ka reintegraciji. Ishod lečenja, u posebnim situacijama, zavisi od adekvatne primene preventivnih mera i aktivnosti u cilju blagovremene zaštite majke i bebe.

## Unapređenje prava dece u hospitalnim uslovima

*Milošević, J. Todorović, J.*

Zbornik apstrakata, VI godišnji kongres Udruženja za preventivnu pedijatriju Srbije sa međunarodnim učešćem, Beograd, 12 - 14. april 2019., (str.63)

### Sažetak

**Uvod:** Prema Konvenciji Ujedinjenih nacija o pravima deteta (čl.24), koju je ratifikovalo 193 država, među kojima je i naša, svako dete ima pravo na najviši dostupan standard zdravstvene zaštite. U sistemu zdravstvene zaštite, deca i njihovi roditelji imaju pravo da blagovremeno i na način koji je u najboljem interesu deteta, budu informisani o planiranoj zdravstvenoj usluzi.

**Cilj rada:** Cilj rada je unapređenje dečijih prava.

**Materijal i metode:** Pravo na slobodan izbor lekara, drugo stručno mišljenje, pravo uvida u medicinsku dokumentaciju, pravo na prigovor i naknadu štete su neka od garantovanih prava dece. Podaci o zdravstvenom stanju dece-pacijenata i njihova medicinska dokumentacija spadaju u naročito poverljive podatke. Uključivanje deteta u medicinsko istraživanje i kliničko ispitivanje lekova može se sprovesti pod jasnim kriterijumima. Dete koje je sposobno za rasuđivanje, bez obzira na uzrast, ima pravo na poverljivo savetovanje i bez pristanka roditelja, kada je to unjegovom najboljem interesu. Na bolničkom lečenju, dete mlađe od 15 godina ima pravo da uz njega bude jedan roditelj. Svaka zdravstvena ustanova mora da formira stručni tim za zaštitu dece od zlostavljanja i zanemarivanja.

**Rezultati:** U Bolnici za dečije plućne bolesti i TBC pri KBC „Dr Dragiša Mišović-Dedinje“ obeležavanje Dečije nedelje, Medjunarodnog dana prevencije zlostavljanja i zanemarivanja dece i Dana deteta u hospitalnim uslovima, postali su dugogodišnja praksa. Tada se kroz interaktivne edukativne programe posebna pažnja posvećuje ostvarivanju prava dece, ciljanim savetodavnim razgovorima sa najmlađim pacijentima i njihovim roditeljima, radi unapređenja dečijih prava.

**Zaključak:** Ulaganje u decu je najefikasnija strategija za osiguranje zdravog društva. Zdravstveni profesionalci imaju značajnu ulogu u primeni i unapređenju prava na zdravstvenu zaštitu dece i mladih, uz neophodnu saradnju sa partnerima iz javne politike.

## Prava dece u sistemu zdravstvene zaštite

*Milošević, J. Todorović, J.*

Zbornik rezimea VI stručno-naučnog skupa sa međunarodnim učešćem: Aktualnosti u edukaciji i rehabilitaciji osoba sa smetnjama u razvoju – Beograd, 25-26. maj 2019. (str.69)

### Sažetak

Položaj deteta u društvu i način na koji se tretira zavisi od mnogobrojnih faktora. U savremenom društvu, dečija prava su realnost priznata međunarodnim zakonima, normativno su uređena i taj proces prati tokove razvoja društvenog života. Konvencija UN o pravima deteta predstavlja sistematizaciju svih dečijih prava i ima nesagledivi značaj za konstituisanje, garantovanje i poštovanje prava svakog deteta. Prema članu 24. Konvencije UN o pravima deteta svakom detetu garantovano je pravo na najviši dostupan standard zdravstvene zaštite.

U međunarodnom pravu deca i mladi su prepoznati kao specifična i posebno osetljiva kategorija za čiju sveobuhvatnu bezbednost moraju postojati posebni mehanizmi zaštite i jasno definisane uloge i odgovornosti stručnjaka iz različitih oblasti.

Koncept prava deteta počeo je da se uvodi u normativni sistem Republike Srbije nakon 2000. godine. Načelo poštovanja prava na život i integritet u praksi zahteva obezbeđivanje adekvatnih uslova za zdravstvenu zaštitu, odgovarajuću ishranu, stambeni prostor i blagostanje deteta. Briga o zdravlju dece i mladih i ostvarivanje prava na zdravstvenu zaštitu, izuzetno je važno kako za njih same, tako i za budućnost svakog društva, jer kontinuirano unapređenje u oblasti zaštite dece treba da predstavlja stalni izazov. Neka od prava koja ostvaruju deca u sistemu zdravstvene zaštite su pravo na dostupnost zdravstvene zaštite, pravo na kvalitet pružanja zdravstvene usluge, pravo na informacije i obaveštenja, pravo na privatnost i poverljivost, uvid u medicinsku dokumentaciju i dr. Svako dete ima pravo na najviši mogući standard zdravlja i kompletnu zdravstvenu zaštitu, bez obzira po kom osnovu je osigurano i da li mu je overena zdravstvena knjižica.

U procesu pružanja zdravstvene zaštite dete pacijent mora imati sveobuhvatni tretman uz stalnu koordinaciju zdravstvenih profesionalaca, porodice i okruženja u kome raste.





# IZVODI U ZBORNIKU NACIONALNOG SKUPA



## Retka komplikacija epiziotomije i njeno zbrinjavanje - prikaz slučaja

*Plešinac V, Momčilović B, Stanojević N, Stojanović M, Mihajlović S, Savić P, Antić M, Rodić D.*

63. Ginekološko - akušerska nedelja SLD, Zbornik radova, Beograd, 2019; 341-345.

Epiziotomija je akušerska operacija koja se izvodi na kraju drugog porođajnog doba za vreme napona. Po prvi put je opisana 1741. godine od strane Ould-a kao preporučena intervencija kod prvorotki u cilju zaštite fetalne glavice kao i perineuma. Ona se izvodi radi zaštite međice i proširenja izlaza porođajnog kanala.

Indikacije za njeno izvođenje su:

- 1) porođaj kod karlične prezentacije,
- 2) defleksioni stavovi ploda,
- 3) višeploidne trudnoće,
- 4) u slučaju instrumentalnog završavanja porođaja (forceps, vakum),
- 5) ožiljno izmenjena, rigidna međica.

Postoji tri tipa epiziotomije prema načinu reza: medijalna, mediolateralna i lateralna. Danas se najčešće izvodi mediolateralna, da bi se izbegla povreda anusa ili obilno krvarenje u slučaju lateralne epiziotomije. Izvodi se u lokalnoj anesteziji u momentu kada prednjačeći deo vrši pritisak na međicu i vrh makaza je usmeren prema sedalnoj kvrgi. Najčešće se vrši sa desne strane pacijentkinje. Nakon porođaja ploda i izlaska posteljice pristupa se njenom šivenju. Šivenje se vrši po anatomskim slojevima, pri čemu se prvi šav plasira jedan santimetar iznad vrha epiziotomije u vagini. Šavovi ne trebaju da budu previše česti. Posle ušivanja obavezno treba izvršiti pregled rektuma. Nakon porođaja u periodu babinjara treba održavati ličnu higijenu, što ukoliko je epiziotomija hirurški pravilno zbrinuta omogućava njeno pravilno zarastanje.

Komplikacije koje se mogu tokom ove intervencije dogoditi jesu akutne: hematoma, infekcija i hronične: dehiscencija, striktura vagine, rektovaginalna fistula i urinarna inkontinencija. Hematom se rešava hitno resuturum uz korektnu hemostazu. Infekcije epiziotomije zahtevaju antibiotsku terapiju, a dehiscencija epiziotomije resuturu.

Prikaz slučaja: Pacijentkinja J. N. u 30-oj godini života primljena je u Bolnicu za ginekologiju i akušerstvo KBC „Dr Dragiša Mišović – Dedinje“ zbog strikture vagine posle vaginalnog porođaja, a radi dalje evaluacije i pripreme za operativno lečenje. Anamnestički i uvidom u medicinsku dokumentaciju dobijeni podaci da je prvorotka iz Kosovske Kamenice u terminu aprila 2018. godine u nadležnom porodilištu vaginalnim putem rodila donešeno dete telesne težine 3300 gr, kao i da je porođaj protekao uredno. Radi zaštite mekog dela porođajnog puta načirena je desnostrana mediolateralna epiziotomija koja je potom i ušivena. Pacijentkinja navodi da je nakon porođaja imala neprijatnost u predelu epiziotomije. Dva meseca pre dolaska u našu ustanovu pojavila joj se menstrualna krv u vidu tačkastog krvarenja. Nemogućnost seksualnog odnosa, napetost i blagi bolovi u predelu genitalija je dovela u Bolnicu za ginekologiju i akušerstvo KBC „Dr Dragiša Mišović – Dedinje“.

Po prijemu konstatuje se sledeće: spoljne genitalije pluripare, uredne strukture i izgleda, zidovi vagine srasli, vidljiv otvor veličine 2 mm (slike 1 i 2). Pregled nastavljen rektalnim putem gde je konstatovan uredan ginekološki nalaz ostalih unutrašnjih genitalnih organa. Ultrasonografski viđeno proširenje vagine u gornjoj trećini i oko forniksa dijametrom 20 mm; uterus 59h37h56 mm, praznog kavuma i tankog endometrijuma; obostrano jajnici na tipičnim mestima, uredne eho strukture; u trbuškoj duplji nema slobodne tečnosti. Rezultati laboratorijsko-biohemijskih analiza, kompletne krvne slike i testova koagulacije u referentnim granicama.

Nakon adekvatne pripreme, anesteziološke i hirurške konsultacije, načinjena je operacija tako što je kroz milimetarski kanal vagina otvorena do grlića, presečene su priraslice i načinjena adekvatna hemostaza odgovarajućim hemostatskim pojedinačnim šavovima (Slika 3). Provereno rektalno i uretralno i potvrđeno da nema komunikacije (Slika 4). Operativni i postoperativni tok protekli uredno, te je pacijentkinja otpuštena kući uz savet i dogovor o daljim kontrolama.

## Bolnica za ginekologiju i akušerstvo KBC „Dr Dragiša Mišović Dedinje“ kroz godine

Zlatanović I, Lacković M, Veselinović A, Jovanović V, Golubović I, Nikitović R, Purić M, Đekić Z, Mihajlović S.

63. Ginekološko - akušerska nedelja SLD, Zbornik radova, Beograd, 2019; 346-348.

### Sažetak

Po završetku Velikog rata, u duhu obnove razorene zdravstvene infrastrukture prestonice, rađa se ideja za osnivanjem zdravstvene ustanove koja će svoje kapacitete podrediti najugroženijima. 1922. godine, na obroncima grada Beograda, u naselju Dedinje, otpočinje gradnja Memorijalne bolnice za majku i decu. Sredstva za izgradnju odobrena su od strane ministra Narodnog zdravlja, a značajan doprinos dali su Memorijalni fond *dr Elsie Inglis* iz Velike Britanije, *dr Slotter Morton*, koja je među američkim građanima sakupljala pomoć za Srbiju i poznati industrijalac Đorđe Vajfert.

*Dr Elsie Inglis*, škotska lekarka i sufražetkinja je osnovala organizaciju Škotske ženske bolnice, kako bi pomagala savezničke vojne snage u Prvom svetskom ratu. Pored svog rada u Francuskoj i Rusiji, bolnice su posebno postale poznate po svojoj aktivnosti u Srbiji.

1915. godine, tokom epidemija tifusa, *dr Inglis* dolazi u Srbiju gde osniva prvu ratnu bolnicu. Tokom leta iste godine Srbija je bila napadnuta od strane okupatora i *dr Inglis* gubi svoju bolnicu i bila je prinuđena na se vrati u Veliku Britaniju. Po povratku u domovinu *dr Inglis* je nastavila da se bori za pomoć Srbiji. Kao znak zahvalnosti, 3. Aprila 1916 godine, kao prva žena u istoriji dobila je orden Belog orla. *Dr Inglis* umire 1917. godine tokom epidemije tifusa, a nakon njene smrti u Londonu je osnovan Memorijalni fond *dr Elsie Inglis* koji je održao sećanje i uspomenu na ovu požrtvovanu lekarku i nastavio da pomaže srpski narod. Bolnica za Ginekologiju i akušerstvo svečano počinje sa radom 10. oktobra 1929. godine, ukazom kralja Aleksandra Karađorđevića, i sve do 1945. godine nosi naziv svoje kitorke, *dr Elsie Inglis*. Bolnica je svoje usluge podredila zdravlju i nezi žena i dece, među kojima su siromašni i ratna siročad dobijali besplatno lečenje, a svi zaposleni su bili žene. Nakon osnivanja bolnica je raspolagala sa deset bolesničkih soba i u njoj je osnovana prva škola za babice u Srbiji.

Memorijalna bolnica za majku i dete *dr Elsie Inglis* bila je prvo porodilište u državnom vlasništvu u Srbiji i na Balkanu i značajno je doprinela smanjenju perinatalnog i neonatalnog mortaliteta i podizanju nataliteta. Prvi šef ginekologije i porodilišta nove bolnice na Dedinju bila je dr Slavka Mihajlović- Klisić, zahvaljujući čijem entuzijazmu i požrtvovanosti je bolnica primila svoje prve pacijente.

Turbulentan istorijski tok postojanja bolnice za Ginekologiju i akušerstvo obeležilo je njeno privremeno zatvaranje, kada je u noći 20. maja 1999. godine u 00:50 časova, bolnica bombardovana od strane NATO alijanse. Ove tragične noći smrtno su stradala tri pacijenta bolnice za Neurologiju KBC-a „Dr Dragiša Mišović Dedinje“, a svi ostali pacijenti hitno su zbrinuti u ostalim zdravstvenim ustanovama grada Beograda.

Tokom bombardovanja zgrada bolnice za Ginekologiju i akušerstvo, koja se nalazila u neposrednoj blizini, je pretrpela značajna oštećenja. Narednih deset godina trajala je obnova bolnice. Februara 2009. godine bolnica za Ginekologiju i akušerstvo KBC „Dr Dragiša Mišović Dedinje“ ponovo je otvorilo svoja vrata stanovnicima Beograda i cele Srbije.

Danas, deset godina nakon rekonstrukcije, bolnica funkcioniše svojim punim kapacitetom. Godišnje se u porodilištu obavi preko 2200 porođaja, a samo porodilište ponosno nosi titulu „Najboljeg porodilišta u Srbiji“ prema anketama trudnica i porodilja u Srbiji.

Od 1932. godine, zbog finansijskih teškoća kroz koje je prolazila, a uprkos naporima ženskog društva lekara Beograda, bolnica je izdata pod zakup na deset godina Ministarstvu Železnica, u čijem sastavu je usled ratnih dešavanja sredinom dvadesetog veka ostala sve do 1978. godine, kada je bolnica pripojena KBC-u „Dedinje“. Kasnije iste godine ulazi u sastav KBC- a „Dr Dragiša Mišović Dedinje“ u čijem sastavu i danas postoji.

## Sindrom posteriorne reverzibilne encefalopatije – prikaz slučaja

*Veselinović A, Jovanović V, Simonović Lj, Vasić J, Ilić M, Lacković M, Zlatanović I, Mihajlović S.*

63. Ginekološko - akušerska nedelja SLD, Zbornik radova, Beograd, 2019; 349-353.

### Sažetak

Sindrom posteriorne reverzibilne encefalopatije ( PRES ) je reverzibilan kliničko-radiološki entitet koji se manifestuje u vidu glavobolja, epileptičnih napada, poremećaja vida i svesti kao i fokalnih neuroloških ispada. Izazvan je različitim etiološkim faktorima, kojima je zajedničko da dovode do vazogenog cerebralnog edema, dominantno parijeto-okcipitalnih lobusa mozga. Prikazaćemo pacijentkinju sa poremećajem vida i glavoboljom u ranom postpartalnom periodu. Reverzibilnost simptoma i karakterističan radiološki nalaz upućuju na dijagnozu PRES-a kod naše pacijentkinje.

## Lichen sclerosus et atrophicus platled rich plasma (PRP) terapijski protokol; prikaz slučaja

*Perić V, Antić D, Mihajlović S, Pelemiš J, Minić I, Minić S.*

63. Ginekološko - akušerska nedelja SLD, Zbornik radova, Beograd, 2019; 354-355..

### Sažetak

Lichen sclerosus et atrophicus (LSA) je hronična inflamatorna dermatoza koja se javlja kod devojčica u prepubertetskom periodu i kod žena u menopauzi. Kliničku dijagnozu postavljaju ginekolog i dermatovenerolog. Predilekciona mestaza LSA: anogenitalna regija (labia minor, introital stenosis). Terapijski protocol uobičajeno podrazumeva dugotrajnu (višemesečnu) lokalnu primenu kortikosteroida, pimekrolimusa ili testosteron dipropionata.

Platled Rich Plasma (PRP) je biološki product dobijen iz autologe krvi pacijenta u kojem je koncentracija trombocita u malom volumenu krvne plazme uvećana za 2-3x nakon fizičke separacije krvnih elemenata centrifugiranjem. Kao takav PRP ne sadrži samo trombocite već i faktore koagulacije, Faktore rasta, citokine, hemokine i druge proteine plazme (1).

U osnovi visoke potentnosti ove metode za različite Lindikacije leži činjenca da su trombociti prirodni resursi različitih signalnih molekula koji mogu učestvovati u procesima inflamacije, angiogeneze, migracije matičnih ćelija i ćelijske proliferacije (2).

Kolagen pretstavlja prirodni stimulator PRP tako da kad se koristi kao metoda u mekim tkivima nisu potrebani dodatni stimulus (3).

Pacijentkinja stara 51 godinu, javila se ginekologu, zbog osećaja suvoće, peckanje i zatezanja u anogenitalnoj regiji uz dispareuniju. Upućena je dermatologu radi dalje evaluacije. Postavljena je klinička dijagnoza LSA, sprovedena je PRP terapija 1x nedeljno (17 ciklusa). Korišćena je PRP procedura prvege neracije in vitro aktivacije. Krv je centrifugirana 10 min na 2800 rpm. Korišćene su BD vacuete sa Na citratom. Aplikacija radjena iglom 24g intra lesiono.

Lokalno svakodnevno aplikovana je indiferentn aterapija (ung Vasellini).

Terapijski odgovor je bio zadovoljavajući, elastičnost kože u anogenitalnoj regiji je bila značajno bolja, a symptomi dispareunije su se povukli.

Zaključak: PRP se pokazao kao efikasan terapijski modalitet u lečenju ovog hroničnog oboljenja. Procedura ne zahteva dodtnu opremu i ne iziskuje velike troskove. U koliko se poštuju principi asepsa i antisepsa nema komplikacija i neželjenih efekata. Postoje i mogućnosti o standardizaciji terapijskog postupka.

## Prehospitalno zbrinjavanje anafilaktičke reakcija nakon uboda insekta - prikaz slučaja iz ambulante hitne pomoći

*Marija Radulović, Đorđe Filipović, Ivana Filipović*

NČ UM Halo 194. 2019; 25(1):55-60

### Sažetak

**Uvod/Cilj** Ubodi insekata su drugi najčešći uzrok alergijske reakcije i anafilakse. Alergijske reakcije nakon uboda insekata mogu varirati od velikih lokalnih reakcije do fatalnih anafilaksi. Cilj rada je prikaz prehospitalnog zbrinjavanja anafilaktičke reakcije u ambulanti Gradskog zavoda za hitnu medicinsku pomoć (GZZHMP) nakon uboda stršljena.

**Prikaz bolesnika** Pola sata pre dolaska u ambulantu GZZHMP Beograd dvadesetdvogodišnji pacijent je nakon uboda stršljena osetio oštar bol i pečenje u predelu vrata. Pri pregledu pacijent je bio lako dezorijentisan, dispnoičan, afebrilan, preznojen, tahikardičan. Blede kože i vidljive sluznice. Očni kapci, osne, jezik i uvula otečeni. Na mestu uboda insekta (zadnja strana vrata) uočava se papula dimenzija 3x3cm sa okolnim otokom dimenzija 10x10cm i crvenilom. Na koži gornjih i donjih ekstremiteta, trbuha i leđa evidentne generalizovane promene po tipu urtikarije. Na osnovu anamnestičkih podataka i kliničke slike postavljena je radna dijagnoza anafilaktičke reakcije. Pacijentu je kao prva linija terapije ordiniran adrenalin 500 $\mu$ g (0,5ml u razređenju 1:1000 im) IM u anteromedijalni deo natkolenice, primenjena oksigenoterapija preko maske protoka 6l/min, otvorena dva venska puta i ordinirano 1.000ml Ringerovog rastvora. Nakon početne stabilizacije, pacijent je primio kao drugu liniju terapije antihistaminike (H1 i H2 antagoniste) i metilprednizolon polako intravenski. Nakon inicijalnog zbrinjavanja i stabilizacije vitalnih parametara, pacijent je transportovan uz kontinuirani monitoring vitalnih funkcija u Urgentni centar gde je opserviran narednih 6 sati i otpušten kući dobrog opšteg stanja uz savet da se obavezno javi na dodatno alergološko testiranje.

**Zaključak:** Prikaz ovog ne tako retkog slučaja u prehospitalnim uslovima ukazuje na značaj poznavanja savremenih protokola za zbrinjavanje anafilaktičke reakcije i njihovu implementaciju u praktičnom radu.

**Ključne reči:** anafilaktička reakcija, ubod insekta, adrenalin

## Rano prepoznavanje atrezije jednjaka kod novorođenčeta - prikaz slučaja

*Filipović I, Zdjelar S, Trajković A, Vušurović M*

Zbornik radova.49. Pedijatrijski dani Srbije sa međunarodnim učešćem. 2019, Niš.

### Sažetak

**Uvod:** Atrezija jednjaka predstavlja prekid kontinuiteta jednjaka, sa postojanjem dva slepa kraja gornjeg i donjeg. U većini slučajeva prisutna je i traheoezofagealna fistula. Polihidramnion, dilatirani proksimalni jednjak i nemogućnost vizualizacije želuca prenatalno upućuju na atreziju jednjaka. Atrezija jednjaka je vrlo često udružena sa drugim anomalijama.

**Cilj:** Prikazati novorođenče sa sumnjom na atreziju jednjaka.

**Materijal i metodi rada:** U radu smo prikazali novorođenče sa atrezijom jednjaka i traheoezofagealnom fistulom.

**Rezultati:** Muško terminsko novorođenče rođeno 19.09.2019. u 21:40 h, drugo dete, iz druge, redovno kontrolisane trudnoće u 38.5 GN. U 28. nedelji gestacije ultrasonografski je uočen nešto manji želudac i verifikovan je polihidramnion zbog čega je majka upućena na konzilijum za fetalne anomalije. Konzilijum je dalje uputio na MRI i genske analize. Ova ispitivanja nisu potvrdili sumnju na atreziju jednjaka. Vodenjak pukao 19.09.2019. u 05:00 h. GBS bris negativan. Porodaj je završen prirodnim putem. PTM 3970 g, TD 57cm, OG 38cm, Apgar score 9/10. Na rođenju ordiniran Vitamin K 1 mg i vakcina protiv hepatitisa B 0,5 ml. U prvim minutima po rođenju dobro se adaptiralo, aspiriran obilan bistri sadržaj. Posle kontakta sa majkom smešteno na odeljenje neonatologije, urednog kliničkog nalaza. Već u prvim satima registruje se bljuckanje obilnog, penušavog sadržaja. Aspirirano, pokušano plasiranje sonde. Zbog sumnje na atreziju ezofagusa nije započet per os unos, ordinirana intravenska infuzija. Pri ponovnom pokušaju plasiranja sonde ima se osećaj da sonda negde zastaje i ne dopire do želuca. Laboratorijski obrađeno: glikemija 3,3, Er 5,36, Le 21,7, Hgb 168, Tr 161, HTC 0,569. Na nativnom Rtg grudog koša orogastrična sonda se uočava do Th 5, u želucu se ne uočava. Zbog opravdane sumnje na atreziju ezofagusa prevodi se na UDK Tiršova radi dalje dijagoze i lečenja.

**Zaključak:** Veoma je važno dijagnozu postaviti još u prvim satima života, najbolje još u porođajnoj sali sondiranjem želuca. Kada se na osnovu kliničke slike posumnja na atreziju pre svega ne treba započinjati per os unos, a ukoliko je moguće uraditi nativni Rtg sa plasiranom nazogastričnom sondom. Novorođenče je potrebno što pre transportovati u tercijarnu ustanovu na odeljenje neonatalne hirurgije radi dalje dijagnostike i lečenja.

**Ključne reči:** atrezija jednjaka, novorođenče.

## Zloupotreba psihoaktivnih supstanci u trudnoći

*Milošević, J. Slavuj, V.*

N. Stojanović (Ur.), Zbornik sažetaka stručnih radova prezentovanih na Trećem kongresu babica Republike Srbije sa međunarodnim učešćem, Beograd 24-25.05.2019. (str.34). Beograd: Udruženje zdravstvenih radnika i saradnika "Tim KME"

### Sažetak

Savesnim odnosom prema svom zdravlju i odgovornim ponašanjem u trudnoći, svaka trudnica izbegavanjem pušenja, konzumiranja alkohola i psihoaktivnih supstanci može uticati na tok i ishod trudnoće. Zloupotreba psihoaktivnih supstanci je danas globalni problem, poslednjih decenija prisutan i medju trudnicama.

U savremenom svetu porodice su postale nestabilne i disharmonične, što je promenilo demografske karakteristike zavisnika. Na tržištu se lansiraju nove tzv. sintetičke droge, znatno jeftinije ali ne manje štetne, kojima je naročito podležna adolescentna populacija. U pojedinim člancima minimiziraju se štetne posledice naročito kanabisa, ekstazija i amfetamina, kao najrasprostranjenijih droga na prostorima EU. Svako konzumiranje bilo koje psihoaktivne supstance – PAS (droge) u trudnoći je izričito kontraindikovano i predstavlja zloupotrebu. Trudne žene neretko pretpostavljaju da kanabis ne ostavlja posledice na bebe. U istraživanju sprovedenom 2014. godine u Koloradu (SAD), ispitanice navode da su najčešći razlozi za korišćenje marihuane u trudnoći anksioznost, stres, depresija, bol, mučnina i povraćanje. Podaci preliminarnih istraživanja pokazuju da glavni psihoaktivni sastojak marihuane – tetrahidrokanabinol, THC – može kroz posteljicu dospeti do fetusa i negativno uticati na moždani i kognitivni razvoj, kao i na malu porođajnu težinu bebe kada se rodi. Tetrahidrokanabinol takođe može da se pojavi u majčinom mleku. Tačne efekte pojedinih droga na plod je teško proceniti ali dovode do poremećaja u rastu ploda, razvoju mozga i intelektualnih sposobnosti bebe, narušavaju emocionalni status i povećavaju rizik da se kasnije tokom života razvije zavisnost od droga. Neki lekari i zakonodavci smatraju da pušenje marihuane u trudnoći predstavlja prenatalno zlostavljanje dece i da je neophodno zaštititi decu angažovanjem nadležnih službi.

Na žalost postoje poražavajući podaci iz prakse koji se tiču broja trudnica zavisnica. Radi uspostavljanja apstinencije i stručnog nadzora, neophodno je da se trudnica javi u specijalizovanu ustanovu. Ključna uloga u suzbijanju bolesti zavisnosti je primarna prevencija koja se kontinuirano i sveobuhvatno mora sprovoditi u svim segmentima društvene zajednice.



## Prijem trudnice u porodilište

*Mandić G.*

N. Stojanović (Ur.), Zbornik sažetaka stručnih radova prezentovanih na Trećem kongresu babica Republike Srbije sa međunarodnim učešćem, Beograd 24-25.05.2019. (str.37 ). Beograd: Udruženje zdravstvenih radnika i saradnika “Tim KME”

### **Sažetak:**

Unosenje podataka u Helliant radi upucivanja trudnice na pregled ginekologa  
Otvaranje istorije porodjaja na osnovu izvestaja ginekologa  
Provera rezultata neophodnih za porodjaj  
Pitanja u vezi zdravstvenog stanja trudnice  
Informacije vazne za trudnicu i pratnju  
Presvlacenje  
Potpisi na saglasnosti  
Potpis babice koja unosi podatke  
Uvodjenje trudnice u porodiliste

## Odnos babice i trudnice u porođaju

*Prvulović M.*

N. Stojanović (Ur.), Zbornik sažetaka stručnih radova prezentovanih na Trećem kongresu babica Republike Srbije sa međunarodnim učešćem, Beograd 24-25.05.2019. (str.61-62). Beograd: Udruženje zdravstvenih radnika i saradnika "Tim KME"

### Sažetak

Često pričamo o odnosu babice sa trudnicama, porođajama posebno u toku porođaja, no obično se sve završava na tome. Napravila sam anketu elektronskim putem su žene mogle da nam odgovore da li im je odnos sa nama bio značajan tokom porođaja.

U Srbiji je povećani manjak zdravstvenog osoblja na svim nivoima pa tako i babica ima manje no što je potrebno. Ali plata, manjak radne snage i lično nezadovoljstvo ne mogu opravdati nedostatak empatije i ne učestvovanje u nadogradnji ličnoj i profesionalnoj. Porođaj je najbitniji trenutak u životu svakog čoveka svake porodice a naša obaveza i čast je da im u tom trenutku pomognemo stručno i ljudski.

Kao što znamo postoji i babička zakletva koje bi se trebale držati u svakom trenutku i na svakom mestu: Ja Mirjana Prvulović, rođ. Bukumirović, zaklinjem se svemogućim Bogom da ću se odazvati svakoj trudnoj ženi, porođilji ili babinjari, bila ona sirota ili bogata, kad god me pozove, da joj prema stečenom iskustvu u školi budem na ruci i da ću savesno vršiti sve dužnosti koje babici određuju zakoni, propisi i uputstva. Tako mi Bog pomogao!

Trudnica koja ulazi u porodilište strepi za dete i sebe čak i ako je išla u školu roditeljstva i pohađala psihofizičku pripremu. Svako od nas strepi od novog iskustva.

Samim našim dočekom u prostorijama za pripremu počinje se sa kontaktom od predstavljanja ko smo šta ćemo proceduralno raditi, babica treba da ima blagost u sebi ali da u svakom momentu pokazuje i svoju profesionalnost. Što bi čuveni ginekolog Dr Paja Momčilov rekao „trudnici i porođilji se uvek obraćaš sa Vi, osim ako ona ne odgovori mi“.

Ona naravno učestvuje u svakom segmentu porođaja, bilo bi najbolje da se razume sa celim timom posebno sa nama kao bobicama jer smo stalno uz nju.

Razumevanje „drugog stanja“ što prisniji a profesionalni odnos sa trudnicom sigurno će dovesti do dobrog rezultata. Tihi govor je često delotvorniji od glasnog ili što je nedopustivo, vikanja, svesne smo da nas ima raznih, zato i postoje edukacije i susreti gde razmenjujemo iskustva.

U slučaju da koristite tiši glas mnogo ćete lakše dopreti do trudnice jer će biti skoncentrisana da vas sluša i gleda a to nam je u ekspanziji izuzetno potrebno. U mom dugogodišnjem iskustvu u tri Beogradska porodilišta se pokazalo da je smiren i th glas tokom celog porođaja a posebno u ekspanziji izuzetno delotvoran i da dopire baš do svake trudnice, a kasnije na odeljenju i porođilje.

Bilo da je prvorođka ili višerođka, malda ili starija ne zaboravite da strepi šta će i kako da se odvija, stoga joj moramo biti oslonac, podrška, sestra jednom rečju njena babica.

Na žalost anketa je pokazala da nije baš tako.

Na društvenim mrežama FB i Instagramu sam postavila pitanje

1. Da li vam je podrška babice značila na porođaju i koliko  Da  Ne

Na žalost nije bilo moguće postaviti tri odgovora već dva, zato sam uzela u obzir koliko je reakcija bilo.

Na žalost mislim da niko od nas nije zadovoljan rezultatom, smatram da bi moreli poraditi više na odnosu sa trudnicama, porođajama, majkama i celom porodicom naravno i ceo tom mora biti primer u međusobnoj komunikaciji. Svi mi želimo da naše trudnice postanu srećne i zadovoljne mame koje neće nositi traumu porodilišta, tako ćemo pomoći i natalitet. Edukujmo se profesionalno kako bi svima bilo bolje i lakše. Radimo na sebi nama dolaze buduće mame raznih profila sa svakom od njih kao i njihovom pratnjom moramo ostvariti dobar kontakt.

## Uloga babice kod karličnog porođaja

Vuletic V.

N. Stojanović (Ur.), Zbornik sažetaka stručnih radova prezentovanih na Trećem kongresu babica Republike Srbije sa međunarodnim učešćem, Beograd 24-25.05.2019. (str.65-69). Beograd: Udruženje zdravstvenih radnika i saradnika "Tim KME"

### Sažetak

Najveći broj beba se rađa tako što im prednjači glava, samo oko 4% pred kraj trudnoće se smešta u karlični položaj. Karlični stav je uzdužan položaj ploda u kojem prednjače karlica ili nožice.

Karlični stav može biti:

- POTPUN Kod potpunog stava nožice ploda savijene su u kukovima i kolenima. Te su pete usko priljubljene uz trtice. Ovaj položaj je povoljniji za porođaj zato što je dilatacija karlicom najveća;
- NEPOTPUN;
- TRTIČNI gde su nožice savijene u kukovima i opružene uz trup ploda tako da prednjače samo trtice ploda; KOLENI prednjače kolena;
- NOŽNI prednjače nožice.

Najnepovoljniji je nožni, najmanjom površinom vrši dilataciju.

Uzroci karličnog stava mogu poticati od majke i ploda

- OD MAJKE: Anomalije u razvoju uterusa; Placenta previa, uska karlica; Hidramnion, polyamnion; višestruke trudnoće; strah i stres majke
- OD PLODA: Nedonesenost; blizanačka trudnoća; hydrocephalus

U 28. nedelji trudnoće 20% beba je postavljeno karlično da bi se do 37. nedelje samo 4% ostalo definitivno u karličnom položaju. Buduće mame mogu da izvode brojne vežbe za podsticanje bebe da se okrene (četvoronoško stajanje i ljuljanje bokovima napred-nazad, zaobljivanje ledja kao macka, podizanje karlice jastucima...)

U izuzetnim situacijama primenjuje se metoda spoljnjeg okreta. To radi iskusan lekar akušer u porodilištu u 37. nedelji trudnoće dok se karlica ploda nije učvrstala u karlični ulaz majke. U našem porodilištu KBC "Dr. D. Mišović" ova metoda je prevaziđena.

Porođaj kod karličnog stava ploda i danas predstavlja akušersku dilemu kada je u pitanju završavanje porođaja vaginalno ili carskim rezom.

Drastičnim dizanjem stope carskih rezova dovodi do povećane stope majčinskog morbiditeta (zbog hir. komplikacija operacije, povećana dužina hospitalizacije i troškovi lečenja.). Istim se izbegava morbiditet i mortalitet kod novorođjenaca.

Indikacija da se porođaj završi carskim rezom kod karličnog stava su: disproporcija majke i ploda; novorođjenče obomotano pupčanom vrpcom; starije prvorođke i žene koje su dugo lečile sterilitet, IVF; blizanačka trudnoća; nedonošče; hipotrofično novorođjenče; eph gestoz majke; prethodni carski rez.

Za zdravo, terminsko novorođjenče, čija je majka takođe zdrava, kada nema prethodno navedenih kontraindikacija najbolji način završetka porođaja je prirodni-vaginalni. Dijagnoza karličnog stava ploda postavlja se spoljašnjim pregledom: UZ; palpacijom (na prijemu u porodiliste babica vrši spoljni pregled trudnice).

Pri spoljnjem pregledu u dnu materice napipa se glavica kao čvrst, pravilan i okrugao deo koji se lako pokreće. Srčani tonovi ploda se najbolje čuju iznad pupka trudnice. Unutrašnjim pregledom : lekar pregleda trudnicu i pipa delove karlice ploda (trtice, anogenitalnu brazdu, vrh trtične kosti, čmar i genitalni organi ploda. Kod nožnog nogice).

Porođaj kod karličnog stava vaginalnim putem, usled sporije dilatacije porođajnog kanala, duže traje od porođaja gde prednjači glavica. Porodilju kod karličnog stava porođa iskusan akušer babica asistira i prihvata novorođjenče. Vodenjak se ne prokida do kompletne dilatacije. Kada se karlica ploda rađa preko međice, obavezno akušer pravi epiziotomiju uz asistenciju babice. Spontano se rađa karlica i trup ploda do vrha skapula, akušer prihvata karlicu. Kada se plod rodi do

glavice, pruža se ručna pomoć prema BRACHTU: akušer novorođenče drži za obe trtice i butine prebacuje preko trbuha majke tako se ledjima novorođence položi na trbuh majke. Na taj način se pomaže defleksija glavice koja prelazi preko medice. Pri tom ne sme da se vrši grupa hiperekstenzija plod , može da se povredi. U toku vršenja Brahtovog manerva dozvoljeno je da se iznad simfize preko trbušnog zida vrši lak pritisak na glavicu, na taj nacin da se ubrza rađanje novorođenčeta.

Prednost metode po Brachtu je:

1. što se izvodi spolja, mala mogućnost unošenja infekcije;
2. ne vrši se trakcija za telo novorođenčeta te je manja mogućnost povrede

Ukoliko metoda po Brachtu ne uspe pristupa se metodi po SMELLIE-VEIT-u. Po ovoj metodi novorođenče koje se rodilo do glavice postavlja se na podlakticu jedne ruke akušera, čiji je kažiprst i domali prst ulazi u vaginu i stavi u vučje jame glavice ploda u fleksiji i olaksava njen izlazak iz porođajnog kanala. Prstima druge ruke rasklajasto se preko vrata hvataju njegova ramena i ovom rukom se vrši trakcija glavice novorođenčeta. Ukoliko se u toku rađanja jave znaci spazma glića daju se i.v spazmolitici u krajnjem slučaju iv anestezija.

**KOJA JE ULOGA BABICE?**

S obzirom da akušer porađa, kod karličnog stava uloga babice je:

- Pruža psihološku podršku (svojim iskustvom i stručnošću će pružice osećaj sigurnosti i sticanje poverenja porodilje.)
- Babica je stalozena i samouverena kako bi uverila porodilju da joj pruža pomoć iskusan i odgovoran tim.
- Pozdravlja porodilju s osmehom i dobrodošlicom, predstavi se i objasni svoju ulogu u njenoj zaštiti.
- Uzima anamnezu od porodilje u vezi trudnoće, Leopoldovim hvatom pipa glavicu ploda u fundusu , a tonove nalazi u visini pupka. Uzima karlične mere koje od velikog značaja za zavrsetak porođaja i na koji način.
- Babica prati ctg zapis i prodiskutuje s porodiljom o željama i očekivanja tokom porođaja.
- Procenjuje njeno psihičko stanje, koliko je uplašena i koliko zna u vezi porođaja kod karličnogstava. Procenjuje i njeno znanje o načinima ublažavanja kontrakcija i pruža informacije (da li je pohađala psihofizičku pripremu, da li želi epiduranu analgeziju)
- Podstiče porodilju da se prilagodi postojećim okolnostima kako bi zadovoljila svoje potrebe.
- Babica je sve vreme uz porodilju, uključuje terapiju uz nalog lekara, prati stanje novorođenčeta i porodilje i kako porodilja sve to podnosi. Savesna i iskusna babica prepoznaje kada se javi problem koji prevazilazi njene nadležnosti i obaveštava akušera.
- Preduzima rutinske higijenske mere pre pregleda i posle pregleda, omogući porodilji privatnost i objasni zašto je bitno da se opusti za pregled, prazni mokracnu bešiku po potrebi.
- Babica priprema materijal za porođaj i vodi računa o njenoj sterilnosti
- Za sam čin porođaja ponovi s porodiljom kako kako se napinje, štiti medicu i po rođenu baba je na grudima majke koliko to uslovi dozvoljavaju, preseca pučanu vrpce, meri novorođenče .
- Priprema porodilju za četvrto porođajno doba, vadi posteljicu koju akušer pregleda, asistira pri šivenju epiziotomije, pere i pakuje instrumente, vodi medicinsku dokumentaciju u vezi porodilje i sve to prateći stanje porodilje.

Zadaci babice i u 4. porodajnom dobu porodilje veliki, i tada su moguće komplikacije: utopljava porodilju, obezbeđuje tiho okruženje, daje tel.porođilji, prati vitalne znake, prati krvarenje. Obaveštava lekara ako se javi problem a nije u njenoj nadležnosti da ga reši. Dva sata nakon porođaja predaje porodilju i pedijatriska sestra bebu, medicinsku dokumentaciju babici koja radi na akušerskom odeljenju.

## Reanimacija novorođenčeta

*Vušurović M.*

N. Stojanović (Ur.), Zbornik sažetaka stručnih radova prezentovanih na Trećem kongresu babica Republike Srbije sa međunarodnim učešćem, Beograd 24-25.05.2019. (str.78 - 79). Beograd: Udruženje zdravstvenih radnika i saradnika "Tim KME"

### Sažetak:

Reanimacija novorođenčeta predstavlja skup mera i postupaka koji se primenjuju kod novorođenčadi neposredno posle rođenja u cilju normalizovanja njihovih kompromitovanih vitalnih funkcija. Indikacije za početak reanimacije novorođenčeta su poremećaji rada srca (asistolija, bradikardija < 60/min., poremećaji ritma s inefektivnom cirkulacijom) i funkcije disanja (primarna i sekundarna apneja, neregularne i neefikasne respiracije praćenegeneralizovanom cijanozom i posle 90 sekundi od rođenja).

Za približno 5-10% terminskih i oko 80% prevremeno rođenih novorođenčadi neophodan je neki od reanimacionih postupaka ( najčešće stimulacija disanja).

Za ujednačavanje kriterijuma za reanimaciju, neophodno je poštovati Procedure za reanimaciju vitalno ugroženih novorođenčadi (kojom su definisani reanimacioni koraci kod vitalno ugroženih novorođenčadi) i izrada algoritma reanimacije. Za sprovođenje ove Procedure odgovoran je reanimacioni tim, koji sačinjavaju pedijatri-neonatolozi, pedijatrijske sestre, anesteziolozi, ginekolozi-akušeri, sestre akušerskog smera i anestetičari zaposleni u bolnicama za ginekologiju i akušerstvo, koji su edukovani za pravilno izvođenje reanimacionih postupaka kod vitalno ugroženih novorođenčadi. Aktivnosti za efikasno sprovođenje reanimacionih koraka obuhvataju:

1. Obezbeđivanje neophodne medicinske opreme,
2. Kontinuiranu pripremu
3. Neposredno izvođenje reanimacije.

Obezbeđivanje neophodne medicinske opreme podrazumeva da svaka porođajna sala i Jedinica intenzivnog lečenja novorođenčadi mora da poseduje adekvatna medicinsku sredstva (aparati i instrumenti, odgovarajući potrošni sanitetski materijal, kao i dezinfekciona sredstva, rastvori i medikamente), koji su neophodni za efikasnu reanimaciju vitalno ugroženih novorođenčadi. Kontinuirana priprema obuhvata niz mera i postupaka, koji se primenjuju radi obezbeđivanja spremnosti reanimacionog tima i upotrebljivosti materijalnih medicinskih resursa za promptno i efikasno izvođenje reanimacionih koraka, u svakom momentu, svih 365 dana u godini.

Neposredno izvođenje reanimacije novorođenčeta se odvija kroz reanimacione korake, koji slede jedan za drugim (korak po korak). Reanimacioni koraci se mnemotehnički formulišu kao A, B, C, D prema početnim slovima engleskih reči (airway, breathing, circulation, drugs)

## Dojenje i najčešći problemi prilikom dojenja

*Obradović M.*

N. Stojanović (Ur.), Zbornik sažetaka stručnih radova prezentovanih na Trećem kongresu babica Republike Srbije sa međunarodnim učešćem, Beograd 24-25.05.2019. (str.85). Beograd: Udruženje zdravstvenih radnika i saradnika "Tim KME"

### **Sažetak:**

Dojenje je najprirodniji način hranjenja deteta majčinim mlekom.

Iako je definicijom istaknuta samo njegova nutritivna funkcija, dojenje predstavlja mnogo više od toga i za majku i za dete. Značaj dojenja se ogleda u olakšavanju adaptacije deteta na spoljni svet, ali i bržem vraćanje organizma majke u svoje pređašnje stanje. Dojenje se obnavlja veza majke i deteta prekinuta presecanjem pupčanika, a ova veza je direktno odgovorna za fenomen personalizovane hrane koju beba dobija kroz majčino mleko.

Ipak, pored toga što vrši prevenciju brojnih poremećaja i dojenje nosi sa sobom svoje probleme. Problemi dojenja se mogu kategorisati u funkcionalne i društvene probleme.

## Prijem i zbrinjavanje dece obolele od morbila

*Stjepanović M.*

N. Stojanović (Ur.), Zbornik sažetaka stručnih radova prezentovanih na Trećem kongresu babica Republike Srbije sa međunarodnim učešćem, Beograd 24-25.05.2019. (str.92-93). Beograd: Udruženje zdravstvenih radnika i saradnika "Tim KME"

### Sažetak:

Morbili, male boginje, ospice (lat. morbilli - „mala bolest“) je virusno, veoma zarazno oboljenje iz grupe osipnih groznica, koje uglavnom pogađa decu.

Prouzrokovač je morbili virus. Izvor infekcije za male boginje je obolela osoba.

Zaraznost : 2-4 dana pre i 4 dana posle izbijanja ospe.

Put širenja:

- putem kapljica
- putem vazduha
- direktnim kontaktom sa nazofaringealnim sekretima
- indirektnim kontaktom

Male boginje su jedna od najkontagioznijih bolesti.

Incubacija kod morbila iznosi 10-11 dana i bez ikakvih je simptoma.

Klinička slika bolesti protiče kroz tri stadijuma a u nekim slučajevima može se okončati i komplikacijama kao što su zapaljenje uha, pluća i mozga.

Dijagnoza morbila se postavlja na osnovu kliničke slike i otkrivanjem antitela u krvi.

Specifična terapija morbila ne postoji.

Njena pojava i komplikacije (upala pluća i mozga) mogu se sprečiti vakcinacijom dece od 12 meseci starosti, zahvaljujući kojoj je veliki broj slučajeva u prošlosti značajno smanjen. U većini zemalja bolest podleže obaveznom prijavljivanju.

Dete sa respiratornim simptomima, temperaturom, ospom treba što pre pregledati u cilju postavljanja dijagnoze, da bi se izbegao duži kontakt sa drugim bolesnicima ili osobljem (odvojiti 1m obolelog od drugih pacijenata).

Neophodno je odvojiti dete u izolaciju i ograničiti mu kretanje, a kada treba da izađe iz izolacije, mora nositi hiruršku masku.

Zdravstveni radnici u kontaktu sa morbilima treba da nose zaštitnu opremu. Striktno primenjivati standardne mere predostrožnosti, posebno higijenu ruku. Osoblje koje neguje decu obolelu od morbila treba da bude imuno na morbile (preležani morbili ili vakcinacija).

Lečenje je simptomatsko, primenjuju se antipiretici kod febrilnosti, inhalacije za nadražajni kašalj, terapija se može dopuniti parenteralnim rastvorima (proliv i povraćanje) i antibioticima kod sekundarne infekcije (otitis, pneumonija).

Imunizacija, pravovremena dijagnoza i nadzor bolesti su glavni činioci za efikasnu kontrolu morbila.



## MONOGRAFIJE I UDŽBENICI





## Hirurgija nadbubrežne žlezde UDŽBENIK

*Ivan Paunović, Aleksandar Diklić, Vladan Živaljević*

*Univerzitet u Beogradu – Medicinski fakultet, Beograd, CIBID 2019*

### **Poglavlje XVII**

#### **Sekundarni tumori nadbubrežne žlezde:**

*Rastko Živić, Berislav Vekić*

#### IZ UVODA...

Sekundarni tumori nadbubrežne žlezde su drugi najčešći uzrok uvećanja nadbubrega nakon benignih adenoma ovog organa. Metastaze u nadbubrežnoj žlezdi najčešće se nalaze kod pacijenata sa diseminovanom malignom bolešću, dok su izolovane forme znatno ređe. U obdukcionim studijama sprovedenim na leševima sa diseminovanom malignom bolešću metastaze u nadbubrežnoj žlezdi nađene su u 10 do 27% slučajeva, što se može objasniti njihovom dobrom prokrvljenošću i višestrukim arterijskim dovodnim sudovima.

### **Poglavlje XXVI**

#### **Proširene adrenalektomije:**

*Vladimir Đukić, Miljan Milanović*

#### IZ UVODA...

Pod proširenom adrenalektomijom se podrazumevaju operacije koje osim otklanjanja nadbubrežne žlezde uključuju i resekciju jednog ili više okolnih organa koji su infiltrisani malignim tumorom iz nadbubrežne žlezde.

Maligni tumori nadbubrežne žlezde predstavljaju retka oboljenja sa jako lošom prognozom. Mogu se podeliti na primarne i sekundarne maligne tumore, odnosno metastaze u nadbubrežnoj žlezdi.



## Atlas akušerskih operacija

*Petar Počekovac, Maja Počekovac, Miloš Počekovac*

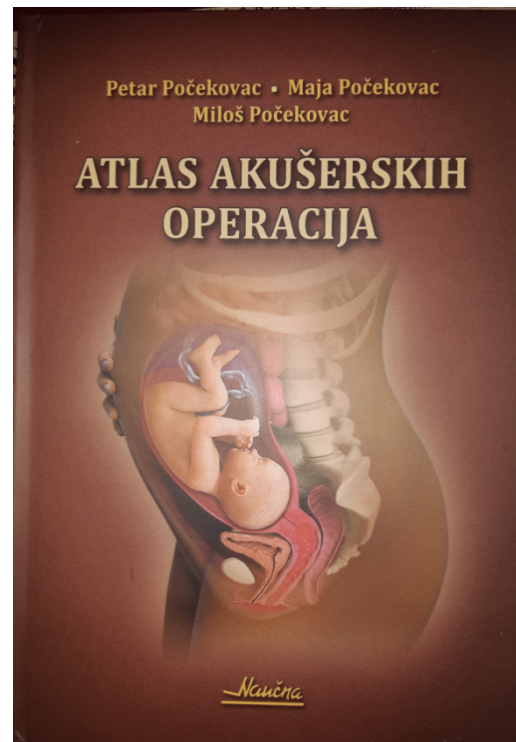
*Naučna, 2019*

### Recenzija

Pisac ovog dela je već renomirani stručnjak iz oblasti operativne ginekologije i akušerstva. Pored veoma široke opšte medicinske kulture i poznavanja svoje uže struke ginekologije i akušerstva, dr sci. med. Petar Počekovac je i čovek sa izuzetnim sposobnostima da crtežom reprodukuje svoje zamisli, što je neophodni preduslov kada se pristupa izradi jednog operativnog atlasa u cilju prezentovanja raznih operativnih tehnika. Jednom rečju on u svome delu predstavlja veoma bogato iskustvo operatora, dijagnostičara i umetnika, da svoje znanje i zamisli predstavi na najubedljiviji mogući način.

Kao što je i uobičajeno autor u prvim poglavljima svoje knjige daje najpre opšte podatke o anatomiji porođajnog kanala, plodu kao porođajnom objektu i mehanizmu porođaja, kako normalnog, tako i porođaja sa poremećajima rotacije i fleksije. Prelazeći na akušerske operacije obrađuje indikacije, bilo da potiču od strane majke ili deteta, kao i pripreme porodilja za operativne poduhvate.

Mada je trudnoća normalno stanje, a porođaj prirodni fiziološki akt, u svakom trenutku mogu da nastanu okolnosti koje iziskuju intervenciju akušera. I glavni zadatak čoveka koji se bavi trudnoćom i porodiljstvom je da blagovremeno uoči kada promena, što je svojstveno gravidnom stanju, postaje poremećaj koji iziskuje i odgovarajući terapijski postupak, konzervativni ili operativni. Sam porođajni čin, uslovljen sadejstvom više činilaca – porođajnim objektom, porođajnim putevima, porođajnim snagama, može u bilo kome trenutku da se komplikuje i iziskuje hitnu intervenciju, prema pravilima akušerske doktrine. Treba imati u vidu i okolnosti, vezane za stanje majke ili ploda ili oboje, koje apriori zahtevaju planiranu intervenciju, za koju akušer treba da bude spreman, jer činilac vremena, pored odgovarajuće i uvežbane tehnike operatora, kao i preoperativne pripreme, anestezije i reanimacije imaju odlučujuću ulogu u uspešnom završavanju porođajnog čina. Svi su ovi zahtevi u delu do krajnje preciznosti ispunjeni i na veoma jasan, pristupačan i ubedljiv način predstavljeni crtežima, tako da čitalac ima potpuno jasnu sliku svih postupaka koje treba preduzimati, njihov redosled i celishodnost. Iz tih razloga ova knjiga će biti od izvanredne koristi ne samo lekarima na specijalizaciji i specijalistima iz ginekologije i akušerstva već i studentima medicine, jer je napisana jasno i sa crtežima koji predstavljaju posebnu vrednost ovog dela.



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Prof dr sci. med. Vojin Šulović