

people) – an increased level (18-21 points), 27% (8 people) with a high level (22-25 points) and 10% (3 people) with a very high level (26-28 points).

As shown by the results of the survey on a scale for assessing the impact of a traumatic event, 20% of respondents (6 people) were dominated by symptoms of avoidance, 27% (8 people) invasion, and 53% (16 people) symptoms of arousal.

Conclusions: the combat experience of most patients who were in the zone of Operation of the incorporated forces are in the range from medium to high. Only 10% received a very high level influence of combat trauma. The length of time spent by respondents in the combat zone ranged from 60 to 340 days. Avoidance symptoms prevailed in 20% of respondents (6), intrusion symptoms prevailed in 27% (8), and arousal symptoms in 53% (16). Therefore, in the future, it is in this direction that the target of psychotherapeutic and psycho-educational programs in this category of patients will be considered.

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FEATURES OF DIABETIC FOOT SYNDROME DIAGNOSTICS

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Diabetes mellitus is a non-communicable epidemic and reached a mark of 200 million in 2018, with the percentage of various complications (diabetic coma, diabetic retinopathy, diabetic foot syndrome, polynepathy, polynepathy) tend to

decline. Diabetic foot syndrome (DFS) combines pathological changes in the peripheral nervous system, the microcirculatory bed, the osteoarticular apparatus, which is the most common cause of non-traumatic lower limb amputation and patient disability.

Aim: to analyze the modern algorithm for the diagnosis of DFS.

Materials and methods. 100 case histories of patients undergoing inpatient treatment at the endocrinological unit of the Educational and Scientific Medical Complex "University Clinic" of Kharkiv National Medical University for the period 2018-2019 were analyzed. The study sample of men was 37 (37%), women - 63 (63%). Patients' ages ranged from 39 to 73 years, with an average age of (61.5 ± 5.5) years. At hospitalization, patients complained of pain of varying intensity (burning, tingling in the lower extremities) - 82 (82%) patients; decreased sensitivity of the lower extremity skin (numbness) - 97 (97%); presence of trophic ulcer - 75 (75%); impaired gait in the form of "intermittent lameness" - 81 (81%); feelings of thirst - 98 (98%); frequent urination - 69 (69%), general weakness - 100 (100%).

Results. Objective study revealed: pale dry cold skin - 93 (93%) patients, onychomycosis - 86 (86%), unilateral bone deformity in the tarsus and metatarsal joints - 54 (54%), soft paste tissue of the foot - 72 (72%), trophic ulcer - 75 (75%), decrease in pulsation of the dorsal artery of the foot - 67 (67%), reduction of the Achilles reflex - 47 (47%). Disorders of carbohydrate metabolism occurred in the form of: hyperglycemia $6 - 9$ mmol/L - 85 (85%) patients; more than 9 mmol/L - 15 (15%); the level of glycolized hemoglobin was less than 7.5% - 27 (27%); the level of glycolized hemoglobin exceeded 7.5% - 73 (73%). Using a 10 g monofilament (5.07 Semmens-Weinstein), a decrease in sense of touch was detected in 83 (83%) patients, with a decrease in vibration sensitivity diagnosed by a biothesiometer in 96 (96%) patients. According to Doppler ultrasound, the occlusion of the popliteal artery was verified: 67 (67%) patients; humerus index > 1.3 - 59 (59%). The effects of ischemia of the soft tissues of the feet were confirmed by transcutaneous oximetry (TcPO₂ < 40 mmHg) in 68 (68%) patients. According to densitometry, a decrease in bone density was observed in 98 (98%). The radiography of the bones of the foot determined the presence of osteophytes - 66 (66%) patients, areas of osteomalacia - 79 (79%), osteomyelitis - 52 (52%), subluxation of the toe - 49 (49%).

Conclusion. Diagnosis of DFS requires a comprehensive approach with the involvement of related specialists (neurologist, angiosurgeon, traumatologist), ultrasound dopplerography of the arteries of the legs and feet, multispiral computed tomography for the early detection of delisiosa are used to verify the clinical form.

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