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childhood, also having their own characteristics. The adolescent period of life is not characterized by only intense growth with varying degrees of severity and maturation of all organs and systems without exception, but also active individual socialization of the growing individual, performing the role of a kind of buffer between childhood and adolescence. In this period neuroendocrine restructuring of the body is exceptional in its importance of adolescent, which determines not only the level of health and quality of life, but also in no small measure protection in the future from the occurrence of many diseases.

Thus, at the end of the literary analysis, it can be noted that further study of this problem will provide an opportunity to conduct preventive measures.

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PATHOPHYSIOLOGY OF CORONAVIRUS INFECTION

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Coronavirus infection (COVID-19) is a new infectious disease that is rapidly spreading around the world, accompanied by severe complications. In December 2019 year observed epidemic outbreak of unknown infection in Wuhan, the development of pneumonia in a large number of patients has led to an emergency situation in the Chinese health system. The Chinese Center for Disease Control and prophylaxis has studied the crop made from throat grease for patients and this situation was confirmed by the release of a new type of beta-coronaviruses geltirib. The new virus was called the Severe Acute Respiratory Syndrome Coronavirus SARS-CoV-2.

In COVID 19, severe coagulopathy, arterial and venous thromboses turned out to be the main causes of death. Studies have shown that, SARS-CoV-2 is associated with ACE2 in the vascular endothelium, which leads to an increase in vascular permeability, a violation of microcirculation, the formation of thrombosis in the blood vessels. These changes lead to endothelial dysfunction as well as the development of local or systemic vasculitis.

At severe course of any infection, the blood clotting system is disrupted and as a protective system prevents the spread of microorganisms. However, the increase of inflammatory cytokines in COVID-19 causes a cytokine storm and this leads to an acute generalized inflammatory reaction, a diffuse jerking of the vascular endothelium endogenous anticoagulants of the coagulation system goes out of control, as a result, develops Acute Disseminated Intravascular Coagulation syndrom (ADIC). And the "storm of cytokine", which is formed as a result of inflammation, leads to the appearance of inflammatory thrombosis-immunothrombosis.

Immunothrombosis of microtomy of the lungs is of great importance in the progression of respiratory failure in COVID-19. In addition, a sharp increase in the amount of antifosfolipid antibodies (anticardiolipine IgA, anti- β 2-gli-coprotein1, immunoglobulin A and G) in the blood of patients with a high level of COVID-19, many of which have been identified, can also be evidence of a heavy inflammatory process. In studies of French scientists, out of 25(45%) patients from 56 patients with COVID19 identified lupus anticoagulants. At the same time, in COVID-19, C-reactive protein, erythrocyte sedimentation rate(ESR), ferritin, the procoagulant Von Willebrand factor(vWF) and VIII blood coagulation factor, which are nonspecific inflammatory biomarkers increases in the blood. 4-6-times increase in the concentration of the Von Willebrand factor is means of endothelial damage.

Endothelium not only controls homeostasis, but also a violation of its integrity leads to circulatory disorders, vasoconstriction of vessels, microcirculation disorders and ischemia of damaged organs. At the same time, the activity and increase in neutrophil leukocytes also contribute to blood clotting and leads to thromboses. The role of leukocytes in the development of immunothrombosis is great. In particular, monocyte and neurophilic leukocytes also produce cytokines, which are activate both chromolytic and coagulation hemostasis.

Damaged endothelial cells and monocytes produce tissue thromboplastin (TT). Production of TT activates the blood clotting system in an external way. Hyperinflammatory reactions damage the tissues, as a result in endothelial barrier is disrupts and coagulation is uncontrollable activate.

Results. Endothelial dysfunction in COVID-19 was due to the main factors of the pathophysiology of development of thrombotic complications, as a result of which myocardial infarction and stroke develop.

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SYSTEMIC INFLAMMATORY RESPONSE SYNDROME SCORE MAY INDICATE INCREASED RISK OF MAJOR AMPUTATION IN PATIENTS WITH DIABETIC FOOT ULCER

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Introduction: The prevalence of diabetes mellitus (DM) is rising significantly, and the World Health Organization has reported that the estimated number of patients with diabetes was nearly 425 million in 2017, consequently, increasing the number of diabetes-related complications. In 2019, the estimated number of people with diabetes aged 65–99 years is 135.6 million (19.3%). If this trend continues, the number of people above 65 years (65–99 years) with diabetes will be 195.2 million in 2030 and 276.2 million in 2045.

Methods: Clinical records of all patients with DFU admitted to our institution over a one-year period were analysed. The worst SIRS score in the first 24 hours of admission was calculated and patients stratified into two groups: SIRS positive (a score of two or more) and SIRS negative (a score less than two). Any surgical intervention to treat infection was recorded. This included debridement, drainage of abscess, and minor and major amputations.

Results: Chronic diabetic complications are a serious health concern as well as an economic burden. Among complications, it is generally known that diabetic foot ulcer (DFU) is the most frequently recognized complication, which is a kind of disease related to neuropathy and/or peripheral arterial disorder of the lower extremities and with infection, ulceration, and destruction of deep tissues in diabetic patients, as a result of the interaction of factors induced by sustained and uncontrolled hyperglycemia. To explore the utility of the Systemic Inflammatory Response Syndrome (SIRS) score for indicating the risk of surgical intervention to treat infection in patients admitted with diabetic foot ulcer (DFU).

Eighty-six patients were admitted with DFU. The SIRS positive group comprised 24 patients. The two groups were well matched for age, gender and comorbidities. In both the SIRS positive and SIRS negative group 63% of patients had an amputation of any kind. There were six (17%) major amputations in the