Conclusions
1. The classic access to cochlear implantation carrying is possible in most patients with Mondini anomaly (75%).
2. The active electrode insertion in this category of patients is almost always can be carried out through the fenestra cochlea (87.5%).
3. In all cases it was possible to eliminate the liquorhea using the tamponade with the temporal muscle fragment.
4. None of the patients developed such complications as face mimic muscles paresis, bacterial meningitis.
5. In all patient with Mondini anomaly, participating this study, the medium electrode with the length of 24 mm can be fully inserted.

References:

Peculiarities of the therapy of cicatrix stenosis of esophagus in children in remote period after burn

Abstract: The article presents the results of checking and treatment of 12 children from 5 to 10 years old in remote period after burn. On the basis of the obtained data it was determined that application of biodegradable stents SX-ELLA made of polydioxanone can replace systematic balloon dilatations in the therapy of long cicatrix stenosis of esophagus after chemical burn in children.

Keywords: cicatrix stenosis of esophagus, surgical treatment, endo prosthesis, children.

Topicality. The number of chemical burns of esophagus and cicatrix stenosis in children does not tend to decrease; that is conditioned by significant increase of application in everyday life of household chemicals containing alkali and acids, which can cause severe burns of esophagus and in rare cases burns in stomach [1, 6].

Esophageal strictures appearing after burn are still one of the most widely spread causes of dysphagia after timorous and peptic stenosis of esophagus [2, 5]. In relation with the wide development of endoscopy recently there is significant improvement of the diagnostics of esophagus and stomach burns, their differentiation according to the degree of lesion providing prognosis of the further development of the process [3]. Diagnostics of cicatrix stenosis of esophagus with the help of esophagoscopy and x-ray also has no significant difficulties [1, 4]. Treatment of chemical burns of esophagus and its cicatrix stenosis is a complex problem.

The most spread method in the therapy of cicatrix stenosis of esophagus in children is bouginage [1]. When it is applied good and satisfactory results can be achieved in 78% of the children [5]. After reconstructive-plastic operations on esophagus 35–40% of the operated patients had various postoperative complications [1]. According to foreign references, lethality of these operations varies from 9% to 15% [6]. Besides that, in childhood functional results such as swallowing and growth are especially important. In these cases therapeutic alternative, such as esophageal stenting is necessary.

Metallic stents used at the modern time (coated or partially coated) can stay in the lumen of esophagus from 3 weeks to 13 months (in adults). In 50% cases significant technical problems
occur at the removal of it. These problems occur because at the place of stent location there appear significant hypertrophic reactions of mucous. Thus, there is significant risk of esophageal perforation [3].

Synthetic and natural materials used for the enlargement or replacement of any tissue, organ or function of an organism are called biomaterials. It is used for joint prosthesis, fulfillment for bone defects, plates for fixation of fractures, vascular prosthesis, heart valves, contact lens, crystalline lens, and in dentistry. Synthetic polymers of lactic and glycolic acids undergo biologic splitting. Exactly that feature has application in medical industry. Since 1960s dissolving medical materials appeared.

Biodegradable stents made of polydioxanone have therapeutic effect for a long period and remodel the narrowing [4]. Due to biologic splitting of the material from which the stent is made it does not require removal of the construction. It mostly eliminates risk linked with the removal procedure. That method of therapy has no wide application yet in pediatric practice. There are few works dedicated to the application of stents for the therapy of cicatrix stenosis of esophagus in children and these studies are based on little clinical material [3].

**The objective**: is to study the efficacy of biodegradable stents in children with cicatrix stenosis of esophagus.

**Materials and methods of the research**: the data of dynamic checking of 12 children from 5 to 10 years old served to be basis for the research. In most cases among the examined children there were more boys (66.7%), than girls (33.3%). All patients came in 3 months after chemical burn, i.e. in remote period after the burn.

Prevalence of burns of esophagus and stomach made by acidic reagent is greater — 41.7% (5), the second place is taken by alkali reagent — 33.3% (4) and in 25% (3) cases reagents could not be determined.

In the process of the therapy all patients had more than 30 bouginages. Taking into account the failure of conservative therapeutic methods, the patients were candidates for esophageal colonoplastics. For their treatment “despair therapy” was tried. Biodegradable stents made of polydioxanone produced by ELLA-CS, Ltd (Check Republic), which didn’t demand removal, were placed under radiologic control.

**Strategy of stenting performance**: children with cicatrix stenosis were prohibited to eat meal 6 hours prior to the procedure of stenting. X-ray imaging of esophagus was performed in the vertical position for the confirmation of stenosis location and the length of the damaged segment was marked on the surface of patient’s body with the help of roentgen contrast markers.

The next stage is injection of the instrument through the stricture. For the initial passage through the stricture balloon catheter with hard conductor was used (Amplats J tipped 260 cm). Hard conductor provides injection of the balloon into the area of stenosis with further injection of the stent. Injection of the stent was performed under the radiologic control; the patients were in position on spine or left anterior oblique position. The length of the stent was adjusted so that its ends, especially proximal one, exceeded the area of stenosis about to 3 cm. After the disposal of the stent removal of the installation system was done very carefully for the prevention of stent drift.

The stent is gradually dilated within 48 hours until it reaches its maximal diameter. Immediately after the procedure we performed the control with the help of water-soluble contrast substance for assessment of stent conductibility and elimination of complications such as injure of esophagus.

In a day we performed complete radiologic contrast study for the assessment of stent conductibility and its anti reflux function. Assessment of reflux was done by means of change of patient’s body position in various directions. In case of free conductibility of the stent and absence of gastric esophageal reflux the patient was permitted to take usual food and recommended to chew it thoroughly.

All children with cicatrix stenosis of esophagus had common dynamic clinical-laboratory and instrumental check up.

**Results of the research**: The stents were technically successfully installed in 100% cases. Balloon dilatation after the installation of the stent was not used. All children with cicatrix stenosis of esophagus had clinical effect (elimination of dysphagia symptoms and restoration of per oral eating).

One patient required correction of stent location on the 5th day after the intervention. Stent lasso was caught with biopsy tongs; traction to proximal side was performed.

As a result of the therapy with the help of stent we managed to keep physiologic lumen of esophagus at the place of stricture for more than 3 months, and saved the children from the necessity to do dilatation every two weeks.

During the term of stenting patients did not have dysphagia, pain or other symptoms of the disease. For the treatment of gastric esophageal reflux we used Nexium — inhibitor of proton pump last generation.

**Conclusion**: Endo prosthesis is effective and safe method of palliative treatment for children with cicatrix stenosis of esophagus. In spite of the obvious advantages of this method of therapy, some problems are still arguable. According to the data of the modern world literature the possibility of stent application and its sustaining for children with cicatrix stenosis of esophagus [3, 6].

Thus, application of biodegradable stents SX-ELLA made of polydioxanone (ELLA-CS, Ltd, Check Republic) can replace systematic balloon dilatations for the therapy of long cicatrix stenosis of esophagus after chemical burn in children. Stenting of esophageal stricture can be one of the stages of therapy in children. Roentgenoscoppy of esophagus is a choice method for the control of stented esophagus status.

**References**:  
Improve the quality of urological care in patients with uncomplicated urinary tract infections in primary care health of the republic of Uzbekistan

Abstract: Together with general practices in selected areas carried out a comprehensive medical examination of 4451 people, accounting for 88.3% of the number to be inspected. Men accounted for 1525 (34.3%) and 2926 women accounted for (65.7%). The prevalence of UTI in the Khorezm region was 11.37 per 100 examined. The prevalence of urinary tract infections was higher in women than in men. In Khorezm region UTI is more common in women in 1.9 times, which can be explained by anatomical and physiological features of urinary organs in women. UTI is more common in women aged 18–50 years and in men older age groups of 50–70 years. Use of a specially designed universal questionnaire in epidemiological survey of the population of Khorezm region it possible to determine the prevalence and improve the early diagnosis of UTI.

Keywords: Urinary tract infections, primary health care, Uzbekistan.

Urinary tract infection (UTI) is one of the most common urological diseases worldwide [12].

The incidence of these diseases in Russia is very high, it is about 1000 cases per 100 000 population per year and is growing steadily [5]. Every year there are nearly 26–36 million cases of acute cystitis. It can be assumed that the true prevalence of the disease is much higher, because many patients do not seek medical advice and treat themselves. According to statistics, an average of 1% of the people on the ground each year become ill with pyelonephritis, and every 3 women in their lifetime had at least one episode of dysuria.

According to studies in the USA each year revealed more than 7 million UTI cases in outpatient practice, including more than 2 million caused by cystitis, and 100 thousand patients per year are hospitalized, mainly about a pyelonephritis [9]. In the UK UTI is second only to respiratory diseases among all the microbial processes annually about 8.1 million visits to the doctor for UTI [13]. UTI is more common in women than in men, 50% of adult women are at risk of developing the disease in their lifetime [10]. UTI is often observed in young women aged 18 to 29 years. Over the next 6–12 months after the first episode at 25–40% of patients develop recurrent uncomplicated UTI [8]. At the age of 18–20 years, approximately 20% of women have a history of at least one episode of UTI in older age groups marked increase in the incidence [11]. About 15% of all antibiotic prescriptions in the outpatient practice in the United States related to the IMP [9]. In New Zealand, held annually almost 800 000 urine culture, what is spent approximately 12.5 million dollars USA.

Prevalence and social significance of these diseases causes interest of researchers to improve and develop methods to improve their diagnosis and treatment.

One of the most effective approaches to improving the quality of medical care is considered to be advanced training of doctors, based on identifying and addressing the systemic causes of medical care of poor quality [7]. A manifestation of the lack of medical qualifications are medical errors, which are based on the inferiority of expertise, inability to think logically and to use existing and new knowledge into practice. Medical errors permitted in helping the patient, have a negative impact on the quality of care [6, 4].

UTI is an urgent problem and the health care system of Uzbekistan. In the absence of a single standard of treatment of UTI, and reliable criteria to guide urine bacteriological seeding, there are differences in the management of patients in different hospitals. In addition, irrational use of antibiotics leads to the growth of the main uropathogens resistance to many antimicrobial agents, which complicates the choice of effective treatment of UTI.

Studies performed in recent years, including in Uzbekistan made some contribution to the solution of the issue under study. However, it should be noted that the subject of study is only a few above mentioned disease entities and their groups [1; 2; 3].

Another unexplored aspect of the problem is to identify opportunities and interest in primary care in the control of urological diseases. Past few studies relate mainly specific diagnostic or therapeutic tactics. The planned research is localized in the Aral Sea region, which is a zone of ecological disaster, and the state of health of the population which, as well as the diagnosis of early stages of the disease, should pay special attention to the development of both therapeutic and prophylactic measures, which is largely due to the activities of the primary health care.

Such widespread UTI in the world requires the need to develop and implement measures aimed at improving the prevention, improving the quality of patients with UTI, decrease its complications, namely the establishment of guidance to assist the doctor in making clinical decisions.

Objective: Study of the prevalence of urinary tract infections among different populations of the Khorezm region of Uzbekistan and the development of modern approaches of process organization of diagnosis, treatment and prevention in primary care.

Material and methods: Epidemiological study, alopecia, typological method, conducted a survey among the population of people