



НАУКОВО-ПРАКТИЧНА
КОНФЕРЕНЦІЯ
З МІЖНАРОДНОЮ
УЧАСТЮ



СУЧАСНІ ТЕОРЕТИЧНІ ТА ПРАКТИЧНІ АСПЕКТИ КЛІНІЧНОЇ МЕДИЦИНИ

для здобувачів вищої освіти
другого (магістерського) рівня

23–24 квітня 2026 року

Тези доповідей

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Сучасні теоретичні та практичні аспекти клінічної медицини для С91 здобувачів вищої освіти другого (магістерського) рівня [Електронне видання] : наук.-практ. конф. з міжнар. участю. Одеса, 23–24 квітня 2026 року : тези доп. — Одеса : ОНМедУ, 2026. — 132 с.
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У тезах доповідей міжнародної науково-практичної конференції здобувачів другого (магістерського) рівня освіти наведено матеріали учасників зібрання, а також іменний покажчик доповідачів.

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interpretation can be challenging and errors may occur. Artificial intelligence (AI) has emerged as a supportive technology, offering guidance in probe positioning and automated detection of fluid collections. Studying how clinicians perceive and accept AI-assisted FAST is important for understanding its role in real-world emergency medicine.

Purpose of the Work: The aim of this project was to evaluate clinician confidence, perceptions, and willingness to adopt AI-assisted FAST compared to conventional physician-performed FAST.

Materials and Methods: The work reviewed AI systems currently applied to FAST, including guidance platforms (Caption, Butterfly) and detection tools (Samsung S-Detect, SonoVision). Published studies were analyzed for sensitivity, specificity, and accuracy of AI compared to novice manual interpretation. A survey of clinicians, mostly novice or intermediate users, was conducted to assess confidence levels, perceived usefulness, and acceptance of AI-FAST in clinical practice.

Results: AI-assisted FAST showed clear improvements over novice manual performance. Sensitivity increased from ~61–66% to 90–97%, and accuracy from ~79% to 94–98%. Novices using real-time AI feedback achieved diagnostic-quality images close to expert standards. Survey data revealed that only 20% of novices felt confident in emergencies, but more than 80% indicated they would use AI-FAST if available. Concerns about accuracy and skill loss were noted, but overall acceptance was high.

Conclusions: AI-assisted FAST improves diagnostic accuracy, supports novice users, and enhances confidence in emergency settings. Clinicians generally view AI as a helpful adjunct rather than a replacement, particularly in high-pressure trauma scenarios. While current regulatory approvals limit full automation, AI integration already offers faster diagnosis, better triage, and valuable training support. Larger studies and broader validation are needed to confirm these findings and guide safe clinical adoption.

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RELATIONSHIP BETWEEN SLEEP CHARACTERISTICS AND SUBCUTANEOUS FAT DISTRIBUTION

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Background. The global increase in metabolic disorders and obesity highlights the need to investigate factors influencing fat accumulation and distribution. Subcutaneous adipose tissue (SAT) represents a metabolically active organ regulated by hormonal, genetic, immune, and behavioral mechanisms. Emerging evidence suggests that sleep plays an important role in energy balance regulation and adipose tissue metabolism; however, the mechanisms linking sleep characteristics to SAT distribution remain insufficiently understood.

Objective. To analyze the potential relationship between sleep characteristics and subcutaneous fat distribution and to identify early clinical indicators associated with these changes.

Materials and Methods. An analytical review of scientific literature was conducted using methods of analysis and data synthesis to evaluate factors affecting SAT development. Particular attention was paid to hormonal, immune, genetic, and environmental mechanisms. The next stage of the study involves a questionnaire-based survey designed to assess sleep characteristics within the study cohort, followed by analysis of associations between sleep parameters and fat distribution indicators.

Results. Evidence indicates that sleep restriction is associated with hormonal dysregulation, including increased cortisol levels, decreased leptin, and elevated ghrelin concentrations, which contribute to increased hunger and higher risk of weight gain. Short sleep duration has been identified as a risk factor for obesity among children and young adults. Sleep disturbances are also associated with inflammatory remodeling of adipose tissue characterized by infiltration with pro-inflammatory M1 macrophages and development of insulin resistance. Environmental factors such as cold exposure may modify SAT biology by increasing energy expenditure. Genetic studies identify TBX15, ATXN1, and UBE2E2 genes as important regulators of adipogenesis and fat distribution, supporting the multifactorial nature of SAT regulation.

Conclusions. Current evidence suggests a potential association between sleep characteristics and subcutaneous fat distribution. Sleep disturbances may represent a modifiable behavioral risk factor for metabolic alterations. Further questionnaire-based investigation may clarify the role of sleep as a predictor of SAT changes and support the development of preventive strategies.

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