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под редакцией профессора А.М. ШАМСИЕВА*

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И МОЛОДЫХ УЧЕНЫХ С
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СОВРЕМЕННОЙ МЕДИЦИНЫ»**

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KIDNEY DAMAGE IN PATIENTS WITH RHEUMATOID ARTHRITIS

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The aim. To investigate changes in β 2-microglobulin of the blood and urine and pro- and anti-inflammatory cytokines at different stages of evolution of CKD in patients with RA. Materials and methods 113 patients with RA II-III degree of activity were examined. All patients who were included in the study, carried out a thorough examination using conventional clinical, laboratory, biochemical, and instrumental studies highly informative original modern research methods. The presence of CKD was established according the classification adopted by the 2nd Congress of Nephrology Ukraine. The formula CKD-EPI was used for determination of glomerular filtration rate (GFR). Patients were divided into four groups according presence of CKD: I- patients with RA without renal damage, II-patients with RA with CKD stage I, III-patients with RA with the presence of CKD stage II, IV-patients with RA with the presence of CKD stage III. Comparison group was 20 healthy individuals. In addition to conventional laboratorial tests the level of TGF- β 1 in serum and β 2-microglobulin level in serum and urine were determined. Results. In patients with RA observed reliable increase β 2-microglobulin content according to the stage of CKD. We found reliable increase in the level of β 2-microglobulin in patients with RA with renal impairment compared to those of patients with rheumatoid arthritis without renal disease. Revealed growth β 2-microglobulin content of urine that increased according to the stage of CKD. Most pronounced changes are observed in RA patients with CKD stage III compared with the corresponding data of patients with CKD I and CKD II ($p < 0,05$). In patients with RA was observed increase the content of TGF- β 1 of blood and with CKD. It should be noted that the content of TGF- β 1 in patients with rheumatoid arthritis with the presence of CKD III differed significantly from the corresponding values of TGF- β 1 in patients with CKD I and ($p < 0,05$) and patients who had CKD II ($p < 0,05$). We found an inverse correlation between the magnitude of GFR and β 2-microglobulin of blood ($r = -0,59$), β 2-microglobulin urine ($r = -0,49$), TGF- β 1 serum ($r = -0,78$). Discussion. The determination of TGF- β 1 of blood and β 2-microglobulin in blood and urine tests are important biomarkers of kidney damage in patients with RA, especially tubulointerstitial. These studies can detect kidney disease in the early stages of its origin, which further allow time to assign adequate therapeutic measures and prevent the complications of the kidneys in patients with RA.

ANALYSIS OF THE INCIDENCE OF PEPTIC ULCER OF THE STOMACH AND DUODENUM AMONG ADOLESCENTS FROM 14 TO 17 YEARS

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Objective: to study the development of lesions of the mucous membrane of the stomach and duodenum in adolescents aged 14-17. Material and methods of the study: 80 case histories of adolescents aged 14-17 studied in hospital at Chernivtsi Clinical Hospital No. 1 from 2013 were analyzed. to 2017g.s with the diagnosis of peptic ulcer of the stomach and duodenum. Results: in 74 examined adolescents (92.5%) duodenal ulcer was diagnosed, stomach ulcer - in 6 subjects. The boy's incidence of peptic ulcer is higher than that of girls. Accordingly: 48 people (60%) and 32 (40%). $P < 0,01$. Among urban residents, boys are more likely than girls (70% and 30%). Among rural residents, the difference is less (52% and 48%). Weighed heredity for diseases of the gastrointestinal tract is noted in 40 adolescents, in boys - 1.8 times more often than in girls. Clinical symptoms of peptic ulcer: abdominal pain, heartburn, belching, nausea is more intense in boys. In 95 subjects, there was a combined pathology of the gastrointestinal tract and duodenum. The structure of complications was dominated by stenosis (2.9%), rarely bleeding (1.2%). Conclusions: In adolescents aged 14-17 years, peptic ulcer of the stomach and duodenum, as well as its complications, is more common among boys; among urban residents, morbidity rates are higher in boys, and for rural residents the difference in incidence by sex is insignificant. Peptic ulcer of the gastrointestinal tract in 95% of cases is of a combined nature.

THE STATE IN RELATIONS OF THE MICROBE WITH - AN ANTIBIOTIC

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Antibiotics are major medicines in the treatment of infectious diseases. Success of antibacterial therapy depends on a correct choice of antibiotic. Often, many clinicians in most cases apply a standard, well-established pattern, which leads in some cases, treatment failure. In each case, the choice of antibiotic should be carried out individually, taking into account the influence of various factors on the part of the microorganism, and by the causative agent. Selection of an appropriate antibiotic is possible only if the alleged isolation of the pathogen. Continuously extending possibilities of application of antimicrobial preparations face a number of serious problems. The most important of them is inefficient and unnecessarily (inadequate) use of antibiotics, which leads to the selection of antibiotic resistant strains of microorganisms Surveillance of antibiotic resistance is based on microbiological diagnosis. The results of routine microbiological laboratory work and special epidemiological studies (studies of the prevalence of infections) are necessary to monitor the resistance of pathogens to antimicrobial agents. The main results of surveillance of antibiotic resistance are: receiving local data on antibiotic resistance of the most common infectious agents; early detection of significant trends in the development of resistance of pathogens to antimicrobial agents; timely revealing of outbreaks and epidemics of infection. Thus, epidemiological screening of microbial resistance is a constant process of systematic data collection and analysis to quantify the prevalence of antibiotic resistance and its temporal dynamics. It allows you to get information to develop and implement more effective approaches to the treatment of infections, deter the emergence and spread of antimicrobial resistance on a local, regional, national and international level.

METABOLIC SYNDROME IS A LEADING CAUSE OF CORONARY HEART DISEASE

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The aim of the work. All signs of the metabolic syndrome are risk factors for cardiovascular disease - and their concomitant exacerbates the situation the presence of insulin resistance was only studied. In related individual components of the metabolic syndrome. Materials and methods. Changes occurring in the metabolic syndrome for a long time occur without any changes, and in particular during adolescence in such diseases diabetes type 2 hypertension and atherosclerotic vascular damage processes develop earlier than the clinic. An early sign of the metabolic syndrome is considered to be dyslipidemia and hypertension. All components of the metabolic syndrome do not occur simultaneously. The manifestations of the metabolic syndrome correlated with phenotype and genotype, as well as the influence of environmental factors on the body. In turn, hyperinsulinemia by means of violation autoregulation of insulin receptors increases peripheral insulin resistance. Also, free fatty acids that block inhibitory insulin property on gluconeogenesis and increased glucose production from the liver. Free fatty acids are in competition with fatty acids from substrates cycle glucose in muscle and glucose utilization block myocytes and this leads to the formation of compensatory hyperinsulinemia and hyperglycemia. Prior to the study, 70 women were examined at the age of 17-49. The study was investigated the presence of bad habits, socio -demographic properties, obstetric history, family history, past

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