

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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101 – ї

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СЕКЦІЯ 6
АКТУАЛЬНІ ПИТАННЯ ВНУТРІШНЬОЇ МЕДИЦИНИ
НА ПЕРВИННІЙ ТА ВТОРИННІЙ ЛАНКАХ МЕДИЧНОЇ ДОПОМОГИ

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**CORRECTION OF VEGETATIVE IMBALANCE IN PATIENTS WITH ISCHEMIC
HEART DISEASE AND CONCOMITANT CHRONIC NON-CALCULOUS
CHOLECYSTITIS**

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The questions of comorbidity in patients of older age groups in particular are the main issue of therapeutic practice. In Ukraine, 426 000 people die every year of cardiovascular disease. At the same time, the prevalence of chronic non-calculous cholecystitis (CNC) ranges from 18 to 29% among the population of different countries. In the course of drug correction of comorbid conditions, a doctor-therapist faces a problem of polypharmacy, which may be partially solved by the use of combined drugs of a plant origin as adjuvants.

The objective of the study is to increase the efficiency of a comprehensive treatment of patients with ischemic heart disease (IHD) and concomitant CNC by additional use of the combined drug of a plant origin cardiophytum.

62 patients with IHD complicated by chronic heart failure of II-III functional class were examined, and 32 patients were diagnosed with concomitant HCH in the stage of unstable remission. The average age of the investigated individuals was $62,6 \pm 5,4$ years. Individuals in the control group (28 people) received a standard treatment complex (nitrate, beta-blocker, angiotensin-converting enzyme inhibitor, anti-agregant). Patients of the main group (34 persons) - additionally took cardiophytum - 5 ml three times a day 15 minutes before taking meals for one month.

In the presence of concomitant CNC, patients reported signs of a more pronounced pain syndrome, an increase in angina attacks, and weakening of the effect of nitrates, which could be regarded as a manifestation of cholecystic-coronary syndrome. At the same time, the use of β -blockers and nitrates deepened the sign of the hypokinetic-hypotonic dyskinesia of the biliary tract. In the course of the study, more severe dysfunction of the autonomic nervous system was observed in patients with concomitant CNC, which was manifested by an increase in LF - an indicator of the activity of the sympathetic system in patients with comorbid pathology ($p < 0,05$). Simultaneously the parasympathetic index (HF) declined, that led to an increase in the ratio of LF / HF ($p < 0,05$). The course use of cardiophytum increased the antianginal effects of nitrates in patients with IHD due to choleric components in the composition of the investigated medicine, leveled the signs of hypokinetic-hypotonic dyskinesia of the biliary tract in the use of β -blockers and nitrates. Regarding vegetative dysfunction in patients with comorbid pathology, a moderate increase in the proportion of high frequency waves and lowering of low-frequency influences was observed. As a consequence, the LF/HF equilibrium index was significantly lowered ($p < 0,05$).

The use of cardiophytum in the complex therapy of patients with IHD with associated CHC promotes accelerated regress of clinical manifestations, reduces the frequency of the hepatobiliary system side effects and partially corrects vegetative imbalance.

Dogolich O.I.

CHRONIC FATIGUE SYNDROME – AN ILLNESS OR A SYNDROME?

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Chronic fatigue syndrome (CFS) is a heterogeneous complex of little-known etiology, the main signs of which are persistent fatigue, which decreases physical activity by more than 50% for at least six months and does not disappear after resting with the exclusion of other symptoms. In the



USA, the number of such patients exceeds 2 million people and the direct cost of their care reaches nearly 24 billion of dollars. In the US and other developed countries there is a further increase in the incidence of CFS.

Leading experts in the study of CFS believe that about 20% of a probable number of such patients in the field of activity of practitioners fall in other cases – they are compensated variants of CFS and patients who are not yet referred to physicians or monitored and treated by various specialists and their health status is determined by the names of other somatic diseases. This means that doctors don't know much about CFS.

The groups of affliction by this ailment is especially important for the society: people of 22 and 50-55 years, mainly women, who bear the heavy burden of industrial and social work loads (truckers, businessmen, managers, artists, drivers of public transport, doctors, teachers, representatives of other professions subjected to economic distress and prolonged emotional stress).

Objective: to attract the attention of specialists of different specialties in the study of the problem of chronic fatigue syndrome.

The study included 135 patients with CFS at the age of 22-60 years, among which women dominated (98 people - 73%). The period of the study was 3 years.

Based on the analysis of the scientific literary spectrum of studies, it is established that in the pathogenetic aspect in patients with CFS there are three main pathogenetic clusters: 1) a cluster of (dominant) diverse metabolic disorders at levels ranging from neurostructures to cellular mitochondria; 2) a cluster of immune disorders in T and B-cells, nonspecific resistance of the body and cytokine regulation of inflammatory processes; 3) a cluster of chronic herpes virus infections (cytomegalovirus, Epstein-Barr and type VI herpes viruses, Born disease virus).

Key pathogenetic links of CFS are persistent inflammatory and immune disorders and deep multifaceted hypometabolic disorders that underline systemic functional failure.

There is a need to strengthen the educational component for the medical community at all levels and to deepen the scientific search for a successful solution of CFS problem.

Glubochenko O.V.

DRUG-INDUCED LUPUS ERYTHEMATOSUS: CERTAIN ASPECTS

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Drug-induced lupus erythematosus (DILE) is a disorder with clinical, histological, and immunological features similar to idiopathic systemic lupus erythematosus, but that occurs when certain drugs are taken and resolves after discontinuation of the offending agent.

Objective was to analyze, according to the modern literature data, the peculiarities and occurrence of drug-induced lupus erythematosus.

The study by Laurent Arnaud, 2019, enables to identify 118 drugs associated with DILE. The most common medicines known to cause DILE are: hydralazine, procainamide, minocycline, hydrochlorothiazide, angiotensin-converting enzyme inhibitors, tumor necrosis factor (TNF)-alpha antagonists, isoniazid, procainamide, chlorpromazine, methyldopa, sulfasalazine, terbinafine, leflunomide, statins and so many others.

Similarly to idiopathic lupus, DILE can be divided into systemic, subacute cutaneous, and chronic cutaneous lupus.

Various pathogenic mechanisms suggested for DILE include (Mary Anne Dooley, 2016): genetic predisposition, reduced DNA methylation by direct inhibition of DNA methyltransferases or indirectly by extracellular-signal-regulated kinase pathway signaling, and haptimization - a drug binding to plasma or tissue proteins inducing immune response. Additionally, local drug metabolism within leukocytes or hepatocytes may convert drugs to cytotoxic reactive compounds, increasing necrotic cell debris and activating macrophages; alternatively drugs may impair or increase apoptosis. Traditional DILE-associated agents can boost innate immune responses,