

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



МАТЕРІАЛИ

101 – ї

підсумкової наукової конференції

професорсько-викладацького персоналу

Вищого державного навчального закладу України

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Матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м. Чернівці, 10, 12, 17 лютого 2020 р.) – Чернівці: Медуніверситет, 2020. – 488 с. іл.

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У збірнику представлені матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м.Чернівці, 10, 12, 17 лютого 2020 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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Consent to participate in the research. Control group included 48 practically healthy persons of relevant age. Gene polymorphism of aldosterone synthase gene CYP11B2 (-344C/T) was examined by polymerase chain reaction (PCR).

The probability of EAH in observed population increased 1.49 times in T-allele carriers of CYP11B2 gene, but only in females [OR=1.90; 95%CI:1.02-3.54; p=0.029], with contrary decreasing in C-allele women (p=0.041). No relevant dependences were observed in hypertensive males. T-allele increased probability of CKD (GFR<60 ml/min/1,73m²) in hypertensive population 1.48 times [OR=1.86; 95% CI: 1.01-3.58; p=0.049], especially in T-allele females 1.53 times [OR=6.51; 95%CI:1.39-30.60; p=0.007] with low CKD risk in T-allele males [OR=0.15; 95%CI:0.03-0.72; p=0.009], respectively as well. Some predictors like DM2, the 2nd and 3rd grades of Obesity, and the 3rd grade level of Blood Pressure elevation escalated the risk of CKD 2.4, 2.08-2.32 and 2.91 times, accordingly (p<0.05).

Thus, aldosterone synthase gene CYP11B2 (-344C/T) associated with EAH in Bukovina region. T-allele increased risk of CKD in hypertensive population, especially in females.

Gavryliuk O.I.

DISBACTERIOSIS: THE MODERN VIEW ON THE PROBLEM AND POSSIBLE CORRECTION

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The most urgent issue in recent years is intestinal dysbiosis. By the term "dysbiosis" we mean changes in the microflora of the gastrointestinal tract (GIT) which normally populate non-sterile cavities, which in its turn leads to the appearance of qualitative and quantitative changes in the microbial impression of the intestine. We can also meet the term Bacterial overgrowth syndrome - a syndrome bacterial growth excess, which is often used in foreign literature.

Gastrointestinal tract microflora is known to play an important role in our body. For example: participates in the metabolism and synthesis of substances, water-salt metabolism, regulates the gas composition of the intestine, serves as a source of energy for the host cells, and also performs endocrine and immune functions. The weakening of one of these parts leads to an increase in the possibility of microbiocenosis of the gastrointestinal tract, bacterial translocation, the risk of sepsis, multiple organ failure.

The intestinal microflora protects people from colonization by exogenous pathogenic microorganisms, and suppresses also the growth of those pathogenic microorganisms that already exist in the intestine. Dysbacteriosis is not a major disease of the gastrointestinal tract, it manifests itself as a concomitant condition. Dysbiosis can be offset and uncompensated. In contrast to the compensated dysbiosis, which can be suspected only in a patient with manifestations of the disease of the gastrointestinal tract, uncompensated is accompanied by frustration disorders - diarrhea or constipation.

Treatment for dysbiosis begins primarily with the search for the disease, which led to a disturbance of the microbial composition of the intestine, as well as nutrition correction. The diet should be designed in such a way as to meet completely the needs of this organism. In the diet it is necessary to take products without preservatives, fresh vegetables and fruits, as well as sour-milk products, which contain the necessary lactobacillus and bifidobacteria.

In recent years, the following groups of drugs are used for the correction of the gastrointestinal tract microflora: probiotics, prebiotics, symbiotics, synbiotics and antimicrobial agents.

So, although the heading "dysbiosis" is absent in ICD-10, this does not diminish the essence of the problem. Correction of intestinal dysbiosis requires identification of the source of the disease and many associated factors. A general practitioner, using modern means of correcting the composition of the intestinal microflora, determines the combination for each individual patient.