віком (43,36+-7,1 р.) та статтю (62,5 % - жінок, 37,5% - чоловіків). Дослідження SIRT1 виконали методом імуноферментного аналізу.

За результатами дослідження конденсату видихуванного повітря у пацієнтів з ХОЗЛ та ІХС виявлено, що у пацієнтів з ХОЗЛ ТА ІХС відмічається зниження концентрації SIRT1 в конденсаті видихуваного повітря в 2,3 раза в порівнянні з практично здоровими людьми. Експериментальні та клінічні дослідження показують що у пацієнтів з ХОЗЛ та ІХС відбувається істотне зниження рівня SIRT1 в конденсаті видихуваного повітря. Таким чином, визначення концентрації SIRT1 в конденсаті видихуваного повітря створює передумови для розвитку нових діагностично-прогностичних критеріїв та терапевтичних стратегій щодо даного коморбідного дуету.

Ткаим чином, дослідження міжмолекулярних взаємодій за участю SIRT1 є перспективним напрямком пошуку нових ефективних діагностично-прогностичних критеріїв та терапевтичних стратегій при ХОЗЛ та ІХС.

СЕКЦІЯ 7
АКТУАЛЬНІ ПИТАННЯ В КЛІНІЦІ ВНУТРІШНІХ ХВОРОБ ТА МЕДИЦИНИ КАТАСТРОФ

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INTENSITY OF LIVER PARENCHYM FIBROSIS IN PATIENTS WITH ALCOHOLIC STEATOHEPATITIS ACCORDING TO THE PRESENCE OF DYSMETABOLIC IRON OVERLOAD SYNDROME

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The aim of the study is to establish the fibrosis reaction intensity in the liver and progression patterns of liver fibrosis in patients with non-alcoholic steatohepatitis with dismetabolic iron overload syndrome. 60 patients with non-alcoholic steatohepatitis (NASH), 25 practically healthy persons (PHIs) of the corresponding age and sex were examined. Examinations were performed in the gastroenterological, therapeutic №1 and №2, hematology departments of Chernivtsi RCNE "Chernivtsi Emergency Hospital" in 2015-2020. The diagnosis of NASH was established in accordance with the unified clinical protocols approved by the order of the Ministry of Health of Ukraine № 826 of 06.11.2014. The presence of DIOS was determined in terms of NASH by three of the following laboratory markers: increase in blood ferritin content of more than 300 μg/l in men and menopausal women and more than 200 μg/l in women of childbearing age; increase in serum iron above reference values; decrease in the total iron-binding capacity of blood serum; increase in iron saturation of transferrin by more than 45%.

The study has shown activation of collagen synthesis processes with an increase in blood protein-bound oxyproline - in the presence of DIOS 1.6 times ($p < 0.05$), in the absence - 1.3 times ($p < 0.05$), as well as a slight increase in the intensity of collagen breakdown - with an increase in the content of free oxyproline in the blood in NASH with DIOS- 1.2 times ($p > 0.05$). For NASH without DIOS, the blood content of collagenolytic activity tended to decrease ($p > 0.05$). Somewhat divergent data were obtained in the CLA analysis in NASH: for SRS registered an increase in CLA by 13.8% ($p < 0.05$), but in its absence, CLA in NASH was reduced by 21.3% ($p < 0.05$) of the presence of a probable intergroup difference ($p < 0.05$). That is, the activated processes of collagen synthesis in NASH are accompanied by inhibition of its degradation with accumulation in extracellular matrix. In patients with NASH, we also found a significant increase in the content of hexosamines in the blood: in DIOS1.3 times ($p < 0.05$), in its absence - 1.2 times ($p < 0.05$), the content of sialic acids, respectively - 1.4 and 1.2 times ($p < 0.05$), and accelerated degradation of fucoglycoproteins (fucose not bound to protein blood content increased - 1.8 and 1.6 times, respectively ($p < 0.05$)). The consequence of the registered processes was an increase in the integrated Fibro-test indicator for NASH with DIOS- 2.1 times compared to the indicator in PHIs ($p < 0.05$), for NASH without DIOS- 1.6 times ($p < 0.05$) with the presence of a probable intergroup

difference (p <0.05). It was found that in patients with NASH F0 stage of fibrosis was registered in 35.7% against 16.7% in NASH with DIOS (p <0.05). F1 stage was registered in 38.1% of patients with NASH against 27.7% of cases of NASH with DIOS (p> 0.05). In patients with NASH F2, the stage of fibrosis was registered in 23.8% against 38.9% in NASH with DIOS (p <0.05). At the same time, F3 stage of fibrosis in patients with NASH was registered in 2.4% against 16.7% in NASH with DIOS (p <0.05).

Thus, in patients with NASH, the following patterns of liver fibrosis were established: activation of collagen synthesis processes (in the presence of DIOS 1.6 times (p <0.05), in the absence - 1.3 times (p <0.05)), a slight increase the intensity of collagen breakdown in NASH with DIOS- 1.2 times (p> 0.05); increase in CLA by 13.8% (p <0.05) for DIOS, however, in its absence, CLA in NASH was reduced by 21.3% (p <0.05). For patients with NASH is characterized by an increase in the content of hexosamines in the blood: for DIOS in 1.3 times (p <0.05) against 1.2 times (p <0.05), the content of sialic acids, respectively - in 1.4 against 1, 2 times (p <0.05), and accelerated degradation of fucoglycoproteins (1.8 to 1.6 times, respectively) (p <0.05). The consequence of the registered processes was an increase in the integrated Fibro-test for NASH with DIOS- 2.1 times compared to the indicator in PHIs (p <0.05), for NASH without DIOS- 1.6 times (p <0.05).

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THE COINFLUENCE OF THE STATE OF THE BLOOD LIPID SPECTRUM AND CONTENT OF ADIPOKINES ON THE CLINICAL COURSE OF NON-ALCOHOLIC FATTY LIVER DISEASE IN THE PRESENCE OF COMORBID CHRONIC KIDNEY DISEASE

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The purpose of the study was to find out the probable mutual influence of the state of the blood lipid spectrum of and content of adipokines in blood: leptin, adiponectin on the clinical course of non-alcoholic fatty liver disease combined with obesity depending on its form and the presence of comorbid chronic kidney disease. 444 patients were examined: of which 84 patients with non-alcoholic fatty liver disease with grade I obesity (group 1), which contained 2 subgroups: 32 patients with non-alcoholic hepatic steatosis and 52 patients with non-alcoholic steatohepatitis; 270 patients with non-alcoholic fatty liver disease with comorbid obesity of the I degree and chronic kidney disease of the I-III stage (group 2), including 110 patients with non-alcoholic steatosis of the liver and 160 patients with non-alcoholic steatohepatitis. The control group consisted of 90 patients with chronic kidney disease stage I-III with normal body weight (group 3). The mean age of patients was (45.8±3.81) years.

The study shows that patients with non-alcoholic steatohepatitis and obesity without concomitant chronic kidney disease are characterized by the following changes in the blood lipid spectrum: maximum increase in blood triacylglycerols (by 2.1 times, p <0.05), a probable increase in total cholesterol (by 1.4 times, p <0.05) and proatherogenic low-density lipoproteins (by 1.6 times, p <0.05), a probable decrease in anti-atherogenic high-density lipoproteins (by 1.6 times, p <0.05), which with the addition of comorbid chronic kidney disease are likely to deepen (within 1.5-1.8 times, p <0.05), in addition to hyper triacylglycerol. According to the results of the study, the content of leptin in the blood was significantly increased by 1.4 times (p <0.05) compared with almost healthy individuals, which differed significantly from patients with non-alcoholic steatosis of the liver with chronic kidney disease and non-alcoholic steatohepatitis with chronic kidney disease (p <0.05). The content of adiponectin in the blood was significantly reduced by 1.4 times compared with almost healthy individuals (p <0.05) and also differed significantly from patients with non-alcoholic hepatic steatosis with chronic kidney disease and non-alcoholic steatohepatitis with chronic kidney disease (p <0.05).

Based on the results, it was found that significant metabolic prerequisites for the development of non-alcoholic steatohepatitis against the background of obesity and chronic kidney