

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



## **МАТЕРІАЛИ**

**104-ї підсумкової науково-практичної конференції  
з міжнародною участю  
професорсько-викладацького персоналу  
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ  
06, 08, 13 лютого 2023 року**

Конференція внесена до Реєстру заходів безперервного професійного розвитку,  
які проводитимуться у 2023 році №5500074

**Чернівці – 2023**

**Material and methods.** The study was conducted on 30 dead fetuses (18 – female, 12 – male) of 4-6 months (161,0-290,0 mm of PCL) by means of the following methods of morphological examination: somatoscopy, anthropometry, macro- and micropreparation, morphometry, injection of the arterial vessels, and radiography. Angioarchitectonics was studied by means of injection of the arterial vessels with radiopaque mixture on the basis of red lead and applying metal marks on the sigmorectal transition followed by radiography.

**Results.** The peritoneum covering the sigmoid colon and sigmorectal segment is found to form duplication around the sigmoid vessels and is fixed to the posterior wall of the abdominal cavity in the form of mesentery. Two types of blood supply of the sigmorectal segment are found in 4-6-month fetuses: parietal (25 fetuses) and extramural (5 fetuses). The parietal type is characterized by the 1<sup>st</sup> order vascular arches connected along the mesenteric border of the sigmorectal segment. The vessels are winding, penetrate into the intestinal wall, but do not reach a free extremity of the sigmorectal segment. With extramural type the direct trunks of arteries are determined (the latter sigmoid and upper rectal). The character of branching is loose, the branches go to the anterior and posterior walls of the sigmorectal segment. During 4-6 months (161,0-290,0 mm of PCL) angioarchitectonics of the sigmorectal segment is realized at the expense of the latter sigmoid and upper rectal arteries. The parietal type of blood supply of the sigmorectal segment prevails. The anastomotic branch is found between the latter sigmoid and upper rectal arteries in 8 fetuses.

**Conclusions.** The results obtained concerning blood supply of the sigmorectal segment in the second trimester of the intrauterine development should be considered in the colorectal surgery in order to preserve vital activity of the intestinal anastomosis.

**Nemish I. L.**

## **THE EFFICIENCY OF RANOLAZINE IN COMBINATION WITH BASIC THERAPY IN TREATMENT OF CHRONIC CORONARY SYNDROME, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND OBESE PATIENTS**

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**Introduction.** According to the European Society of Cardiology (ESC) guidelines, ranolazine is included in the list of additional treatments in chronic coronary syndrome (CCS) patients because of its ability to reduce the number of angina attacks, the need for sublingual nitroglycerin use and to increase the tolerance to physical exercises.

**The aim of the study:** to investigate the effect of ranolazine in combination with basic therapy on the quality of life of CCS, chronic obstructive pulmonary disease (COPD), and obese patients.

**Material and methods.** All the study participants (N=30) were evenly divided into two groups. In the 1st (control) group patients were prescribed the basic therapy; in the 2nd (main) – were given additional ranolazine to basic therapy in the dose of 500 mg 2 times a day for one month. CCS basis therapy was carried out by the 2019 ESC recommendations, and COPD – by Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2021. Objective assessment of the impact of COPD on the life of CCS, COPD, and obese patients was carried out by the COPD Assessment Test (CAT). The quality of life of this group of patients was assessed by St George's Respiratory Questionnaire (SGRQ), which contains 76 questions from four main categories ("symptoms", "activity", "impact" and "total"). The test was evaluated using a 100-point system. A higher score indicated a more pronounced impact of COPD on the patient's quality of life compared to a lower score.

**Results.** After 30 days of therapy, CAT scores were found to be 20.5% ( $p < 0.05$ ) lower in the main group, but in the control group, there was no difference between the test values before and after treatment ( $p > 0.05$ ). Improvement of SGRQ "symptoms" was noted in two groups (by 34.9% in the main group and by 17.6% in the control group) ( $p < 0.05$ ). Improvement of SGRQ "activity" scores was observed by 34.8% in the main group ( $p < 0.05$ ) compared to the control ( $p = 0.07$ ).

Statistically better SGRQ "impact" scores after treatment were observed in two groups (the values were lower by 23% ( $p<0.05$ ) in the 1st and by 39.3% in the 2nd study groups ( $p<0.05$ )). Positive dynamics of the SGRQ "total" scores were found in two groups (by 33.3% - in the main and by 18% - in the control groups) ( $p<0.05$ ).

**Conclusions.** The use of questionnaires in CCS, COPD, and obese patients allows assessing the impact of additional therapy on the clinical course of the disease. The most statistically significant reduction of COPD manifestations and better quality of life by SGRQ "symptoms" and "total" scores were found in the group of combination basis therapy with ranolazine.

**Olinik O.Ju.**

## **METABOLIC SYNDROME IN GOUT PATIENTS**

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**Introduction.** Gout affects about 9.2 million people in the US (FitzGerald et al., 2020), while in Europe, more than half of people suffer from gout attacks and do not have their uric acid (UA) levels monitored. In November 2019, the American College of Rheumatology (ACR) revised its clinical guidelines for the management of individuals with gout, defining the management strategy as a "goal for all". The prevalence of metabolic syndrome among gout patients is 90%, which is much more than the prevalence of metabolic syndrome among patients with coronary heart disease - 41% and occurs with greater frequency than in the population (10-30%).

**The aim of the study** was to investigate some criteria of metabolic syndrome (based on common position of the IDF, NHLBI, AHA, WHF, IAS i IASO, 2009) in patients with gout.

**Material and methods.** The study involved 20 men with gout, average age –  $53.4\pm 8.2$  years. The control group consisted of 10 healthy individuals. Clinical examination of each patient included general clinical and special studies. For the study of carbohydrate metabolism, laboratory analyses of blood to determine blood glucose and insulin levels were made. The level of insulin resistance (IR) was calculated using the formula HOMA-IR. Waist circumference was measured by tape at the navel.

**Results.** Joint syndrome was the first manifestation of the disease in 85 % of patients with gout debuted with arthritis of the first metatarsophalangeal, ankle-foot, and knee joints in 70% of the examined main group. Peripheral tophi were found in 60% of patients. Tophus affect the severity of metabolic syndrome, which depends on the development of peripheral gouty bumps. An increase in waist circumference  $>102$  cm was noted in 50% patients, triglyceride level  $>1.7$  mmol/l — in 40 %, high-density lipoproteins  $<1$  mmol/l for men — in 45 % patients, systolic blood pressure  $\geq 135$  mm Hg and/or diastolic blood pressure  $\geq 85$  mm Hg — 50 %, glucose  $\geq 6.1$  mmol/l — in 15 % patients.

**Conclusions.** The above studies represent small, but significant advances in the effort to understand the complex interaction between metabolic syndrome and gout. The prevalence of metabolic syndrome has been reported to be significantly higher in patients with gout as compared to the general population. Comorbid course of disease requires attention from clinicians to develop a differentiated approach for the prevention of metabolic syndrome among patients with gout.

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## **POLYPHARMACY AND HEALTH-RELATED QUALITY OF LIFE AMONG PATIENTS WITH GASTROINTESTINAL CHRONIC DISEASE**

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**Introduction:** Patients with chronic diseases of gastrointestinal tract, liver and pancreas predominate over patients with acute and infectious diseases, and their prevalence is rising. Because chronically ill patients tend to have a higher risk of multiple morbidity, polypharmacy, defined as the use of 5 or more medications, is common. The association between polypharmacy and low