

**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

($p < 0,001$). Revealed changes are caused by the fact that telmisartan is a partial agonist of nuclear PPAR γ -receptors, activation of which results in glucose-lowering and antiatherogenic effects.

Conclusions. So, the advisability of telmisartan prescription in the treatment of patients with MS opens new perspectives for its application in this category of patients.

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LONG-TERM RESULTS OF TREATMENT OF PATIENTS WITH CHRONIC CHOLECYSTITIS AND HYPOTHYROIDISM

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Introduction. Presence of hypothyroidism in people suffering from chronic cholecystitis, as a result of the formation of the syndrome of mutual burden, is known to promote a long course of exacerbation of chronic inflammatory pathology of the gallbladder. There is a tendency to increase the frequency of exacerbations of chronic cholecystitis, which reduces the working ability of patients and generally worsens the quality of their lives. This indicates the need to find effective schemes for the therapeutic treatment of such patients and monitor the results of the prescribed treatment.

The aim of the study. To investigate the long-term results of complex treatment with the inclusion of L-arginine aspartate in patients with chronic noncalculous cholecystitis and concomitant hypothyroidism.

Material and methods. The study involved 36 patients with chronic noncalculous cholecystitis and hypothyroidism who, depending on the treatment received, were divided into two groups. The main group included 20 patients who, in addition to the standard treatment of chronic noncalculous cholecystitis and hypothyroidism, were prescribed a solution of L-arginine aspartate 5.0 ml 3 times a day during meals for 14 days. The comparison group consisted of 16 patients, representative of the main group in terms of age and sex, who received only the standard treatment regimen. The control group included 20 practically healthy individuals. The results of treatment results were analyzed 6 and 12 months later. The criteria for including patients in the study were age from 24 to 72 years, diagnosed chronic non-calculous cholecystitis combined with hypothyroidism, informed written consent of the patient to participate in the study. The excluding criteria for patients were the following: chronic calculous cholecystitis, diabetes, connective tissue diseases (rheumatoid arthritis, systemic lupus erythematosus, systemic scleroderma, etc.), decompensated kidney and liver damage, chronic heart failure above stage II A, hypertensive disease of the II and III stages, acute cerebrovascular accident and acute coronary syndrome up to one year ago, mental disorders, other concomitant somatic diseases in an active phase or decompensation or acute conditions that can affect the results of the study, pregnant and lactating women, as well as patients, who did not consent to participate in the study and/or did not sign the patient's informed consent.

Results. As a result of calculations using the odds ratio (OR) method, it was established that the risk of exacerbation of chronic noncalculous cholecystitis in the first 6 months after treatment was significantly lower in patients of the main group by 5.14 times (OR=5.14, 95% CI 1.18 – 22.48), compared to patients who received only basic therapy. The risk of exacerbations of chronic noncalculous cholecystitis in patients within 12 months after treatment did not reliably differ between the subjects of both groups, which indicates the need to prescribe repeated courses of the selected therapeutic scheme.

Conclusions. As a result of the delayed control of treatment results, it has been confirmed that patients with chronic noncalculous cholecystitis and comorbid hypothyroidism, who received L-arginine in addition to the basic therapy, presented a decrease in the frequency of repeated exacerbations of chronic cholecystitis during the following 6 months after the treatment. A longer period of remission of chronic cholecystitis is characteristic.