

with minimal steatosis (S1), moderate (S2) in 8, and severe (S3) in 3 patients. In the course of treatment, a decrease in the degree of steatosis was observed: in 11 patients, the level of So-S1 was achieved. During the treatment, there were no side effects, the manifestations of asthenovegetative and dyspeptic syndromes decreased in all patients, 24 patients noted the complete disappearance of symptoms.

Conclusions. Thus, Gepar compositum can be used as an effective first-line drug for liver diseases of various etiologies in order to reduce the activity of the inflammatory process in the liver, pathogenetic treatment of cytolytic syndrome and lipid metabolism disorders.

INTEGRATED APPROACH IN THE TREATMENT OF ENDOGENOUS INTOXICATION SYNDROME IN PATIENTS WITH LIVER CIRRHOSIS

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Introduction. The phenomena of intoxication, as a rule, accompany diseases and their complications associated with increased tissue breakdown, enhanced catabolism processes, insufficiency of liver and kidney function, and impaired microcirculation processes. Regardless of the etiological factor, the symptoms of intoxication have common features and clinical manifestations. The syndrome of endogenous intoxication (SEI) not only accompanies most diseases, but in itself is an important factor in their pathogenesis, and in many cases determines possible adverse consequences. Endotoxemia disrupts the tone of peripheral vessels, blood rheology, leads to hypoxia, which deepens the decrease in the function of natural detoxification and excretion organs. Toxins lead to a decrease in the effectiveness of drug therapy.

The aim of our study was to study the intensity of SEI in patients with liver cirrhosis (LC) and possible ways of pharmacological correction.

Material and methods. We examined 14 patients with decompensated LC of toxic origin aged 34 to 57 years with a disease duration of 6-9 years and 10 practically healthy individuals of the corresponding age. The diagnosis was verified on the basis of generally accepted clinical, laboratory, biochemical and instrumental research methods. The activity of ALT and AST enzymes exceeded those in healthy people by 2-3 times, total bilirubin by 2.5 times, hypoalbuminemia and hypergammaglobulinemia were observed, the level of creatinine in the blood exceeded the norm by 23%. Intensity of SEI was evaluated by the level of medium molecular weight peptides (MWP) in the blood serum at a wavelength of 254 nm and 280 nm. Statistical processing of the obtained results was carried out using the methods of nonparametric statistics.

Results of the study. It has been established that in mature patients with decompensated liver cirrhosis, the content of MWP 254 and MWP 280, respectively, increases by 1.14 and 1.18 times compared with the age norm ($p < 0.001$), which corresponds to an increase in the intensity of catabolic processes in the body. The

level of MWP in the blood directly correlated with manifestations of dyspeptic and anemic syndromes ($r=0.33-0.54$, $p<0.05$) and creatininemia ($r=0.39$, $p<0.05$). During treatment, all patients were divided into main and control groups. Patients of the main group, in addition to the basic treatment, which included hepatoprotectors, disintoxication and diuretic therapy, received an additional 10 days of rheosorbilact 200 ml No. 5, xylate 200 ml No. 5, ademetonine 5 ml intravenously No. 10. Subsequently, patients continued to take oral ademetonine at a daily dose of 800 mg for one month. The results of the study indicated a significant decrease in SEI products in the blood of patients of the main group, in contrast to the control group, which correlated with a decrease in the activity of AST and ALT in the blood, the level of total bilirubin, creatinine ($p<0.05$). Clinically, this was manifested by a decrease in asthenic and dyspeptic syndromes, normalization of sleep, and an increase in daily diuresis.

Conclusions. The obtained results indicate that in patients with decompensated cirrhosis of toxic origin with minimal activity, there are metabolic disorders as a nonspecific and universal response to the action of the etiological factor, which consists in the accumulation of markers of endogenous intoxication MWP 280, MWP 254 in the blood. The inclusion in the treatment regimen of drugs that improve microcirculation, correct acid-base balance and have antihypoxic and antioxidant properties reduces the length of patients' stay in the hospital and improves their quality of life.

THE STATE OF CARBOHYDRATE METABOLISM IN PATIENTS WITH ASTHMA-COPD OVERLAP AND DIABETES MELLITUS TYPE 2

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Relevance: The risk of developing diabetes in patients with chronic obstructive pulmonary disease (COPD) and asthma is higher compared to the general population. A metabolomic profile study in 2020 concluded that patients with Asthma-COPD overlap (ACO) had higher energy and metabolic burden with impaired regulation of metabolites compared to patients with asthma and COPD, resulting in more frequent exacerbations and a more severe course of the disease.

Objective: To study the state of carbohydrate metabolism in patients with overlapping asthma, COPD and diabetes mellitus type 2 (DM2) compared to patients with asthma and DM2 or COPD and DM2.

Materials and methods: 24 patients with asthma, COPD and DM2 (group 1), 21 with asthma and DM2 (group 2), and 24 with COPD and DM2 (group 3) were examined. The average age of patients with ACO + DM2 was 60 [52.75; 62.75], asthma + DM2 was 64 [61; 65], and COPD + DM2 was 61.5 [56.25; 75.25]. The patients met the inclusion and exclusion criteria of the study and signed informed consent. Fasting glucose levels were determined by the glucose oxidase method,