

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



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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HEPATOBIILIARY SYSTEM IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Introduction. Hepatobiliary system (HBS) changes in rheumatoid arthritis (RA) remains relevant today. In patients with RA, HBS lesion can be triggered as pathological process and due to drug treatment.

The aim of the study. The purpose of the research is to investigate the state of the hepatobiliary system in patients with rheumatoid arthritis by means of ultrasound diagnostic.

Material and methods. 109 patients were examined for rheumatoid arthritis. They were on inpatient treatment in the therapy department with a confirmed diagnosis. The distribution of patients with RA by the degree of activity was: the first degree – 47 patients, the second degree – 62 patients. The study of the state of HBS was carried out using Ultrasonics, SonixOP and a convex C7-3/50/ sensor.

Results. Ultrasound examination of HBS in patients with RA revealed: an increase in the size of the liver – 77 (70.6%), due to the right lobe – 64 (58.7%), the left lobe – 56 (51.4%); liver echogenicity: normal – in 44 (40.4%), reduced – in 16 (14, 7%), increased – 49 (44.9%); echostructure: homogeneous – in 42 (38.5%), heterogeneous – 67 (61.5%), liver density: densified – in 72 (66.1%), not densified – 37 (33.9%), vascular pattern: preserved – in 43 (39.5%), depleted – in 66 (60.5%); bile ducts and veins: dilated – in 12 (11.0%), not dilated – in 97 (89%). In the study of the gallbladder, the following was found: an increase in the size of the gallbladder – in 78 (71.6%), thickening of the walls – in 81 (74%). Deformation of the gallbladder was detected in 56 (51.4%) patients, the most common were: inflection in the neck of the gallbladder – in 32 (57.1%), inflection in the body – in 21 (42.9%), thickening of walls – in 67(61.5%). The content of the gallbladder has been more often homogeneous bile – in 75 (68.8%), concretions were detected in 11 (10.1%) and 12 (11.0%) patients. Content of the gallbladder was not visualized.

Conclusions. Thus, in patients with rheumatoid arthritis pathological changes were observed from the side of the hepatobiliary system. For early detection of hepatobiliary system lesions in patients with RA, it is necessary to prescribe ultrasound diagnostic in a comprehensive examination (especially in patients with a high degree of rheumatoid process activity and its long course), which will make it possible to start the corresponding treatment and prevent the development of complications.

Mykytyuk O.P.

SEASONALITY AND OSTEOARTHRITIS: A PILOT LITERATURE REVIEW

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Introduction. Many medical conditions exhibit profound time-related patterning in symptom occurrence and /or intensity, and occurrence of grave events. Multiple publications are related to circadian dependence of biological and pathological processes, but much less – to their seasonal aspects. Knowledge of biological patterns of human pathophysiology informs research of their underlying endogenous mechanisms, external temporal triggers, and results in more effective patient care entailing clinical chronopreventive and chronotherapeutic strategies.

The aim of the study. To systemize acquired knowledge about season-associated epidemiological, pathogenetic factors, and clinical manifestations of the osteoarthritis (OA) in the population from worldwide.

Material and methods. We performed a bibliometric analysis for relevant publications in all languages published in Pubmed, Web of Science Core Collection and GoogleScholar. Altogether, 149 articles on our topic were published within the mentioned period ranging from 1964 to 2023. Search terms were ‘seasonal rhythm in “osteoarthritis” or synonymous terms paired with ‘annual’, ‘circannual’, ‘seasonality’. 90% articles were published within recent decade period.

Results. Different approaches were used by various investigators for studying season-related aspects in patients with OA. Main effective strategies included: number of OA hospitalizations or visits to outpatient clinics; Google search query volumes related to direct factors: disease, treatment; and indirect ones (orthopaedic footwear etc); patient internet surveys, questionnaires for self-assessments, seasonal tabulations of symptom onset as stated by persons admitted to hospital departments, grave incidents by enrollees in medical trials.

Data about seasonal influence upon onset and symptoms of OA are rather controversial. Agricultural workers have a higher incidence of OA during farming season which occurs in mid- to late-winter for ranchers. Significant seasonal changes in the articular cartilage of basketball players and other sportsmen were detected during play-off seasons or exactly after their termination suggesting that intensive exercise may increase the risk of the disease. Similarly, participants with multiple and fast races have an increased risk of subsequent arthroplasty of knee and hip due to osteoarthritis. In some countries, the spring season has the highest number of OA hospitalizations, possibly due to changing weather. Particulate matter and other types of pollution are important factors for the onset of OA in China and are season-dependent.

Possible pathogenetic factors included seasonal variation in the average serum 25(OH)D level but relationships with reported vitamin D supplementation were weaker. Prevalence of hip OA was significantly higher in those patients born in winter; this seasonal trend in hip osteoarthritis might be due to the winter prevalence of congenital dislocation of the hip in childhood. Level of collagen turnover marker – urinary CTX-II – depended not only on OA severity but on glomerular filtration rate and food intake (regimen and content) that are season-dependent. In a north European country, the circadian rhythm of serum concentrations of melatonin and TNF- α may be significantly higher in winter time than in matched controls from a south Europe country. Individual perception of symptoms and global state may be also influenced by depression, anxiety that may increase in a number of months.

Conclusions. Definitely, there is dependence between OA occurrence and season. Exact epidemiological factors may vary for different types of population, counties etc. Pathogenetic factors are poorly understood and require further investigation.

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PARAMETERS OF THE CARDIOVASCULAR SYSTEM IN PATIENTS WITH CHRONIC CORONARY SYNDROME, DISEASES OF THE BRONCHOPULMONARY SYSTEM AND THEIR COMBIDITY

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Introduction. Studies indicate a high risk of cardiovascular complications in patients with chronic coronary syndrome (CCS) and diseases of the bronchopulmonary system. The main mechanism connecting these conditions is endothelial dysfunction caused by inflammation and oxidative stress. It contributes to the development of pulmonary hypertension, which is a key cause of increased mortality in these diseases. Changes in the endothelium and pulmonary hypertension appear in the early stages of the disease. Analysis of hemodynamics and myocardial function in patients with CCS and respiratory system diseases, individually and in combination, is critical for understanding the mechanisms of their interaction and impact on the cardiovascular system. Echocardiography is a key tool for noninvasive assessment of the heart structure and function, providing detailed information about valves, arteries, and other parameters of cardiac function.

The aim of the study. To study and analyze echocardiogram indicators in patients with isolated and combined course of CCS and bronchopulmonary diseases.

Material and methods. 90 patients with CCS and bronchopulmonary diseases participated in the study. They were divided into 3 groups - patients with a combined course of both nosologies, patients with CCS and patients with respiratory system diseases (chronic obstructive pulmonary disease, bronchial asthma, emphysema). The control group consisted of 20 practically healthy people. Echocardiography (EchoCG) was performed in patients using an Ultrasonix OP ultrasound