

**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  
присвяченої 80-річчю БДМУ  
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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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**Hontsariuk D.O.**

## **STATE OF LIPID PEROXIDATION IN CHRONIC PANCREATITIS IN THE PRESENCE OF MUSCLE WEAKNESS OF SKELETAL MUSCLES**

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**Introduction.** Chronic pancreatitis (CP) is one of the most frequently diagnosed pathologies in gastroenterology. Sarcopenia is a disease that leads to a gradual loss of muscle mass.

**The aim of the study.** To evaluate the state of lipid peroxidation in patients with chronic pancreatitis due to presence of sarcopenia.

**Material and methods.** The peroxidation of endogenous lipids was studied with thiobarbituric acid in 10 patients and 10 practically healthy individuals, which were comparable in age and sex. The age ranged from 35 to 50 years, the duration of the disease was within 5-7 years. The diagnosis of chronic pancreatitis was confirmed by a gastroenterologist. The presence of sarcopenia was determined by the grip strength, kg (dynamometry) and the "Chair sit-to-stand performance" test. In addition, the results of the "Questionnaire for the diagnosis of sarcopenia (translated into Ukrainian and adapted for the specified language)" (Povoroznyuk V.V. with co-authors, 2013) were also applied.

**Results.** Malondialdehyde (MDA) in plasma and erythrocytes of 10 patients, as a marker of oxidative stress, exceeded the indicators of the control group. Such a phenomenon can be interpreted as the progression of chronic pancreatitis, a sign of the slowly progressive course of chronic low-intensity inflammation, a violation of carbohydrate metabolism, which contributes to a decrease in overall energy potential, causing weakness in skeletal muscles. According to the obtained preliminary data, 7 patients complained that it is difficult for them to lift and transfer a weight of 5 kg, get up from a chair or bed; three patients noted the difficulty of moving around the room and overcoming 10 steps, and only one patient noted a fall 3 times, but without traumatic injuries. In 4 patients, the total score of the questionnaire was higher than 4 points, which indicates a sufficiently high probability of the presence of sarcopenia in the examined patients and bad outcomes. MDA indicators increased by 23.6% in these individuals compared to those in the practically healthy group.

**Conclusions.** The state of lipid peroxidation in patients with chronic pancreatitis can be not only a trigger for the progression of the disease but also a trigger for the development of sarcopenia in this group, which aggravates the course of the underlying disease.

**Horbatiuk I.B.**

## **ROLE OF INSULIN RESISTANCE IN THE PROGRESSION OF BILE LITHOGENICITY IN PATIENTS WITH THE METABOLIC SYNDROME**

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**Introduction.** The relevance of the problem of chronic non-calculous cholecystitis is due to the significant morbidity and prevalence of the pathology and the decrease in the quality of life of patients. According to numerous studies, chronic cholecystitis and dyskinesia of the biliary system can cause liver dysfunction, the development of intrahepatic cholestasis, which worsens the course and contributes to the progression of the disease.

**The aim of the study.** Identification of the probable correlation between the glycemia level, the state of compensation of carbohydrate metabolism and the insulin resistance level, and the degree of lithogenicity of bile - as a risk factor for the development and progression of chronic cholecystitis in obese patients.

**Materials and methods.** There were examined 88 patients with a diagnosis of chronic non-calculous cholecystitis in the exacerbation phase, among whom 28 patients (1 group) had an isolated course of the disease, 30 patients were with chronic cholecystitis and coronary artery disease, cardiosclerosis with HF stage I-IIA (group 2), and 30 patients with chronic cholecystitis, coronary artery disease, cardiosclerosis with HF I-IIA stage and obesity I-II degree (group 3).