



**МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ
РЕСПУБЛИКИ УЗБЕКИСТАН
САМАРКАНДСКИЙ ГОСУДАРСТВЕННЫЙ
МЕДИЦИНСКИЙ ИНСТИТУТ**

69

**МАТЕРИАЛЫ НАУЧНОЙ КОНФЕРЕНЦИИ
СТУДЕНТОВ-МЕДИКОВ С МЕЖДУНАРОДНЫМ
УЧАСТИЕМ**

ВОПРОСЫ СОВРЕМЕННОЙ МЕДИЦИНСКОЙ НАУКИ

том II



Самарканд 3-4 апрель 2015 г.

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«ВОПРОСЫ СОВРЕМЕННОЙ МЕДИЦИНСКОЙ НАУКИ»
*МАТЕРИАЛЫ 69 НАУЧНОЙ КОНФЕРЕНЦИИ СТУДЕНТОВ-МЕДИКОВ С
МЕЖДУНАРОДНЫМ УЧАСТИЕМ*

РЕДАКЦИОННАЯ КОЛЛЕГИЯ

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Presence of NP was determined using a DN 4 questionnaire and verified by a neurologist. According to the study, 40,3% of patients (n=50) had NP. Surface ENMG of both upper and lower extremities was performed to 23 patients. **Results.** ENMG - signs of polyneuropathy (PNP) were detected in 15 (65%) patients. Among them 3 (20%) patients had axonopathy and 12 (80%) combination of myelinopathy with axonopathy. 8 (34,8%) patients had the signs of mononeuropathy (MNP): 8 (100%) had MNP of ulnar nerve, 3 (37,5%) - median MNP and 3 (37,5%) peroneal neuropathy, 1 (12,5%) – MNP of tibial nerve. ENMG - signs of tunnel syndromes (TS) were revealed on 22 (95,7%) patients. 11 (50%) patients had the signs of carpal TS, 8 (36,3%) - cubital TS, 7 (31,8%) presented evidence of the signs of tibial nerve infringement syndrome and 7 (31,8%) had the signs of peroneal nerve infringement syndrome. More over, tarsal TS was determined among 3 (13,6%) patients, 2 patients (9%) performed the signs of the lateral femoral cutaneous nerve infringement syndrome (meralgia paresthetica), 2 (9%) patients presented the signs of pronator teres syndrome, 1 (4,5%) patient had the signs of the deep palmar branch of the ulnar nerve compression. **Conclusions.** The most common ENMG signs of PNS lesion were PNP, mainly the combination of myelinopathy with axonopathy. Among the most common ENMG signs of MNP was the ulnar nerve neuropathy. Subclinical TS were defined on almost every patient with the presence of NP. The dominant TS were ENMG signs of carpal and cubital TS.

NONSPECIFIC BODY REACTIVITY IN PATIENTS WITH DIABETES MELLITUS TYPE 2

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Introduction. Investigation of the adaptive body reserves, starting mechanisms of dysadaptation processes is of a high importance in relation to diabetes mellitus (DM), known to be accompanied by the significant disturbances of neuroendocrine and immune interaction, that stipulates the severity and prognosis of the disease. That's why the comparative analysis of immune reactivity parameters in DM of various types is of a special attention in concern of their timely correction and prognosis of the probable individual patient's response on administered treatment. Considering that, the **objective** of this research was to study the changes of reactivity and adaptive body potential in patients with diabetes mellitus type 2. **Material and methods.** 23 patients with DM type 2 (mean age – 56,87±1,55years), 9 men and 14 women (39 and 61% respectively), participated in the study. 10 healthy individuals served as control group. Moderate severity of DM was identified in 14 enrolled patients (61%); severe form of the disease was observed in 9 examined patients (39%); individuals with mild diabetes were absent among those involved into the study. All participating patients were at the subcompensation stage of the disease, achieved by hypoglycemic treatment – oral hypoglycemic agents (4% of examined patients), combined therapy (52% of examined individuals), insulin administration (44% patients with DM type 2). Integral haematological coefficients were used for the assessment of adaptive potential and general reactivity in diabetic patients: leukocytic index (LI), modified leukocytic intoxication index by B.A.Reys (LII), leukocyte shift index (LSI), neutrophils to lymphocytes ratio index (NLRI), leukocytes to sedimentation ratio index (LSRI), lymphocytic-granulocytic index (LGI), nuclear intoxication index (NII), neutrophils to monocytes ratio index (NMRI). **Results.** Integral haematological indices calculation revealed substantial changes of nonspecific resistance indices in patients with diabetes type 2: LI decreased by 25,0% (P<0,001), whereas NMRI, on the contrary, tended to increase (P>0,7); other nonspecific resistance index – NLRI – was increased by 29,8% (P<0,001). These findings evidence the impairment of nonspecific immune resistance, contributed mostly by macrophages, accompanied by the deficiency of specific immune responsiveness. Disturbance of the resistance, in its turn, determines the intensity and gravity of endogenous intoxication: the signs of intoxication were found to be enhanced in patients with DM type 2 according to LII (exceeded control index by 25,9% (P<0,001)) and LSI (was by 23,4% (P<0,001) higher than of control). At the same time, the significant decline of inflammation indices was observed in patients with DM type 2 in comparison with control: LGI was by 21,7% lower of that in control, while LSRI tended to the decrease (P>0,3). Such changes of the studied parameters allow to suggest, that intoxication accompanying diabetes is endogenous and caused, probably, by activation of the destructive mechanisms of tissue decomposition due to diabetes-associated dysmetabolic processes. On the background of absent neutralizing opposition by detoxicating systems of the body, whose decompensation is evidenced by decreased NII (P=0,05) in case of DM type 2, and insufficient fermentative systems, dramatically disturbed in case of diabetes, autointoxication leads to the development of «metabolic immune defect», resulting in dysregulation of immunopoiesis, proliferation and metabolism of immunocompetent cells, autoregulation of immune response. Besides, as it is well known, insulin resistance or DM type 2, being one the component of the Metabolic Syndrome, is accompanied by the accumulation of unphysiologic concentrations of intermediate and end products of metabolism, oxygen deficiency and oxidative tissues destruction, cellular stress mediators, other endotoxins, causing the development of toxemia. Considerable autointoxication in patients with DM type 2 predictably causes overexertion and exhaustion of macrophagic immune reactivity, directed mostly towards various products of tissue destruction, resulting the disturbance of antigen presentation and distortion of specific immunity. **Conclusions.** 1) Dynamics of changes of integral haematological coefficients in case of diabetes mellitus type 2 indicates the development of endogenous intoxication, whose intensity is considered not only as the consequence of metabolism disturbances, typical for diabetes, but as the cause of pathological reactions as well, modulating the influence on body immunological reactivity and immune system disorganization in particular. 2) In case of diabetes mellitus type 2 the impairment of specific immunity as well as nonspecific one is formed (mostly contributed by macrophages), leading to dysregulation of cell-mediated and humoral reactions.

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