

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

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

**АКТУАЛЬНЫЕ ПРОБЛЕМЫ  
СОВРЕМЕННОЙ МЕДИЦИНСКОЙ НАУКИ**



*Самарканд 27 мая 2016 г.*

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*Под редакцией проф. А.М. ШАМСИЕВА*

Самарканд-2016

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**РЕДАКЦИОННАЯ КОЛЛЕГИЯ**

Я.Н. Аллаяров, С.С. Давлатов, Э.С. Тоиров,  
З.Б. Курбаниязов (заместитель главного редактора),  
Ш.А. Юсупов, Н.А. Хамраева,  
Н.А. Ярмухамедова

Контактные телефоны:

Тел: (+99866) 233-07-66

Моб: (+99890) 192-30-10

e-mail: [sammi@sammi.uz](mailto:sammi@sammi.uz)

Адрес: 140100, г. Самарканд, ул. А. Темура, 18

atrophy are key features of ALS. Dysfunction of frontostriatal networks is likely to contribute to the unique neuropsychological profile of ALS, dominated by executive dysfunction, apathy, and deficits in social cognition.

#### RISK FACTORS AND SPREAD OF ARTERIAL HYPERTENSION IN PATIENTS WITH RHEUMATOID ARTHRITIS

Paraniuk Yu.D 25 students of the medical faculty №2 BSMU

Mikulets L.V. as. department of propedeutics international medicine BSMU

Department of propedeutics international medicine (chief of department- professor Ilashuk T.O.)

Scientific advisor: as., PhD Mikulets L.V.

In the population of patients with rheumatoid arthritis (RA) arterial hypertension (AH) is one of the most spread risk factor associated with unfavourable prognosis concerning the development of cardio-vascular diseases. The mechanisms of development of AH in patients with RA are the combination of several factors both traditional risk factors of AH and characteristics of the underlying disease. Medical therapy of RA can be an additional factor provoking the development of AH in case of RA. Although, a relative contribution of these factors into the development of AH in patients with RA has not been detected exactly. The objective of our study was to examine the spread and risk factors in patients with rheumatoid arthritis. Materials and methods. 114 patients with RA hospitalized in the Rheumatological Department of the Municipal Clinical Hospital № 3 without accompanying cardiovascular diseases during 2014-2016 have been examined. The study was performed according to the main regulations of GCP ICH and Helsinki Declaration on biomedical investigations. The diagnosis of RA was verified according to the criteria suggested by ARA (1987), the Order of the Ministry of Public Health of Ukraine № 676, dated 12.10.2006. The average age of the patients was  $43,3 \pm 9,3$ . Duration of the disease ranged from 6 months to 12 years. Women dominated among the examined patients – 90 (79,0%), the majority of the individuals were serum positive by rheumatoid factor – 72 (63,2%). Practically all the patients had a polyarthritis form of the disease – 108 (94,7%). Exclusive criteria were: diabetes mellitus, clinical conditions associated with atherosclerosis, severe comorbid pathology of the internal organs. The mean value of the examined patients by DAS28 was  $4,37 \pm 0,8$ , HAQ –  $1,32 \pm 0,5$ . The patients with RA received basic therapy (methotrexate in the dose of 7,5-15 mg/week, nonsteroidal anti-inflammatory drugs (NSAIDs)). During clinical examination of the patients the availability of the following factors was found: smoking, obesity, family history of cardiovascular diseases. In addition to generally expected measurements, all the patients underwent measurement of their height, body weight, waist circumference, body mass index (BMI), DAS28, and HAQ were calculated. Results of the study. AH was found in 61 (53,5%) patients with RA. In the group of patients afflicted with RA and with AH the value of the systolic blood pressure (SBP) was in an average  $146,7 \pm 16,4$  mm Mercury, diastolic blood pressure (DBP) was  $93,4 \pm 9,8$  mm Mercury. In the group of patients afflicted with RA without AH these values were  $115,4 \pm 12,3$  mm Mercury and  $77,5 \pm 6,7$  mm Mercury respectively. The duration of AH in the general group of patients was in an average  $4,37 \pm 3,14$  years. In 39 (34,2%) patients elevated BP was first found before RA onset, and in 75 (65,8%) patients – after it. Comparing the groups of patients afflicted with RA with AH and without it we have found the following: the patients with RA and AH were older ( $p < 0,05$ ), and seropositive RA prevailed ( $p < 0,05$ ). Analysis of the spread of cardiovascular risk factors among patients with RA revealed that in the group of patients with RA and AH BMI was higher ( $26,3 \pm 2,7$ ) than that of the patients with RA and without AH ( $23,3 \pm 1,7$ ). Their waist circumference was  $86,3 \pm 10,7$  cm and  $78,9 \pm 7,8$  cm respectively. Reliable differences concerning such risk factors as smoking, compromised family anamnesis, lipidogram values, were not found. Conclusions. In patients with rheumatoid arthritis, especially in case of its early form, a wide spread of AH was detected. In the majority of patients the disease developed against the ground of RA and was associated with traditional risk factors, rheumatoid factor (RF) available, duration of intake of NSAIDs and glucocorticoids. The evidence obtained is indicative of the necessity of early diagnostics and effective therapy of AH with RA.

#### DIAGNOSTIC VALUE OF CHANGES FATTY ACIDS COMPOSITION IN BLOOD PLASMA IN SUFFERING FROM CASEOUS PNEUMONIA

Pikas H.B., Pikas O.B. doctor, department of physiology and pulmonology

The O.O. Bogomolets National medical University (Department head Prof. V.I. Petrenko), Kiev

Supervisor: candidate of technical sciences T.S. Bryuzgina

The reactions of lipid peroxidation (LPO) constantly pass in humans. The main substrate for lipid peroxidation are phospholipids membranes that form during the hydrolysis fatty acids (FA). **Objective:** the study was aimed at studying and evaluating fatty-acid composition of plasma lipids in suffering from caseous pneumonia. **Problem:** determine the composition of fatty-acid of plasma lipids in suffering from caseous pneumonia. **Materials and methods.** It examined 103 (62,42 % of 165) healthy persons aged 18-65 years (group I) and 62 (37,58 % of 165) of patients with caseous pneumonia of the same age (group II). Fatty-acid composition of plasma lipids to study by the biochemical method using a gas-liquid chromatograph "Cvet – 500". **Results and discussion.** Essential changes were revealed in fatty-acid spectrum of plasma lipids in suffering from caseous pneumonia. They consisted in significant reduction in saturated fatty acid contents against a background of an elevation in total unsaturated fatty acid contents as well as total polyunsaturated fatty acid contents as a result of augmented activation of the lipid peroxidation processes. In suffering from caseous pneumonia the amount of palmitic fatty acid (C16:0) reduction up 1,45 times that ( $p < 0,001$ ), of stearic fatty acid (C18:0) reduction up 2,48 times that ( $p < 0,001$ ) as compared with the control group. In control group amount of palmitic fatty acid was  $(37,1 \pm 1,6)$  %, amount of palmitic fatty acid –  $(13,4 \pm 0,7)$  %. In patients with caseous pneumonia in plasma appeared myristic fatty acid (C14:0) ( $p < 0,001$ ), the amount of which was  $(39,0 \pm 3,0)$  %; in healthy individuals myristic fatty acid is missing. The amount of arachidonic fatty acid (C20:4) grows up 1,33 times that ( $p < 0,05$ ), of linoleic fatty acid (C18:2) and of oleic (C18:1) fatty acid reduction up 3,63 times and up 2,01 times ( $p < 0,001$ ) as compared with the control group. Changes in the composition of fatty acids in the blood plasma of patients with caseous pneumonia leads to a decrease in the total content of polyunsaturated fatty acids to  $(14,4 \pm 2,0)$  % ( $(33,3 \pm 1,5)$  % in the control group) and a decrease in the total content of unsaturated fatty acids to  $(22,4 \pm 2,3)$  % at a rate of  $(49,5 \pm 1,6)$  %,  $p < 0,001$ . The total level of saturated fatty acids in the blood plasma of patients with caseous pneumonia increased to  $(77,6 \pm 2,3)$  % at  $(50,5 \pm 1,6)$  % in healthy subjects,  $p < 0,001$ . **Conclusions:** 1. Our results showed that the importance of the development of caseous pneumonia is lipid metabolism in the lungs, which is displayed on the composition of fatty acids in plasma and should be considered when treating these patients and there is the prospect of further research. 2. Significantly pronounced changes the spectrum of fatty acids in plasma determine their susceptibility to lipid peroxidation, which allows to evaluate the nature of the metabolic processes and establish the severity and consequences of the disease in patients with pulmonary tuberculosis (by determining the fatty acid composition of plasma), which is also in the long term of our research.

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