

figures relative frequency. This is because there are concentrated the patients in need of surgical care, often emergency. Cardiac clinics in our country a lot, and in recent years new centers. The following data on the number of operations performed in these clinics at the beginning of 2015. Be that as it may, when most of the UPU special urgency in operation there. This does not mean that nothing should be done. On the contrary, the child should show specialists at the slightest suspicion of the UPU, to know the exact diagnosis. And then, when the diagnosis is clear, we can talk about "the forecast", i.e., about what to do and when, and what might happen to the child in the future.

MODERN WAYS TO IMPROVE DIAGNOSIS DIAGNOSTICS FOR ALCOHOLIC LIVER DISEASE

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Objectives: The aim of present study was to improve present diagnostic methods for ALD, using the combination of clinical and pathomorphological scales. **Material and methods:** The total number of ALD patients was 40, aged 25 to 55 years, 32 male, 8 female, with the average disease duration about 5.5 years. The patients were divided into two groups according to MELD score (Model for End-Stage Liver Disease): group 1 - MELD \leq 30 (n=20); and group 2 - MELD \geq 30 (n=20). Examination methods included physical examinations, biochemical lab tests and liver biopsy. Obtained data were analyzed statistically using the Kaplan-Meier method. **Results:** METAVIR score was as following: group 1 - 45% of patients have shown A3 stage of histological activity index (HAI), due to the much expressed inflammatory process in liver. The number of patients with A1-A2 HAI A1 and A2 was 52% in this group. There was only one patient with no signs of inflammation at all (3%). At the same time, 34% of these patients were defined cirrhosis, and 66% - light stages of liver fibrosis: F0 (no fibrosis) - 13%, F1 (minimal fibrosis) - 22% and F2 (moderate fibrosis) - 31%. The majority of patients of group 2 (84%) had high values of HAI - A3, as compared to group 1 (r<0.05). The number of patients with HAI A1 and A2 was 9% and 7% correspondingly, which is significantly higher, than in group 1 (r<0.05). 100% of group 2 patients where having the last stage of fibrosis, i.e. they were cirrhotics. The Kaplan-Meier survival curve has demonstrated that one-, two- and three-months survival in group 1 was respectively 83%, 72% and 58%, while in group 2 these figures were significantly lower: 65%, 21% and 14% (r<0.05). **Conclusion.** Here, we reviewed the available evidence for the clinical value of new diagnostic methods of ALD in various stages of its progress. In summary, we emphasize the following point: combination of MELD and METAVIR scoring systems is the most reliable diagnostic method for ALD patients.

SPECIFIC CHARACTERISTICS OF THE DAILY MONITORING OF THE BLOOD PRESSURE IN PATIENTS SUFFERING FROM PRIMARY GOUT

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The aim of the research was to detect peculiarities of circadian rhythms of arterial hypertension in the patients with gout by means of daily monitoring of the blood pressure. Material and methods 47 patients afflicted with initial gout (44 men and 3 women) who were treated in stationary rheumatological department of Municipal Clinical hospital №3 (MCH) of the town of Chernivtsi during 2014-2015 years were examined. The middle age of the patients was 9,3 \pm 10,8 years. Duration of the disease constituted from 1 to 18 years. Depending on the indices of the blood pressure (BP), determined by Korotkov's method, the patients were divided into 2 groups. Group I consisted of the patients suffering from gout with normal indices of BP (11 persons), patients afflicted with gout at increased level of BP constituted group 2 (36 persons). Examination of the patients, except routine methods, included daily monitoring of the blood pressure (DMBP). This research was carried out by means of the combined cardiomonitring device "Cardiotechnic-4000АД", of "Inkart" firm production (Russia). Monitoring was conducted with 15 min interval at day time and in 30min at night. Results In case of carrying out (DMBP) the presence of disorders of daily rhythms BP was revealed in both groups including group without clinical manifestations AH, what may indicate the availability of insidious AH. In group I (without AH) the medium level of MBP constituted 121,3 \pm 7,3 mm mercury and DBP - 81,3 \pm 4,7 mm mercury. In the second group - 153,7 \pm 18,9mm mercury and 95,3 \pm 12,5mm mercury correspondingly. An increase of indices of the medium MBP(day and night), DBP(day) was more often observed in group II and were 1,18, 1,2 and 1,1 times higher (correspondingly) than indices in group I. Changes of daily profile BP were revealed in both groups. The patients with daily profile MBP "dipper" - 45,4%, "nondipper" - 63,8%, "nightpeaker" - 18,2%, "overdipper" - 9,1%; In the second group: "dipper" - 33,3%, "nondipper" - 36,1%, "nightpeaker"- 25%, "overdipper" - 5,6%. An increase of medium IBP index was observed more often in group II of the patients with gout in case of AH (47,2% - against 18,2% in group I). Conclusions Thus, circadian BP changes were detected in the patients afflicted with gout at DMBP conduction even in the patients without AH clinical manifestations. Disorders of daily BP rhythms are additional risk factors of cardiovascular diseases. In order to prevent cardiovascular catastrophes and to reveal the insidious AH in the patients suffering from gout it is necessary purposeful cardiological examination.

ASSOCIATION OF AMYOTROPHIC LATERAL SCLEROSIS WITH BASAL GANGLIA IMPAIRMENT

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Objectives: The aim of this study is to define extent of basal ganglia involvement in amyotrophic lateral sclerosis (ALS). **Methods:** The study included 45 patients with ALS and 50 healthy-controls. Thirty five patients with ALS had a negative c9orf72 status and 10 patients with ALS carried the c9orf72 hexanucleotide repeat expansion. High-resolution T1-weighted MRI data were used for model-based subcortical registration and segmentation. Changes in basal ganglia diffusivity parameters were also assessed. **Results:** Using age as a covariate, patients with ALS who were c9orf72 repeat negative showed significant volume reductions in the left caudate nucleus (p = 0.01), left hippocampus (p = 0.007), and right accumbens nucleus (p = 0.001) compared with healthy controls. Vertex-wise shape analyses revealed changes affecting the superior and inferior aspects of the bilateral thalami, the lateral and inferior portion of the left hippocampus, and the medial and superior aspect of the left caudate. Basal ganglia pathology was more extensive in patients with ALS carrying the c9orf72 hexanucleotide repeat expansion. **Conclusions:** Our study showed that ALS is associated with basal ganglia involvement. Caudate nucleus, hippocampus, and nucleus accumbens