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CLINICAL AND PATHOGENETIC PECULIARITIES OF TYPE 2 DIABETES IN MENOPAUSAL FEMALE PATIENTS

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Lifespan prolongation is indicative of the fact that females spend 1/3 of their lives in peri- and menopausal periods. Great prevalence of obesity and diabetes mellitus are markers of this age group. 2 type diabetes mellitus (DM) and menopause are suggested to be mutually aggrerating concerning increased cardiovascular risk and insulin resistance being a common pathogenetic chain. Further investigation of clinical peculiarities is very important in estrogen deficient females.

The aim of our investigation was to establish clinical-pathogenetical peculiarities of type 2 DM in menopause. 33 females with verified DM 2 (menopause, age – 49-57) were investigated. The control group included 10 females with preserved reproductive potential. Lipid metabolism was estimated with determination of total cholesterol (TC), LDL and triglycerides (TG) levels. Increase of all investigated parameters was observed in the principal group as compared to the control: TC – 6,21±0,7vs. 4,97±0,28mmol/l, TG –2,24±0,5 vs. 0,76±0,07 mmol/l, LDL – 4,05±0,5 vs. 3,17±0,23mmol/l respectively. Increase of blood pressure was detected in the principal group: systolic - 139,93±5,4 mmHg and diastolic - 85,63±0,77 mmHg contrary to the control (systolic blood pressure 116±2,9 mmHg, diastolic - 75±4,6 mmHg. Abdominal type of obesity was detected in the primary group patients (waist circumference 91±2,9 cm in the principal group, 69±2,6см in the control).

Abdominal type of obesity dominates in clinical manifestation of metabolic syndrome among menopausal patients with 2 type DM and is associated with increased blood pressure. Lipid profile and screening for type 2 DM should be routine diagnostic tests in menopausal females suffering from arterial hypertension and/or obesity.

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DIAGNOSTIC VALUE OF INVESTIGATION OF IL-1B, IL-4, IL-6, IF-γ, TNF-A AND IL-1RA CONTENT IN THE BLOOD SERUM IN REACTIVE ARTHRITIS PATIENTS OF DIFFERENT ETIOLOGY

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The pathogenesis of reactive arthritis is an imbalance of cytokines. Many studies of cytokine profile in patients with reactive arthritis (ReA) are contradictory. Thus, according to some authors, antibacterial Th1-immune response (production of interferon gamma (IF-γ), tumor necrosis factor-alpha (TNF-α), interleukin-2 (IL-2), IL-12, and others) at ReA decreased for Th2-immune response (synthesis of IL-4, IL-10, etc.). Other researchers indicate a predominance of activation of proinflammatory cytokines in this disease. Currently there is no single view of immunodependent mechanisms of ReA as on the type of dominant immune response.

The aim of the research was to study levels of IL-1β, IL-4, IL-6, IF-γ, TNF-α and IL-1Ra in the blood serum in reactive arthritis patients of different etiology and their effects on the activity and clinical course of the disease.

38 patients with reactive arthritis (ReA) have been examined against the ground of chronic pyelonephritis (CP) in the exacerbation phase of urogenital infection (group 1). 12 ReA patients with earlier enterocolitis (group 2) and ReA of unknown etiology (11 people – group 3) were also examined. IL-1β, IL-4, IL-6, IF-γ, TNF-α and IL-1Ra content in the blood serum was determined in patients under study by solid-phase enzyme immunoassay method of using monoclonal antibodies ("Diaclone" reagents set, France).

Increase of IL-1β, IF-γ and TNF-α levels as well as diminution of IL-6 and IL-1Ra blood count indices in comparison with healthy patients that denotes the implication of cytokine, imbalance in ReA progression has been revealed in patients under study when investigating cytokine status. The direct correlative dependence relation of IL-4, IL-6 and TNF-α blood cytokine count upon ReA activity degree and reverse correlative dependence of medium strength according to IF-γ blood count has been defined. Group 1 patients had the highest IL-6 and IF-γ blood count according to the indices of other groups, as well as the maximum expression suppression of anti-inflammatory IL-4 and IL-1Ra activity.

Thus, the usage of the enzyme immunoassay diagnostic test-systems enables to get the information about functional activity of different types of immunocompetent cells; about the complexity of the inflammatory process, its migration from the local to systemic level, and it is one of the most prospective methods of evaluating immune system condition in the clinical experience in order to control the inflammation activity and prognosis.

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INVESTIGATION OF KIDNEY FUNCTION IN PATIENTS WITH COMORBID COURSE OF REACTIVE ARTHRITIS AND CHRONIC KIDNEY DISEASE

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Our investigation is aimed at the investigation of renal function in patients with comorbid course of reactive arthritis and chronic kidney disease (CKD): chronic pyelonephritis (CP) in its exacerbation phase.