



immune response to viral infection or allergen. It results in changes of cholinergic receptors sensitivity, dysregulation of beta-adrenoreceptors and increasing of bronchial sensitivity to constrictive influences.

Therefore prevention and appropriate treatment of atopy and acute respiratory infections, pathogenetic correction of broncholytic therapy in the mentioned category of patients are of an extremely importance.

The goal of the investigation was study of nebulizer administration of aminocaproic acid (ACA) effectiveness in patient with viral-induced bronchial asthma exacerbation.

The patients of the principal group (13 persons) were treated by basic medications used for therapy of BA exacerbation (broncholytics, systemic corticosteroids, mucolytics), and additionally received nebulizer inhalations of 2 ml 5% solution of ACA diluted by 0,9% solution of sodium chloride twice per day. Duration of treatment was 5 days. The compressor nebulizer was used. The patients of the comparison group (11 person) were treated only by basic complex without ACA.

Catarrhal symptoms (difficult nasal breathing, running nose, pharyngeal mucosa hyperemia) in addition to symptoms of BA exacerbations were observed in all the patients on admission to hospital. 14 patients were running 37,5°C temperature.

The dynamics of catarrhal symptoms regression was more pronounced in patients of the principal group: body temperature normalized on 2,4±0,8 days earlier, than in patients of the comparison group. Catarrhal symptoms significantly decreased by 1,7 ± 0,3 day before. Thereafter duration of BA exacerbation episode was shorter in patients of the principal group enabling to reduce the period of hospitalization on 2,4 days. Negative effects of ACA use were not observed.

Thereby, ACA nebulizer inhalation can be recommended to be use in a comprehensive treatment of patients with viral-induced BA exacerbation. The question of ACA administration feasibility to prevent seasonal viral diseases in patients with BA is perspective.

**Mandryk O.E.**

#### **INDICATORS OF THE LIVER DYNAMIC STATE IN PATIENTS WITH NON-ALCOHOLIC STEATOHEPATITIS, DEPENDING ON THE PRESENCE OF COMORBID BRONCHIAL ASTHMA AND OBESITY**

*Department of Internal Medicine, Clinical Pharmacology and Occupational Diseases  
Higher State Educational Establishment of Ukraine  
"Bukovinian State Medical University"*

In recent years the incidence of bronchial asthma (BA) and non-alcoholic steatohepatitis (NASH) is growing rapidly. Obesity has become epidemic as well. Quite often, timely diagnosis, efficient argumentation of treating the essential disease are complicated by the existing accompanying pathology that leads to the increased severity of its course, the formation of resistance to traditional treatments.

The aim of the investigation was to establish changes in the functional state of the liver in patients with NASH and obesity, depending on the presence of comorbid BA.

50 people aged from 30 to 50 years (average age - 42) were examined, 40% of them - men and 60% - women. Among them 30 patients with first-degree obesity (BMI over 30 kg/m<sup>2</sup>) were diagnosed with NASH, and in 20 other patients NASH was combined with first-degree obesity and persistent BA of medium severity. The duration of the disease ranged from 2 to 6 years. The control group consisted of 20 almost healthy individuals, according to their age and sex. The examination included general clinical blood and urine analysis, rapid response to syphilis, glycemic blood profile, chest X-ray, ECG, scatological study, biochemical tests of liver function and ultrasound of the abdomen.

In patients of the second group the decreasing De Ritis ratio was revealed (AST/ALT) to 28.2% (p<0.05) and in the first group to 23.4% (p<0.05) in comparison to the USO. The authentic increase of total bilirubin content in patients of the second group was found up to 2.2 times (p<0.05) in comparison with the first-group patients, whose bilirubin content increased by 1.5 times. The maximum authentic thymol test indices also related to the second group (p<0.05). The increased activity of alkaline phosphatase and  $\gamma$ -GT was found. It was 35.0% and 30.4% (p <0.05) in patients with NASH and BA together with obesity against 20.8% and 19.2% (p <0.05) in patients of the first group. The content of bile acids in the blood also increased by 2.3 and 1.9 times (p<0.05), indicating the presence of cholestasis, which was also observed in the second-group patients.

Thus, in patients with non-alcoholic steatohepatitis together with first-degree obesity and BA of moderate severity of a persistent course, the content of markers responsible for cytolysis activity of hepatocytes, cholestasis and mesenchymal inflammation are increasing. It indicates a powerful impact of asthma on the course of NASH.

**Mikulets L.V.**

#### **DAILY ARTERIAL PRESSURE MONITORING OF PATIENTS WITH RHEUMATOID ARTHRITIS**

*Department of Propedeutics of Internal Diseases  
Higher State Educational Establishment of Ukraine  
"Bukovinian State Medical University"*

Cardiovascular pathology causes about 40-50 % of deaths in patients with rheumatoid arthritis. The progression of inflammatory process in the perichondrial tissues and the endothelial tissue of blood vessels, or taking the medications such as non-steroidal anti-inflammatory drugs are the risk factors of cardiovascular diseases in these patients.