МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

101 – ї
підсумкової наукової конференції
професорсько-викладацького персоналу
Вищого державного навчального закладу України
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»
10, 12, 17 лютого 2020 року

Чернівці – 2020

УДК 001:378.12(477.85)
ББК 72:74.58
М 34

Матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м. Чернівці, 10, 12, 17 лютого 2020 р.) – Чернівці: Медуніверситет, 2020. – 488 с. іл.

ББК 72:74.58

У збірнику представлені матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м.Чернівці, 10, 12, 17 лютого 2020 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

ISBN 978-966-697-843-4

USA, the number of such patients exceeds 2 million people and the direct cost of their care reaches nearly 24 billion of dollars. In the US and other developed countries there is a further increase in the incidence of CFS.

Leading experts in the study of CFS believe that about 20% of a probable number of such patients in the field of activity of practitioners fall in other cases – they are compensated variants of CFS and patients who are not yet referred to physicians or monitored and treated by various specialists and their health status is determined by the names of other somatic diseases. This means that doctors don't know much about CFS.

The groups of affliction by this ailment is especially important for the society: people of 22 and 50-55 years, mainly women, who bear the heavy burden of industrial and social work loads (truckers, businessmen, managers, artists, drivers of public transport, doctors, teachers, representatives of other professions subjected to economic distress and prolonged emotional stress).

Objective: to attract the attention of specialists of different specialties in the study of the problem of chronic fatigue syndrome.

The study included 135 patients with CFS at the age of 22-60 years, among which women dominated (98 people - 73%). The period of the study was 3 years.

Based on the analysis of the scientific literary spectrum of studies, it is established that in the pathogenetic aspect in patients with CFS there are three main pathogenetic clusters: 1) a cluster of (dominant) diverse metabolic disorders at levels ranging from neurostructures to cellular mitochondria; 2) a cluster of immune disorders in T and B-cells, nonspecific resistance of the body and cytokine regulation of inflammatory processes; 3) a cluster of chronic herpes virus infections (cytomegalovirus, Epstein-Barr and type VI herpes viruses, Born disease virus).

Key pathogenetic links of CFS are persistent inflammatory and immune disorders and deep multifaceted hypometabolic disorders that underline systemic functional failure.

There is a need to strengthen the educational component for the medical community at all levels and to deepen the scientific search for a successful solution of CFSproblem.

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DRUG-INDUCED LUPUS ERYTHEMATOSUS: CERTAIN ASPECTS

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Drug-induced lupus erythematosus (DILE) is a disorder with clinical, histological, and immunological features similar to idiopathic systemic lupus erythematosus, but that occurs when certain drugs are taken and resolves after discontinuation of the offending agent.

Objective was to analyze, according to the modern literature data, the peculiarities and occurrence of drug-induced lupus erythematosus.

The study by Laurent Arnaud, 2019, enables to identify 118 drugs associated with DILE. The most common medicines known to cause DILE are: hydralazine, procainamide, minocycline, hydrochlorothiazide, angiotensin-converting enzyme inhibitors, tumor necrosis factor (TNF)-alpha antagonists, isoniazid, procainamide, chlorpromazine, methyldopa, sulfasalazine, terbinafine, leflunomide, statins and so many others.

Similarly to idiopathic lupus, DILE can be divided into systemic, subacute cutaneous, and chronic cutaneous lupus.

Various pathogenic mechanisms suggested for DILE include (Mary Anne Dooley, 2016): genetic predisposition, reduced DNA methylation by direct inhibition of DNA methyltransferases or indirectly by extracellular-signal-regulated kinase pathway signaling, and haptenization - a drug binding to plasma or tissue proteins inducing immune response. Additionally, local drug metabolism within leukocytes or hepatocytes may convert drugs to cytotoxic reactive compounds, increasing necrotic cell debris and activating macrophages; alternatively drugs may impair or increase apoptosis. Traditional DILE-associated agents can boost innate immune responses,

particularly neutrophil responses, with neutrophil extracellular trap formation and exposure of autoantigens (Vaglio A.et al., 2018).

According to the review by He YA, 2018, a large number of proton pump inhibitor induced subacute cutaneous lupus erythematosus cases. Twenty-two articles comprising 29 DILE case reports published within the last 2 years are summarized in this review, including 12 (41.4%) systemic DILE.

Drug-induced lupus may develop during treatment with TNF-alpha antagonists, which have been used to treat rheumatic diseases for more than 15 years. Anti–TNF-α agents induce a higher prevalence of antibodies to double-stranded DNA, hypocomplementemia, a higher incidence of both cutaneous and systemic disease, particularly renal involvement, than classic DILE caused by other drugs. Serositis may be clinically significant (Kelly D et al., 2015). To date, cases of DILE have been reported in association with infliximab, etanercept, adalimumab, and certolizumab pegol therapies (Williams VL et al., 2011).

Jinoos Yazdany et al., 2019 accentuated on following features of DILE:

- Treatment with the suspected drug for at least 1 month duration.
- Manifestations such as arthralgia, myalgia, fever, and serositis.
- Antinuclear antibody and antihistone antibodies are present in the absence of other subserologies.
- Symptoms should improve within days to weeks of drug discontinuation.

So, careful clinical investigation and knowledge of distinct clinical and immunology patterns of DILE are essential for the rheumatologist, considering difficulty of making the diagnosis. It is important to recognize culprit drugs that may induce lupus erythematosus, as discontinuation usually results in improvement of drug-induced manifestations. Characterizing the mechanisms involved might help better understand the cause of idiopathic autoimmunity.

Husarchuk A.G.

PECULIARITIES OF CARDIAC INJURY IN PATIENTS WITH ISCHEMIC HEART DISEASE ON RHEUMATOID ARTHRITIS BACKGROUND

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The problem of heart damage with rheumatoid arthritis (RA) is a priority in modern rheumatology and needs further investigation. The medico-social significance of this problem is determined by its high prevalence, steadily progressing course, unsatisfactory long-term prognosis and the absence of positive dynamics of cardiovascular morbidity and mortality in RA over the last decades, despite the significant decrease in these indicators in the overall population.

The objective of the study is to assess heart rate according to the comprehensive clinical and instrumental examination of RA patients and determine the features of clinical course of coronary heart disease (CHD) in RA patients.

104 RA patients and 20 healthy individuals were examined. 68 CHD patients and 36 patients without heart disease were examined for clinical features. The average age of patients was 46.4 ± 3.4 years. Men accounted for 35%, women 65% of the total surveyed.

Persistent polyarthritis with symmetrical lesions of the pelvic-phalangeal, proximal interphalangeal and metatarsophalangeal joints was found in 77 (74.0%) patients, and 8 (7.7%) had oligoarthritis. In RA patients with coronary heart disease, the second degree of activity was established in 38 cases (55.9%), the third degree - in 27 cases (39.7%); in those without heart damage - in 19 (52.8%) and 11 (30.6%) respectively. By radiological signs: stage I was detected in 21 (20.2%) patients, II - in 42 (40.4%), III - in 29 (27.9%), respectively.

The overall disease duration averaged 7.68 ± 1.53 years. The complaints of patients with heart damage were variable. 43 (63.2%) patients had cardialgia, 18 (26.5%) - palpitations, 44 (64.7%) – shortness of breath after exercise. In the objective examination, murmur of heart tones was determined in 61 (89.7%) patients, systolic murmur - in 39 (57.3%).