

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



МАТЕРІАЛИ

101 – ї

підсумкової наукової конференції

професорсько-викладацького персоналу

Вищого державного навчального закладу України

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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.

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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.

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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%).



Male and female groups did not differ significantly according to age, duration and activity of the pathological process. In RA patients with heart disease, the percentage of systemic manifestations was significantly higher.

According to ECG data, left ventricular hypertrophy was established in 39 (57.4%) patients with coronary artery disease, left atrium hypertrophy in 7 (10.3%), cardiac arrhythmia by type of extrasystole - in 50 (73.5%), atrial fibrillation - in 7 (10.3%), left bundle branch block - in 9 (13.2%), right bundle branch block - at 12 (17.6%), atrioventricular blockade of I degree - in 5 (7.4%). 43 patients (63.2%) had diffuse myocardial changes: decrease in the RS-T segment, smoothed or negative T wave. Depression of the ST segment in I, aVL leads (a sign of ischemia of the anterior wall) was found in 9 patients (13.2 %), in II, III, aVF leads (sign of ischemia of the posterior wall) -in 6 patients (8.8%). Changes in ECG data depended on the severity of the joint syndrome.

A comprehensive clinical and instrumental examination of RA patients with coronary artery disease found different variants of cardiovascular disorders in almost all RA patients and a close relationship between cardiac involvement and signs of RA activity.

Kulish N. M.

THE IMPORTANCE OF DIRECTED PHYSICAL ACTIVITY FOR THE PREVENTION OF CHRONIC DISTRESS

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Stress is a human psychological status occurring as a response to various external and internal strong influences (stressors) and requires rebuilding and adaptation at physical, psychological and behavioral levels. Obviously, it is virtually impossible to avoid stressful situations in today's world. Emotional stress is the result of individual assessment of the situation and a person's attitude to the problem. Comparison with the previous experience of overcoming stressful situations has a considerable influence on the human body distress reaction and may intensify or reduce that response.

The most effective way to extend a stability zone and release all negative emotions caused by stressors as well as maintain the physical and psychological health is a proper and well-timed use of physical activity, development of individual fitness programs with various types of physical exercises.

First of all, it is a develop general and strength endurance with simultaneous flexibility improving. This workout not only reduces tonic muscle tension, but also enables people (even beginners) to exercise safely for a long time.

In our opinion, such peculiarity of loadings can also reduce gradually the accumulated motions, which weren't expressed and, as a result, may lead to distress.

Present-day people live under special conditions that often require excessive mental tension and additional resources of the body combined with insufficient opportunities for its recreation. Such situation produces the risk of chronic emotional and physical stress, which, in restrained terms, may lead to mental, emotional and social maladaptation, as well as to neurotic and psychosomatic disorders.

Therefore, it can be concluded that appropriate and well-timed applying of directed physical activity may successfully affect the release of negative emotions caused by stressors thus extending the emotional stability zone.