

**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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**THE POSSIBILITY OF SERRATIOPEPTIDASE APPLICATION IN A
COMPREHENSIVE TREATMENT OF ELDERLY PATIENTS WITH COMMUNITY-
ACQUIRED PNEUMONIA AND CONCOMITANT DIABETES MELLITUS TYPE II**

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The treatment of elderly patients with community-acquired pneumonia (CAP) and concomitant diabetes mellitus type II (DM II) is an actual and not completely resolved internal medicine problem. Sanogenetic and resolutive processes in this category of patients are in complete and time consuming compared to patients with out diabetes mellitus due to immunopathological changes. The course of pneumonia in patients with DMII is also characterized by an increased tendency to complications due to the development of microangiopathy associated with glycosylation processes, oxidative stress, endothelial ischemia. Diabetic angiopathy and widespread atherosclerotic processes lead to decreased vascular permeability due to the tightening of the basement membrane of the vascular wall due to proliferation and hyalinization of the intima. The nervous regulation of respiratory mechanics is also impaired due to segmental demyelination of axons. These factors contribute to impaired lung ventilation, lung tissue ischemization, bronchial obstruction, and decreased oxygenation of the blood.

The objective of the study is to optimize the treatment of elderly patients with with CAP and concomitant DM II by including the drug serratiopeptidase in the treatment regimen.

34 patients with CAP from 65 to 83 years of age were observed. The inclusion criteria in the study were the following: the presence of X-ray-confirmed pulmonary tissue infiltration, clinical signs of CAP (productive cough, hyperthermia, chest pain, percussion and auscultatory signs of focal lung tissue consolidation), corresponding changes in clinical and laboratory tests, presence of compensated moderate severity DM II. Patients with serratiopeptidase intolerance, severe lesions of the cardiovascular system and kidneys, severe CAP, decompensation of DM II were excluded from the study.

Oral serratiopeptidase tablets were administered 0,02 twice per day for 20 days in a comprehensive treatment of the studied patients of the main group (18 patients), in addition to the drugs prescribed by the Ministry of Public Health of Ukraine Order 128 (combined antibiotic therapy, expectorants), № 1118 (dietary nutrition, hypoglycemic drugs). The comparison group consisted of 16 individuals who received similar therapeutic complex without serratiopeptidase.

In conducting radiological examination on the 14th day of treatment in studied patients, a significant decrease of inflammatory infiltration of the lung tissue was observed in 11 patients (61.1%) of the main group, while a positive radiological dynamics was observed in 7 patients (27.3%) of the comparison group. A positive effect of serratiopeptidase was also that the course of diabetes in the main group remained stable, while at the same time, 4 patients in the comparison group were recommended insulintherapy due to decompensation of diabetes.

Serratiopeptidase is a valuable agent that can stimulate the resolution processes in the lung tissue. Studies on the effect of this drug on the immune status of patients suffering from chronic and acute respiratory system lesions with concomitant DM II are perspective.

Mikulets L.V.

**CIRCADIAN RHYTHMS OF PROTEOLYSIS INDICES IN PATIENTS WITH
RHEUMATOID ARTHRITIS**

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Violation of biological rhythms of the body leads to the emergence of diseases, which are also characterized by a certain rhythm. Rheumatoid arthritis (RA) is characterized by cyclicality of clinical symptoms and its relationship with the level of pro-inflammatory cytokines.