

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



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101 – ї

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професорсько-викладацького персоналу

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**CORRECTION OF METABOLIC DISORDERS IN PATIENTS WITH CHRONIC
PANCREATITIS COMBINED WITH CHRONIC OBSTRUCTIVE PULMONARY
DISEASE**

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It has been known that CP is often associated with chronic obstructive pulmonary disease (COPD). It complicates the course of both diseases, including contributes to the frequent exacerbation of chronic inflammation in the pancreas and worsens the results of ongoing treatment. This makes it possible to consider rational approaches in the course of treatment to correct metabolic homeostasis disorders.

The aim of the study was to improve the effectiveness of treatment of CP combined with COPD and to normalize rates of insulin resistance and cholesterol metabolism in patients.

Two groups of patients with CP, combined with COPD, who were subjected to treatment for the presence of disorders of biochemical homeostasis were examined: the main (12 people) who received treatment according to the claimed method, and the comparison group (13 people), which therapy was carried out according to the known method prototype. Both groups of patients were randomized by age and sex of patients, prescription of CP, frequency of exacerbation of chronic pathological process in the software, as well as the corresponding group of COPD. The age of the subjects ranged from 35 to 60 years, the duration of CP - from 5 to 12 years, COPD-from 3 to 5 years, the distribution of patients by disease duration in different groups did not differ significantly. In the clinical picture, dyspeptic syndrome, not associated with flatulence, prevailed, abdominal pain syndrome was more often blunt, with physical exertion disturbed by shortness of breath. Patients with COPD combined with COPD were given Essenciale Forte H 2 capsules 3 times daily for 2 months 1.5 hours before meals and Guarem 5 g 3 times during meals. In order to avoid undesirable results on the part of the digestive organs, guar gum therapy was started at a dose of 2.5 g 3 times a day for a week, with good tolerance without flatulence, the dose was doubled to 5 g. Prescribed Guarem resin in patients with excess body weight and obesity, with constipation.

Laboratory criteria for the effectiveness of the appointment of this method were the reduction of insulin resistance (by BMI, HOMA-IR), total cholesterol, atherogenic index.

The dynamics of clinical syndromes indicated the improvement of clinical symptoms with a 3-4 day advance when using the proposed method (previously disappeared nausea, bitterness in the mouth). During the study period, most patients reported good tolerability (89,7%). There was a 9-12% decrease in hyperglycemia, a probable decrease in postprandial glycaemia ($p < 0.05$), glycosylated hemoglobin by 15% ($p < 0.05$), a decrease in waist volume up to 2 cm, a probable decrease in HOMA-IR, which indicates an improvement in the quality of life forecast. With regard to cholesterol metabolism in the examined patients, a significant normalization of the total cholesterol ($p < 0.05$), triglycerols in 5 patients (38%) ($p < 0.05$), LDL cholesterol in 6 patients (50%) ($p < 0.05$) and a decrease in the coefficient of atherogenicity from 3,880.14 to 2,48±0.21.

Thus, the use of Essenciale Forte and Guarem in the complex treatment of CP in combination with COPD does not cause side effects, contributes to a positive clinical effect, and therefore it can be recommended for use in therapeutic and gastroenterology departments, as well as in outpatient clinic.

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TREATMENT FEATURES OF METABOLIC DISEASES OF THE GALLBLADDER

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In recent years the term “lipid distress–syndrome” has been introduced into the clinic of internal diseases, which is also considered as a systemic metabolic process or systemic



pathological reaction based on lipid metabolism disorders (hyper- and dyslipidemia). Changes in lipid metabolism are often associated with the so-called lipid triad: an increased level of very low density lipoproteins or triacylglycerols, atherogenic low density lipoproteins and a decrease of high density lipoproteins. This triad underlies the pathogenesis of both diseases and oxidative stress in general.

To study the combined effect of rosuvastatin, mosapride and ursodeoxycholic acid on a functional markers of endothelial dysfunction, the intensity of oxidative and nitrosative stress in chronic cholecystitis (CC) and cholesterolosis of the gallbladder (GBC).

60 patients with CC and concomitant coronary heart disease (CHD), obesity I-II degree with GBC were examined and treated. With the purpose of study efficiency of the proposed treatment, the patients were divided on 2 subgroups: group 1 (control, n = 30) received standart treatment, which included ursodeoxycholic acid (UDCA) (0,5 g once daily), atorvastatin (A) (10 mg once daily) and prokinetic drug domperidone (10 mg 3 times daily). Group 2 (main, n = 30) received rosuvastatin (R) (10 mg once daily), mosapride (M) (5 mg 3 times daily) and UDCA (0,5 g once daily) for 1 month.

It was found that increased level of nitrogen monoxide (NO) due to treatment in patients of the GR1 decreased by 1,2 times ($p < 0,05$), and in the GR2 – by 2,2 times ($p < 0,05$) and there was a statistically significant decrease of the activity of inducible nitric oxide synthase (iNOS) in patients of both groups: respectively by 1,4 and 3,1 times ($p < 0,05$). The result of optimization of endothelial dysfunction has been a decrease level in the blood of vasointestinal peptide (VIP), which in patients of the GR1 decreased significantly by 1,2 times ($p < 0,05$), and in the GR2 – by 1,6 times ($p < 0,05$). Such cholestasis markers like alkaline phosphatase and gamma-glutamyltransferase (by 16,1% and 13,7% respectively ($p < 0,05$)) also have showed a decrease in both groups. The results of duodenal ultrasound after treatment confirmed the positive effect of M and P on the course of concomitant hypokinetic dyskinesia of the gastrointestinal tract and dysfunction of the sphincter apparatus of the bile excretory pathways – a significant increase of degree of the bile secretion tension that shows the contractile capacity of the gallbladder, which in the dynamics of treatment of GR1 increased by 15,4% ($p < 0,05$) compared with GR2 30,8% ($p < 0,05$).

Combined therapy due to rosuvastatin, mosapride and ursodeoxycholic acid with basic anti-inflammatory and detoxification therapy of chronic cholecystitis reduces the intensity of the inflammatory process in the gallbladder, promotes the reverse development of cholesterolosis of the gallbladder, potentiates the effect of antibacterial drugs, improves the contractile function of the gallbladder and tone of the Oddi sphincter.

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THE ROLE OF BICUSPID AORTIC VALVE IN THE EVOLUTION OF CARDIOVASCULAR COMPLICATIONS

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The most common congenital heart defect such as the bicuspid aortic valve is the most frequent morphological basis of aortopathy. Morphology of bicuspid aortic valve may influence the associated pathologies including aortic stenosis, aortic insufficiency, and aortic dilation. The purpose of this study was to define the frequency and patterns of valvular dysfunction and aortopathy associated with different types of the bicuspid aortic valve. Most cases of severe aortic failure are associated directly or indirectly with the congenital bicuspid aortic valve.

We analyzed clinical, instrumental, laboratory, instrumental, including echocardiography studies of 51 patients (33 men and 18 women) with the diagnosed bicuspid aortic valve. All patients were referred for transesophageal echocardiography. Aortic valve value less than 0.05 was considered statistically significant. The frequency of various bicuspid aortic valve phenotypes and their association with valvular dysfunction and aortopathy was evaluated.