

**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

«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.

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ISBN 978-966-697-843-4

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The results of the study showed indicators of systolic blood pressure (SAP) and diastolic blood pressure (DAP) on the 14th day of treatment decreased in the control group by 19%, in the main group by 30.8%. Under the influence of ramipril, the heart rate (HR) decreased by 18.3%, while under the influence of fosinopril it decreased by 11.3%. The degree of portal hypertension decreased in the main group by 50%, against 80% in the control group. Due to the action of energies as hepatoprotector and antioxidant agent, the content of NO increased 1.5 times before treatment, decreased by 27.0% and in the main group by 38.4%, which can be explained by its effect as hepatoprotector.

The use of ramipril complex, energies to standard therapy gave a positive effect of application, achieving positive dynamics, reduction of SAP and DAP, as well as a decrease in heart rate, a decrease in the degree of portal hypertension and nitrite levels.

Kulachek V.T.

THE MORPHOFUNCTIONAL ERYTHROCYTE PROPERTIES IN RHEUMATOID ARTHRITIS PATIENTS WITH RENAL TUBULOINTERSTITIAL DAMAGE

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Rheumatoid arthritis (RA) is a chronic crippling disease that can affect various organ systems including the kidney. Renal involvement in RA is clinically meaningful because it worsens the course of primary disease and increases mortality. Subjects hospitalized for RA are significantly more likely to have a recorded cause of death due to renal failure. Proteinuria may be the first clinical sign in many renal disorders, for example, in amyloidosis patients.

Erythrocytes, in addition to oxygen transport function, occupy a prominent place in the regulatory exchange processes in the body, providing microcirculation of organs and tissues, in particular, the kidneys.

To study morphofunctional properties of erythrocytes at different stages of evolution of chronic kidney disease (CKD) in patients with RA.

The study involved 108 patients with RA II-III degree of activity. According to a survey of patients were divided into four groups (I-patients with RA without renal disease (n=20), II-patients with RA with CKD stage I (n=31), III-patients with RA with the presence of CKD stage II (n=31), IV-patients with RA with the presence of CKD stage III (n=25). Comparison group was 20 healthy individuals. In addition to conventional laboratorial tests, the index of erythrocytes deformability, the relative viscosity of the erythrocyte suspension (RVES), and the peroxide hemolysis of red blood cells (PGE) were studied.

The progressive violations of the morphofunctional properties of erythrocytes in patients with rheumatoid arthritis with CKD I-III are determined. The a significant decrease of the erythrocyte deformability index ($p<0,05$) and the increase of the RVES ($p<0,05$). It has been found the direct correlation between the RVES and the proteinuria ($r=0.87$), the inverse correlation between the RVES and the glomerular filtration rate ($r=-0.71$, $p<0.05$). PGE increased in patients with RA with the presence of CKD and its growth stage.

Thus, analyzing the overall change in the morphofunctional properties of erythrocytes, it has been found that the indicators of RVES and PGE significantly increase with the presence of RA, but with the advent of kidney damage, changes are becoming progressive. Indicators of the erythrocyte deformability index are reduced in patients with RA with involvement in the pathological process of the kidneys, which can be regarded as one of the methods of early kidney damage in this category of patients. The most severe microcirculatory changes occurred in patients with RA with CKD III stage. These findings indicate the important role of microcirculatory disorders in this category of patients and the necessity of their correction.