

**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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Загальна редакція: професор Бойчук Т.М., професор Іващук О.І.,
доцент Безрук В.В.

Наукові рецензенти:

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Shorikova D.V.

**TRANSIENT ISCHEMIC ATTACKS AND LEFT ATRIAL DYSFUNCTION IN
HYPERTENSIVE PATIENTS**

*Department of Internal Medicine, Clinical Pharmacology and Occupational Diseases
Higher state educational establishment of Ukraine
"Bukovinian State Medical University"*

Arterial hypertension (AH) is associated with abnormalities morphology and function of heart. The research of left ventricle size in patients with hypertensive disease is mandatory and included in the Guidelines. But enlargement of left atrium (LA) at hypertensive patients is common finding in clinical practice. Despite of this fact, most of studies at patients with AH ignore LA size. This question may be of clinical interest, because LA size is often used as a surrogate marker of LA function and considered risk factor for cardiovascular events.

298 patients with AH were included in the study. In 28 patients from this cohort was registered episode of Transient Ischemic Attack (TIA) or Ischemic Stroke (IS). The patients with verified atrial fibrillation (all types) were excluded from the study. LA volumes were calculated from apical four-chamber and two-chamber views using the biplane Area-Length method. The following measurements were calculated - LA volume index, LA passive emptying volume (PEV), LA passive emptying fraction (PEF), LA active emptying volume (AEV), LA active emptying fraction (AEF), LA total emptying volume (TEV), LA total emptying fraction (TEF). Data were analyzed by SPSS version 20.

LA diameter and indexed AEV and TEV were found to be significantly higher in the group with TIA/IS in anamnesis compared with non-complicated AH ($p < 0.05$), table. PEF and TEF were significantly lower at hypertensive patients with ischemic complications. Between the two groups there were no significant differences in indexed PEV and TEF ($p > 0.05$), table. According to multivariate analysis was set the reliable linear regression between LA diameter, AEV and TEV with age ($p < 0.05$), body mass index ($p < 0.05$), glucose intolerance ($p < 0.05$) and smoking ($p < 0.05$) in all hypertensive patients, independently of TIA/IS complications (table).

Table

Comparison of the groups regarding LA parameters

	non-complicated AH n=270	AH with TIA/IS n=28	p
LA diameter (mm)	35.6±4.1	37.4±4.9	<0.03
PEV (ml/m ²)	7.4±2.8	7.6±3.1	0.72
AEV (ml/m ²)	5.4±2.4	6.8±1.9	0.003
TEV (ml/m ²)	12.9±2.2	14.9±3.1	<0.001
LA PEF (%)	32.3±8.4	28.9±7.3	0.04
LA AEF (%)	40.7±6.9	42.1±7.4	0.31
LA TEF (%)	64.1±5.9	61.3±4.2	<0.001

Thus, LA function can be easily and non-invasively determined by performing 2D echocardiography and becoming parameter of interest as a marker of overall cardiac function. LA size and volume enlargement, LA dysfunction may be a good predictor of cardiovascular outcomes such as Transient Ischemic Attack or Ischemic Stroke in patients with arterial hypertension.

Shuper V.O.

**INVESTIGATION OF THE STATUS OF NON-SPECIFIC IMMUNE PROTECTION
INDICATORS IN THE PERIPHERAL BLOOD OF PATIENTS WITH CHRONIC
OBSTRUCTIVE DISEASE, COMBINED WITH CORONARY HEART DISEASE**

*Department of Internal Medicine, Clinical Pharmacology and Occupational Diseases
Higher state educational establishment of Ukraine
"Bukovinian State Medical University"*

The course and progression of the chronic obstructive pulmonary disease (COPD) determines the frequency and severity of exacerbations. In the prevention of exacerbations, non-specific immune defenses play an essential role. One of its components is the functional state of



monocytes in the peripheral blood. The combination of COPD with coronary heart disease (CHD) may adversely affect the phagocytic activity of monocytes, complicating the course of COPD.

The objectives of the study was to determine the functional activity of monocytes in the peripheral blood of patients with exacerbation of COPD associated with coronary heart disease.

We examined peripheral blood of 87 patients with a clinical exacerbation of COPD clinical group B (GOLD II), combined with CHD (the main group «a» (M-a), 39 patients with COPD clinical group C (GOLD III), combined with CHD (the main group «b» (M-b), 32 patients with COPD clinical group B (GOLD II) without CHD (Ist comparison group) and 29 patients with CHD, stable angina of II functional class (IInd comparison group). To produce the reference values were examined in 25 healthy donors of the same age and gender range which formed the control group. Diagnoses of COPD, CHD, degree of respiratory (RF) and heart failure (HF) were established according to the current protocols. In all patients we determined the phagocytic index (PHI) and phagocytic number (PHN) of monocytes in the peripheral blood with an object of phagocytosis of live daily culture of *St. aureus*.

In subjects of group M-a the PHN was higher than the control values in 1.3 times ($p < 0.05$) and did not differ significantly from the patients from the Ist comparison group. In patients from the IInd comparison group, PHN was equal to the value in the control group. In the M-b group, the PHN was in 1.4 times lower from the reference values and in 1.2 and 1.35 times lower than in the Ist and IInd comparison groups, respectively. Level of PHI in patients from group M-a was increased in 1.2 times ($p < 0.05$) from level of healthy subjects, slightly lower than in the patients from the Ist comparison group and in 1.2 times higher than in the IInd comparison group ($p < 0.05$). In patients from group M-b, PHI was also significantly reduced from the control values in 1.3 times.

In the the Ist comparison group, PHN significantly exceeded the reference rate by 1.4 times and was in 1.3 times higher than in the IInd comparison group ($p < 0.05$). Indicators of phagocytic activity of monocytes in the peripheral blood of patients from the IInd comparison group were similar to those in the control group.

Thus, in patients with COPD GOLD II in combination with CHD we defined the elevation of the phagocytic activity of monocytes, while in cases of COPD GOLD III – these parameters of the non-specific immune response were decreased. In patients with COPD without coronary heart disease, the phagocytic activity of monocytes was increased more than in the Main group-a, with the absence of changes in their functional activity in patients with coronary heart disease. Thus, in the comorbid course of COPD and CHD, the phagocytic activity of monocytes is impaired more prominently than in cases of the monopathology, which may explain the increase in the frequency of exacerbations of COPD and problems with drug control of examined combined pathology.

Teleki Ya. M.

LEVEL OF CYTOKINES IN PATIENTS SUFFERING FROM CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CONCOMITANT CHRONIC PANCREATITIS IN THE DYNAMICS OF THERAPY

*Department of Internal Medicine and Infectious Diseases
Higher state educational establishment of Ukraine
«Bukovinian State Medical University»*

Our purpose was estimation of the level of the circulatory vascular-endothelial growth factor (VEGF) and granulocytic colony-stimulating growth factor (GCSF) in patients suffering from chronic obstructive lung disease (COLD) with concomitant chronic pancreatitis (CP) in the dynamics of therapy.

Investigation of 52 patients with COLD B-C groups, where the obstruction degree corresponded to COLD 1-2 with a low risk and more pronounced symptomatics (B), and also COLD 3 with a high risk but less pronounced symptomatics (C), - I group, 60 CP patients with corresponding characteristics of groups with concomitant COLD (II group) and 19 practically healthy persons as a referent group was carried out. Patients of II group were divided into 3 subgroups according to the obtained treatment. Patients of IA subgroup (19 persons) received basic