до цілої величини. При проведенні розрахунків, встановлено, що для холестерину ліпопротеїдів високої щільності (ХС ЛПВЩ) критична величина склала ≤ 1 ммоль/л, індексу маси тіла (ІМТ) ≥ 30 кг/м2, тригліцеридів (ТГ) ≥ 3 ммоль/л, індексу маси міокарда лівого шлуночка (ІММЛШ)2,7 ≥ 73 г/м2,7 і ендотелійзалежної вазодилатації ≤ 8%. Безперечно більший інтерес для нас представив аналіз інформативності прогнозування комбінацій різних предикторів, що дозволяло, насамперед, суттєво підвищити апріорний прогноз ефективності комбінованого лікування у чоловіків із ГХ II стадії. Максимальна інформативність прогнозування спостерігалася при комбінації чотирьох незалежних предикторів – ІММЛШ2,7 ≥ 73 + ТГ ≥ 3 + ІМТ ≥ 30 + ХС ЛПВЩ ≤ 1 (RI=0,71).

Отже, при поєднанні таких вихідних параметрів, як індекс маси міокарда лівого шлуночка2,7 ≥ 73 г/м2,7, тригліцериди ≥ 3 ммоль/л, індекс маси тіла ≥ 30 кг/м2, холестерин ліпопротеїдів високої щільності ≤ 1 ммоль/л можна передбачати високий прогностичний ефект лікування (лізиноприл, амлодипін, аторвастатин, мельдоній) у чоловіків, хворих на гіпертонічну хворобу II стадії.

## СЕКЦІЯ 7
## АКТУАЛЬНІ ПИТАННЯ В КЛІНІЦІ ВНУТРІШНІХ ХВОРОБ

**Antofiichuk T.M.**

### THE STATE OF FIBRINOLYSIS AND PROTEOLYSIS SYSTEM IN PATIENTS WITH NON-ALCOHOLIC STEATOGEPATITIS AND IRON DEFICIENCY ANEMIA

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Non-alcoholic fatty liver disease (NAFLD) is a marker of pathological accumulation of ectopic fat in combination with chronic inflammation.

Objective – to examine the state of the fibrinolysis and proteolysis system in patients with non-alcoholic steatohepatitis (NASH) depending on the presence of comorbid iron deficiency anemia (IDA). 60 patients (median age: 46, range: 19-73 years; males: 32, females: 28) with NASH were examined and divided into groups: 1 – NASH – 37 patients, 2 – NASH + IDA – 23 pts. The control group: 20 practically healthy individuals (PHIs) representative of the age and gender.

Patients in both groups had statistically significant increase in ILAA and ILAK ($p < 0.05$). TFA in both groups was lower than in PHIs: 1 – by 14 % ($p < 0.05$), 2 – by 21 % ($p < 0.05$). FFA: group 1 – 1.48 times lower than PHIs ($p < 0.05$), group 2 – 1.7 times ($p < 0.05$). The compensatory growth of NFA in group 1 and 2 compared with PHIs was higher in 1.5 and 1.6 times, respectively.

So, the majority of patients with NASH and IDA showed a decrease in fibrinolytic potential of blood plasma and enzymatic fibrinolytic activity. The cause of revealed disorders caused by accumulation in the systemic circulation of toxic substances, which create a high level of endotoxicosis, contribute to the release of biologically active substances, activation of kallikrein-kinin system, development of stasis, cytokines, erythrocyte aggregates in an extended portal system with low blood flow velocity.

**Antoniv A.A.**

### THE KIDNEYS FUNCTIONAL STATE IN CHRONIC KIDNEY DISEASE IN PATIENTS WITH NONALCOHOLIC STEATOHEPATITIS

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The objective of the study was to establish the changes in kidneys functional state, depending on the stage of chronic kidney disease with the comorbidity with nonalcoholic steatohepatitis on the background of obesity. 240 patients with chronic kidney disease (CKD) (chronic bilateral pyelonephritis) of the I-III stage were studied, 145 of which had comorbid non-alcoholic steatohepatitis (NASH) and obesity (1 group), 95 patients were diagnosed with CKD I-III stages without comorbid pathology. Depending on the stage of the CKD, the groups of patients was

distributed as follows: 1 group - to 3 subgroups: CKD of the I stage - 51 patients, CKD of the II stage - 53 patients, CKD of the III stage - 41 patients. The 2nd group was divided into 3 subgroups: CKD of the I stage - 32 patients, CKD of the II stage - 35 patients, CKD of the III stage - 28 patients. The control group consisted of 30 practically healthy individuals (PHPs).

The analysis of kidneys functional state indicators showed that the creatinine content in blood in patients of group 1 exceeded the data in the PHPs in 1,5 times ($p < 0,05$), in 2 groups - in 1,3 times ($p < 0,05$). Accordingly, in patients with CKD of the III stage group 1 the creatinine exceeded the data in PHPs by 2.3 times ($p < 0.05$), in group 2 - by 1.9 times ($p < 0.05$). Thus, comorbidity with NASH significantly affects the kidneys functional state indicators, in particular, their nitrogen-excretory function. Thus, the content of blood urea in patients with CKD I stage exceeded the indicators in PHPs, respectively, in 1 and 2 groups - in 2,4 and 2,2 times ($p < 0,05$). In patients with CKD II stage in group 1 the urea content exceeded the index in PHPs by 2.5 times compared with 2.4 times in group 2 ($p < 0.05$). As a result of the established changes, a significant decrease in GFR (Glomerular filtration rate) was obtained for creatinine clearance using the Cockroft-Gaulta formula. Thus, the indicator of creatinine clearance by the Cockroft-Gaulta formula in patients with CKD I stage was lower than that in PHPs only in group 1 patients (11.8%) ($p < 0.05$); in patients of group 2, changes were unlikely and no significant difference was found between the groups ($p > 0.05$). In patients with CKD II stage in group 1, the creatinine clearance score was lower than the PHPs index by 39.2% versus a decrease of 25.5% in group 2 ($p < 0.05$) with a confirmation of statistically significant difference between the groups ($p < 0.05$). At the same time, patients with CKH III stage, the rate of creatinine clearance in patients in group 1 was lower than the normative at 55.9% ($p < 0.05$), in group 2 - by 44.1% ($p < 0.05$), with the presence of a probable difference between patients with a combined course NASH and CKD in comparison with patients with CKD without comorbid diseases ($p < 0,05$).

Non-alcoholic steatohepatitis significantly aggravates the course of chronic kidney disease of I-III stages with a possible decrease in nitrogen excretory function, glomerular filtration rate, hypopaluminemia than in the isolated course of chronic kidney disease.

**Dudka I.V.**

## CONDITION OF HEMOSTASIS SYSTEM IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND CHRONIC PANCREATITIS

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We observe the comorbidity during COPD and chronic pancreatitis (CP) quite often, which is due to the presence of a number of pathogenetic mechanisms of mutual encumbrance. It can be assumed that the comorbidity course of COPD and CP can enhance the clinical symptoms of both diseases and lead to frequent relapses of the pathological process.

Objectives – to establish the features of some indicators of hemocoagulation hemostasis in patients with COPD and concomitant CP. 60 patients were examined, including 15 patients with COPD (GOLD 2, B) with an isolated course (group 1), 15 patients with COPD (GOLD 2, B) with accompanying CP in the acute phase (group 2), and 15 patients with CP with the isolated course (group 3). The mean age of the patients was 46.2±4.3 years. The control group consisted of 15 practically healthy individuals (PHI) of the appropriate age and gender.

Analysis of results of studying the 2nd phase of coagulation hemostasis showed that prothrombin time (PTT) was significantly reduced in all observation groups. The maximum similar decline in the indices was observed in patients of group 2 – by 39.5% compared to the index in the PHP ($p < 0.05$) in the absence of intergroup differences; in patients of group 1 PTT decreased by 19.5% compared with those in PHI; and in patients of group 3 there was a decrease of PTT by 30.9% ($p < 0.05$). Studying the 3rd phase of coagulation hemostasis considering the content of fibrinogen in the blood suggests that in patients of all observation groups this figure was significantly reduced: in patients of the 1st group – by 11.0%, group 3 – by 17.5%, group 2 – by 26.6% and it was significantly different when compared in the intergroup aspect ($p<0.05$). While