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THE ROLE OF PATHOGENIC STRAINS
HELICOBACTER PYLORI IN GASTRODUODENOPATHIES INDUCED BY NON-
STEROIDAL ANTI-INFLAMMATORY DRUGS IN PATIENTS WITH
OSTEOARTHRITIS

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Objective: to investigate the features of fibrinolytic activity of blood plasma in gastroduodenopathy (GDP) induced by nonsteroidal anti-inflammatory drugs (NSAIDs) in patients with osteoarthritis (OA) depending on the presence of pathogenic strains of *Helicobacter pylori* (HP).

60 patients with OA with concomitant NSAID-induced GDP were examined: group I-35 patients with Hp cag A+/vac A+NSAID-induced GDP, group II-25 people with Hp cag A-/vac A-GDP. The control group consisted of 30 healthy individuals.

Fibrinolytic activity of blood plasma was studied by the level of total (TFA), enzymatic (FFA) and non-enzymatic fibrinolytic activities (NFA). The presence of Hp was determined by invasive rapid diagnosis of infection by urease activity of the biopsy obtained during endoscopic examination of the gastric mucosa using diagnostic kits HELPIL®-test ("AMA", St. Petersburg), morphological studies (staining with azure-azor and by immunochromatographic test for the detection of Hp antigens in faecal samples (CerTest Biotec, SL, Spain, "Pharmasco"). Hp strains in feces, blood and biopsies were determined by polymerase chain reaction.

An increase in the intensity of fibrinolytic activity of blood plasma was observed in all examined patients. A slightly more intense growth was found in the presence of Hp cag A+/vac A+. Thus, in patients of group I TFA increased by 62.6% ($p < 0.05$) compared with control group of healthy people.

In individuals with Hp cag A-/vac A-GDP TFA increased by 42.5% ($p < 0.05$). In patients of group I, the FFA index increased 2.04 times ($p < 0.05$), and in group II patients-1.54 times ($p < 0.05$) compared with group of healthy people. In patients of group I, FFA increased by 24.5% ($p < 0.05$) compared with group II. The presence of cag A+/vac A+ strains in Hp is associated with its increased pathogenicity. The presence of vac A+ strains enhances the resistance of the bacterium, causes the formation of pores in the cytoplasmic membrane of epithelial cells, which leads to their vacuolation. Cag A+ strains promote the development of an intense cellular response: inflammation of the mucous membrane, increase cytokine production, promote cell proliferation and cell death.

Thus, the presence of concomitant *Helicobacter pylori* infection cag A+/vac A+ leads to more pronounced changes in fibrinolysis in gastroduodenopathies caused by nonsteroidal anti-inflammatory drugs in patients with osteoarthritis.

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CORRECTION OF CHOLESTEROL METABOLISM IN REABILITATION PROCESS OF
PATIENTS WITH CHRONIC PANCREATITIS AND OBESITY

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Atherosclerosis and metabolic disorders due to it plays a role in the development of not only coronary heart disease (CHD), but also chronic pancreatitis (CP). Feature of lipoproteins of low density has been established to reduce the production of insulin in the form of lipotoxicity, as well as the power of apolipoprotein work in counterinsularly way, competing with the insulin for specific receptors. Thus, determining of cholesterol metabolism affects the tactics of managing patient with CP in comorbidity with CHD.

The objective of the research is to study changes in lipid profile in patients with isolated CP with dyslipidemia when using policosanol in combination with appropriate standard treatment of CP and CP with coronary heart disease, including the dynamics of standardized treatment with atorvastatin in combination with policosanol.