



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

*Department of Internal Medicine and Infectious Diseases*  
*Bukovinian State Medical University*

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.

**Hontsariuk D.A.**  
**CORRECTION OF CHOLESTEROL METABOLISM IN REABILITATION PROCESS OF**  
**PATIENTS WITH CHRONIC PANCREATITIS AND OBESITY**

*Department of internal medicine and infectious disease*  
*Bukovinian state medical university*

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.



We examined 52 patients who were divided into appropriate groups. The group of almost healthy patients (AHP) consisted of 10 people (men-5 (50%), women - 5 (50%). The first group consisted of 21 patients with CP with dyslipidemia (men-15 (71.5%), women – 6 (28,5%). The second group consisted of 21 patients with CP and coronary heart disease (13 men (61.9%), women-8 (38.1%)). The age of patients ranged from 31 to 69 years. The diagnosis of CP was established in accordance with the clinical protocol in order of the Ministry of Health of Ukraine dated 13.06.2005 №271. “Cardiology”.

In patients with isolated CP the indicators of common cholesterol increased by 1.34, triglycerides by 1.65,-LDL cholesterol by 1.53 times, the atherogenic index increased by 1.97 compared with those in the group of almost healthy individuals. HDL cholesterol decreased 1.26 times. In the combined course of CP with coronary heart disease before treatment, the indicators of common cholesterol increased by 1.52, triglycerides - by 1.77, LDL cholesterol - by 1.83, atherogenic index - 1.52 times compared with those in the AHP group. HDL cholesterol levels increased 1.15 times. It was not possible to achieve positive results only in the indicators of LDL cholesterol.

Thus, in the combined course of CP with coronary heart disease, the administration of policosanol in combination with atorvastatin in starting doses makes it possible to achieve a broader and more significant effect on all parts of the disturbed cholesterol spectrum than in the treatment with statins alone.

**Hryniuk O.Ye.**

**CORRECTION OF METABOLIC DISORDERS IN NON-ALCOHOLIC  
STEATOHEPATITIS AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE,  
EFFICIENCY OF ANTRAL**

*Department of Internal Medicine, Clinical Pharmacology and Occupational Diseases  
Bukovinian State Medical University*

A significant increase in the incidence of non-alcoholic steatohepatitis (NASH) in obese patients with chronic obstructive pulmonary disease (COPD) in the world requires the study of the mechanisms of their mutual weighting and correction, metabolic components of pathogenesis and the consequences of concomitant pathology.

Objective – assessing of the effectiveness of antral and the combination of antral with phytostatin usage regarding to the effect on the state of blood lipid spectrum, glycemia, the degree of insulin resistance in patients with non-alcoholic steatohepatitis (NASH) against the background of obesity with comorbidity with chronic obstructive pulmonary disease (COPD). 90 NASH patients with obesity of I degree and COPD 2-3 D were examined: 25 patients (group 1 – control group) received basic NASH therapy (Esentials forte N (Sanofi Avenis / Nutterman and Cie GmbH) 300 mg, 2 caps., 3 times per day) 60 days and COPD therapy (Symbicort Turbuhaler (budesonide 160 mg/d + formoterol fumarate 4,5 mg/s) (AstraZeneca AB, Sweden) inhaled 2 times per day for 60 days, Berodual (ipratropium / fenoterol (250/500 mg/ml) (Institute de Angele Italy / Boehringer Ingelheim International GmbH) nebulizer inhalation 2 times per day, azithromycin (Azithro Sandoz, Ukraine Sandoz) 500 mg, 1 time per day for 10 days). The second group (basic group, 2) consisted of 35 NASH patients with obesity of I degree and COPD 2-3 D, in addition to the same basic COPD therapy, they received Antral (Farmak, Ukraine) 200 mg, 3 times per day for 60 days as a hepatoprotector. The third group (basic group, 3) included 30 NASH patients with obesity of I degree and COPD 2-3 D, except the same basic COPD treatment, they received Antral (Farmak, Ukraine) 200 mg, 3 times per day as a hepatoprotector, and Phytostatin (Polyconazole) (OmniFarma LLC, Ukraine) 20 mg after dinner during 60 days. The average age of patients was (55,7 ± 3,22) years. The control group consisted of 30 apparently healthy individuals (AHP).

The concentration of total lipids in blood of the patients from the 1st group after treatment has not decreased significantly and exceeded the normative data ( $p < 0.05$ ), while in patients of the 2nd and 3rd groups it has decreased in 15,6% and 23,3%, respectively ( $p < 0,05$ ). The total cholesterol level indicated a significant decrease in all groups in 9,2%, 19,3% and 23,9% ( $p < 0,05$ )