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**SOME ASPECTS OF THE PATHOLOGY OF THE UPPER DIGESTIVE TRACT IN
PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE
ON THE BACKGROUND OF HYPOTHYROIDISM**

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The frequency of gastroesophageal reflux disease (GERD) and the severity of the disease increase with age and the presence of comorbid pathology. The growing number of cases of combined thyroid dysfunction with gastropathology requires in-depth study of the reasons for the relationship between these processes. Pathological changes in the digestive system in these patients make their condition more severe, contributing to the development and progression of metabolic disorders. An important aggravating effect on the regulatory mechanisms of esophageal kinetics has a pathological functioning of the thyroid gland on the background of iodine deficiency.

The objective of the study was to determine the features of the pathology of the upper digestive tract in patient with GERD in combination with hypothyroidism. 65 patients with GERD with reduced thyroid function (main group) were examined. Among patients with GERD with hypothyroidism, women predominated 54 (83.1%), men accounted for 16.9% (11 patients). The control group consisted of 25 patients with GERD with normal thyroid function (control group), dominated by male patients - 13 (52%), women were 12 (48%). The mean age of patients was 46.3 ± 3.33 years. Indicators of the conditional norm are established on the basis of inspection of 30 practically healthy people.

The clinical picture of GERD was characterized by a variety of symptoms. Patients in the main group most often had pain in the epigastric region and behind the sternum, which worsened after eating, with the torso tilted forward (92.3%), bitterness in the mouth (96.9%). When we was performing express pH-measurement using a pH meter IKZh-2 noted acidification of the intra-esophageal environment in patients with GERD to 3.6 ± 0.33 , at the same time, the pH in patients with GERD on the background of hypothyroidism (the main group), do not significantly exceed level 7. Among patients with GERD on the background of hypothyroidism, erosive esophagitis was diagnosed in 23 patients (22.77%), catarrhal esophagitis in 35 (34.6%) patients, in other patients no visible changes in the mucous membrane were detected. Atrophic gastritis was diagnosed in 97 (96.04%) patients. In almost all patients on an empty stomach bile was found in the stomach. At the same time, in patients with GERD without hypothyroidism, erosive esophagitis was diagnosed in 19 patients (52.8%), catarrhal esophagitis in 13 (36.1%) patients and in 4 (11.1%) mucosal changes were not detected. Atrophic gastritis was diagnosed in 2 patients (5.55%), erosive in 10 (27.8%), and catarrhal in 24 (66.67%) patients.

Thus, in patients with GERD on the background of reduced thyroid function, alkaline duodenogastroesophageal reflux occurs as a consequence of reduced acid-forming function of the gastric mucosa and reduced contractility of the stomach and duodenum.

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**CHANGES OF THE PLASMA'S PROTEOLYTIC ACTIVITY IN HYPERTONIC
CARRIER'S OF ALLELIC POLYMORPHISM GENE ADP RECEPTOR P2RY12 T-744C**

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We present data on the study of the association of the genotypes of platelet receptor polymorphism P2RY12-744TT (H1H2) and their dependent changes in platelet function and proteolysis in patients with hypertension and type 2 diabetes mellitus in Bukovinian region.

98 patients with type 2 hypertension and diabetes and 50 patients with hypertension without diabetes were examined. Analysis of independent loci revealed a decrease in the frequency of carriers of "protective genotypes" P2RY12-744TT (H1H1) ($p < 0,05$) in the studied population of patients with hypertension and diabetes mellitus 2. It was found that in the carriers of the "risk genotype" H2/H2 increased the rate of ADP-dependent and adrenaline-dependent platelet