



Patients of I and II groups revealed high concentrations of IL-6 ($p<0.05$), TNF- α ($p<0.05$), CRP ($p<0.05$) and IL-10 comparing with a group of healthy individuals. However, the level of IL-6 and IL-10 in the second group was lower than in patients of group I (in 1.3 times, $p<0.05$), TNF- α (in 4.6 times, $p<0.05$), CRP (in 2.4 times, $p<0.05$).

Thus, expressed cytokine's disintegration in patients with COPD, combined with CP, on the background of the increased level of the inflammatory cytokines inadequate to the level of the anti-inflammatory IL-10 and almost no response to TNF- α , may prove the exhaustion of the anti-inflammatory factors resistance and the spread of the inflammatory response beyond the bronchopulmonary system.

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DIAGNOSTIC VALUE OF INVESTIGATION OF IL-1 β , IL-4, IL-6, IF- γ , TNF- α AND IL-1Ra CONTENT IN THE BLOOD SERUM IN REACTIVE ARTHRITIS PATIENTS OF DIFFERENT ETIOLOGY

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Objective of the research – to study levels of IL-1 β , IL-4, IL-6, IF- γ , TNF- α and IL-1Ra in blood serum in reactive arthritis patients of different etiology and their effects on the activity and clinical course of the disease. 38 patients with reactive arthritis (ReA) have been examined against the background of chronic pyelonephritis (CP) in the exacerbation phase of urogenital infection (group 1). 12 ReA patients with earlier enterocolitis (group 2) and ReA of unknown etiology (11 people – group 3) were also examined. IL-1 β , IL-4, IL-6, IF- γ , TNF- α and IL-1Ra content in the blood serum was determined in patients under study by solid-phase enzyme immunoassay method of using monoclonal antibodies (“Diaclone” reagents set, France).

An increase of IL-1 β , IF- γ and TNF- α levels as well as decrease of IL-6 and IL-1Ra blood count indices in comparison with healthy patients that denotes the implication of a cytokine, imbalance in ReA progression has been revealed in patients under study when investigating cytokine status. The direct correlative dependence relation of IL-4, IL-6 and TNF- α blood cytokine count upon ReA activity degree and reverse correlative dependence of medium strength according to IF- γ blood count has been defined. Group 1 patients had the highest IL-6 and IF- γ blood count according to the indexes of other groups, as well as the maximum expression suppression of anti-inflammatory IL-4 and IL-1Ra activity.

The use of enzyme immunoassay diagnostic test-systems allows to get the information about functional activity of different types of immunocompetent cells; about the complexity of the inflammatory process, its migration from the local to systemic level, and it is one of the most prospective methods of evaluating immune system condition in the clinical experience in order to control the inflammation activity and prognosis.

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**ВЕДЕННЯ ХВОРОГО З АЛКОГОЛЬНИМ СТЕТОГЕПАТИТОМ,
УСКЛАДНЕНИМ АНЕМІЄЮ ВАЖКОГО СТУПЕНЮ**

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Зловживання алкоголем – одна з основних причин уражень печінки, зокрема розвитку алкогольної жирової хвороби печінки.

Хворий Т. 59 років, пенсіонер, звернувся на консультацію з приводу вираженої загальної кволості, задишки, різко зниженої працездатності. З анамнезу: більше 20 років служив у структурі МВС на посадах старшого офіцерського складу. Тривалий час зловживав алкоголем. Клінічний аналіз крові: еритроцити – 1,4 Т/л, гемоглобін – 65 г/л, колірний показник – 1,3, гематокрит – 20%, середній об'єм еритроцитів – 93 фл, середній вміст гемоглобіну в еритроцитах – 35 пг, середня концентрація гемоглобіну в еритроцитах – 37 г/дл, лейкоцити – 3,4 Г/л, тромбоцити – 120 Г/л, швидкість осідання еритроцитів – 30мм/год.