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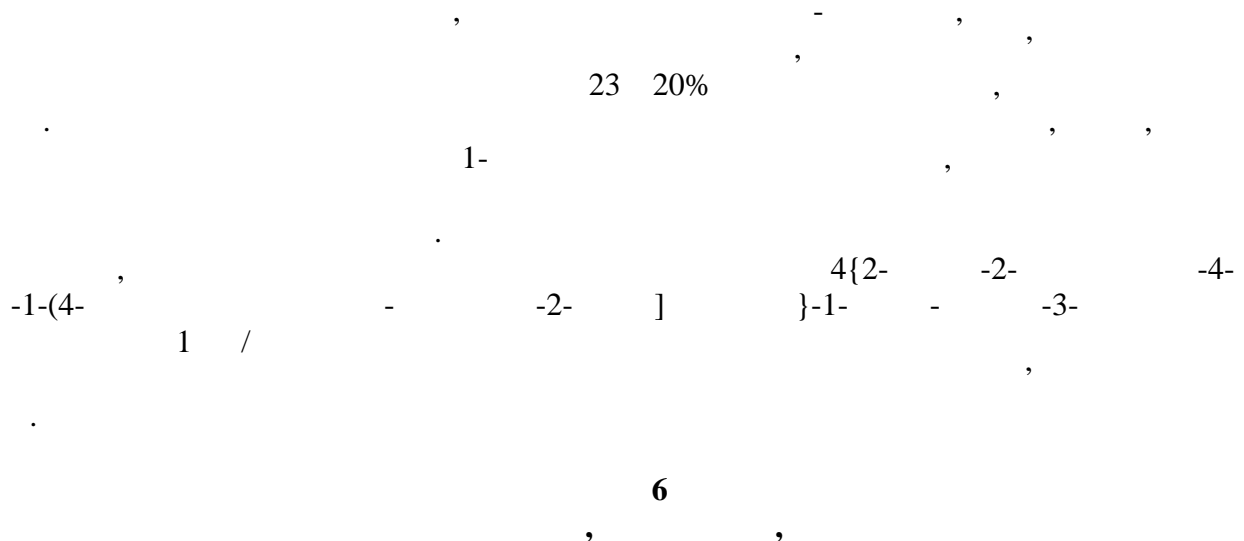
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Al Salama Muhammad Wathek
PECULIARITIES OF PATHOGENETIC CHANGES IN STABLE ANGINA IN THE
ANALYSIS OF HEART ATTACK

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The aim of the research is to study the peculiarities of the course of stable angina pectoris (STA) of different functional classes (FC) with postinfarction and diffuse atherosclerosis. 120 patients with an objectified diagnosis of STA of II and III FC, who were divided into two groups, were examined during our research: the 1st group included the patients with verified STA of II FC and the 2nd group included the patients with heart contractions (HC) of III FC (25.83 and 74.17% of cases, respectively).

According to the presence or absence in the history of myocardial infarction (MI), the distribution led to the division into three groups: patients with postinfarction atherosclerosis after Q-I (44, 17% cases), with postinfarction atherosclerosis after non-Q-MI (17.50% of cases) and with diffuse atherosclerosis (38.33% of cases).

At the beginning of inpatient treatment and after 6 months at the outpatient stage, all patients underwent clinical and laboratory examination, which included biochemical blood tests (lipid profile, creatinine, uric acid (UA), enzyme-linked immunosorbent assay of serum to determine the levels of amino-terminal propeptide natriuretic peptide (NT-proBNP) and C-reactive protein (CRP).

It was found that in the group with a history of Q-MI, the proportion of patients with FC III STA probably predominates (51.69 ± 5.30 and 22.58 ± 7.51)% of cases, respectively ($p < 0.01$), with probably less detection of severe angina among people without IM (32.58 ± 4.97 and 54.84 ± 8.94)% of cases, respectively ($p < 0.05$).

The level of total cholesterol (LTC) in the blood is significantly higher in patients with STA III FC - (5.86 ± 0.14), against (5.33 ± 0.21) mmol / l, respectively ($p < 0.05$), regardless of the presence in patients with a history of Q- and non-Q-MI - (5.81 ± 0.20), against (5.67 ± 0.16), against (5.81 ± 0.20) mmol / l, respectively (in all cases $p > 0.5$). The level of HC is significantly higher in patients with STA III FC - (500.58 ± 17.52), against (374.14 ± 20.89) $\mu\text{mol} / \text{l}$, respectively ($p < 0.001$). However, this indicator increases only in the combination of STA with transferred Q-MI (against patients without MI - (517.32 ± 23.34), against (425.73 ± 21.99) $\mu\text{mol} / \text{l}$, respectively, $p < 0, 01$), without significant differences in the value of this indicator in combination with STA with transferred non Q-MI (against patients without MI - (435.63 ± 32.336), against (425.73 ± 21.99) $\mu\text{mol} / \text{l}$, respectively, $p > 0.5$).

Blood creatinine values were determined to be significantly higher in patients with severe STA - (111.19 ± 3.88), against (96.48 ± 4.36) $\mu\text{mol} / \text{l}$, respectively ($p < 0.05$), and in combination