Thus, aldosterone synthase gene CYP11B2 (-344C/T) associates with high risk of EAH in Bukovyna region. *T*-allele increased risk of CKD in hypertensive population almost 1.5 times as much, especially in women.

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DEPENDENCE OF LIPID METABOLISM ON POLYMORPHIC VARIANTS OF THE GNB3 GENE IN PATIENTS WITH PRIMARY ARTERIAL HYPERTENSION

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Primary (essential) hypertension (PH) is the most common cause of left ventricular hypertrophy (LVH) and is often associated with metabolic disorders. LVH and dyslipidemia are essential risk factors and indicators of morbidity and mortality, both cardiovascular and general ones.

The aim of the study was to analyze dependence of lipid panel parameters on polymorphic variants of the guanine nucleotide binding protein (G-protein) β3 subunit gene (GNβ3) C825T (GNβ3, 825C>T; dbSNP: rs5443) in patients with PH.

A cross-sectional study involved 72 patients with PH stage II, 1-3 degrees of blood pressure, high and very high cardiovascular risk. There were 29,16% (21) men, 70,84% (51) women among the patients. The average age of patients was 59,87 ± 7,98. The control group consisted of 48 healthy individuals of the average age (49,13 ± 6,28) and sex distribution (62,5% of women, 37,5% of men). GNβ3 C825T polymorphism was investigated by PRL in real time. To establish LVH, all patients had undergone echocardiography. LVH was calculated by LVMM (according to the Penn Convention) and LVMMI. To evaluate LVH, LVMMI were taken ≥115 g/m2 in men, ≥95 g/m2 in women (ESC, ESH 2018). The lipid panel parameters, such as: TC (Total cholesterol), TG (Triglycerides), LDL-C (Low-density lipoprotein cholesterol), HDL-C (High-density lipoprotein cholesterol) were investigated in blood plasma, using diagnostic kits of the company “Accent 200” (Poland). The atherogenic index (IA) was calculated by the formula: (TC – HDL-C)/ HDL-C.

As a result, the following lipid panel parameters in carriers of the *CC*-genotype of the *GNB3* gene have been found: TC – 5,50±0,79 mmol/L, TG – 2,10±0,8 mmol/L, HDL-C –1,22±0,22 mmol/L, LDL-C – 4,03±0,76 mmol/L, IA – 3,66±0,84. In *TC*-genotype carriers, patients with EH the concentration of TC was 5,82±1,15 mmol/L (p_{CC} >0,05), TG – 1,73±0,55 mmol/L (p_{CC}>0,05), HDL-C – 1,30 ±0,21mmol/L (p_{CC}>0,05); LDL-C – 4,39±1,07 mmol/L (p_{CC}>0,05), IA – 3,61±0,95 (p_{CC}>0,05). In *TT*-genotype carriers, patients with EH the concentration of TC was 6,6±0,64 mmol/L, TG – 2,6±1,27 mmol/L, which was higher than in C-allelle carriers according to TC – by 20,0% (p_{CC}>0,05) i 13,79% (p_{TC}=0,016), according to TG – by 23,81% (p_{CC}>0,05) i 52,94% (p_{TC}=0,038), respectively. The rest parameters of lipid panel have not differed significantly between genotype carriers and in homozygous carriers of the mutation T-allele had been HDL-C 1,3±0,05 mmol/L ($p_{CC,TC}$>0,05), LDL-C 4,7±0,69 mmol/L ($p_{CC,TC}$>0,05), IA 4,0±0,69 ($p_{CC,TC}$>0,05).

Thus, the lipid metabolism in patients with EH does not depend on polymorphic variants of the the guanine nucleotide binding protein (G-protein) β3 subunit gene (GNβ3, 825C>T; rs5443).

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EXPERIENCE OF PROBIOTICS USE IN NEWBORN WITH PERINATAL PATHOLOGY IN DYSBIOTIC INTESTINAL DISORDERS

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One of the most important mechanisms for the adaptation of newborns to the environmental conditions is the formation of non-specific protective barriers of the body, which are also physiological microbial ecosystems. The most common pathological conditions of the gastrointestinal tract in newborns are a violation of the composition and function of the colon microflora, which arise under the influence of perinatal factors and is a prerequisite for the development of inflammatory bowel diseases in the future. Alpha-1-antitrypsin (α-1-antitrypsin)