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THE ROLE OF HELICOBACTER INFECTION IN GASTRODUODENOPATHY INDUCED BY NONSTEROIDAL ANTI-INFLAMMATORY DRUGS IN PATIENTS WITH OSTEOARTHRITIS

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Population ageing around the world in recent decades has led to an increase in the incidence of osteoarthritis (OA). The disease is usually found in patients older than 50 years. 80% of people over 75 suffer from this pathology. The action of modern drugs and physiotherapy, which are used to treat OA, is aimed primarily at relieving pain and improving function. Among pharmacotherapeutic agents, non-steroidal anti-inflammatory drugs (NSAIDs) will currently hold a firm position in the treatment of OA. Gastric or duodenal ulcers are found in 10-15% of patients who regularly take NSAIDs, and gastrointestinal bleeding and perforation during the year can develop in 1-1.5% of cases. The role of Helicobacter pylori (Hp) in the pathogenetic mechanisms of NSAID-induced gastroduodenopathies (GDP) in patients with OA is still debatable and needs further study.

Purpose: to investigate the features of fibrinolytic activity of blood plasma in gastroduodenopathies induced by non-steroidal anti-inflammatory drugs in patients with osteoarthritis depending on the presence of Helicobacter pylori. 126 patients with OA with concomitant GDP induced by NSAIDs were examined: group I a - 40 patients with Hp-positive NSAID-induced gastritis + duodenitis (GD), group I b - 30 patients with Hp-associated erosive and ulcerative gastric lesions (EVU) induced NSAIDs, group II a - 41 patients with Hp-negative NSAID-induced GD, group II b - 15 patients examined with NSAID-induced EVU without concomitant Hp infection. The control group consisted of 30 practically healthy persons (PHP). Fibrinolytic activity of blood plasma was investigated by the level of total (TFA), enzymatic (FFA) and non-enzymatic fibrinolytic activity (NFA).

The increase in the intensity of fibrinolytic activity of blood plasma was observed in all patients studied. A slightly more intense growth was observed in the presence of HP. Thus, in patients with I a, the TFA group increased by 42.6% ($p<0.05$), and in Ib - by 59.8% ($p<0.05$), compared with PHP. In Hp-negative EVU, TFA increased by 52.5% ($p<0.05$). In Ib group patients, FFA increased by 2.04 times ($p<0.05$), and in patients in group Ia - by 1.81 times ($p<0.05$) compared with PHP. In patients with I a, the FFA group increased by 17.6% ($p<0.05$) compared with the II a group.

Thus, the presence of concomitant Helicobacter bacterial infection leads to more pronounced changes in fibrinolysis in GDP, caused by NSAIDs, in patients with OA.

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CHRONIC PANCREATITIS – THE FREQUENCY OF ITS COMBINATION WITH THE OTHER INTERNAL ORGANS' DISEASES

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Chronic pancreatitis (CP) can be characterized by a diverse clinical picture, which in case of a recurrent course is manifested by severe abdominal pain along with the manifestations of the inflammatory reaction. And the disease can be formed latently. One of the reasons is the gut microbiota, which changes the activity of the acinar-intestinal-acinar axis. Another reason is the formation of exocrine insufficiency in other diseases of the internal organs (eg, diabetes mellitus) without clinical manifestations of CP. The course of the disease is changed by concomitant gastrointestinal diseases (they can act as masks, especially dysfunction of the sphincter of Oddi by pancreatic type).

The purpose of the study: to determine the frequency of combination of chronic pancreatitis with other gastrointestinal diseases. To solve this problem, we used a questionnaire, which

contained questions about the primary and secondary nature of the development of chronic pancreatitis.

We examined 100 patients of different age groups (age ranged from 21 to 59 years), there were 43 women and 57 men. Recurrent pancreatitis (CRP) was found in 37 patients. The obtained results showed that 47% indicated alcoholic etiology and smoking, eating disorders in CRP, in 53% of cases the primary disease was considered by patients to be gastroenterological (according to the questionnaire). Peptic ulcer of the duodenum was noted as a cause of CP in 18% of patients, chronic gastroduodenitis - in 29% of cases, gallbladder dyskinesia and chronic non-calculosis cholecystitis with biliary sludge were indicated in 7 patients, in 3 patients the cause was chronic biliary pancreatitis (all 10 patients were female).

Thus**,** it is difficult to diagnose chronic pancreatitis in combination with gastrointestinal diseases, so there is often under- or overdiagnosis. In almost half of the patients, doctors considered the presence of gastrointestinal diseases to be the primary cause and did not treat the manifestations as "masks" of chronic pancreatitis (although in clinical practice this is common situation).

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TREATMENT OPTIMIZATION OF NON-ALCOHOLIC STEATOHEPATITIS IN OBESE PATIENTS ACCORDING TO COMORBIDITY WITH COPD

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Taking into account the increase in the comorbidity of non-alcoholic steatohepatitis (NASH) and chronic obstructive pulmonary disease (COPD), there is a need to conduct studies regarding general mechanisms of development and burden interaction of these nosologies with the development of new correction methods.

The objective was to assess the Antral effectiveness and the combination of Antral with Phytostatin usage regarding to the effect on the systemic proteolysis and endogenous intoxication in patients with non-alcoholic steatohepatitis against the background of obesity with comorbidity with chronic obstructive pulmonary disease. 100 NASH patients with obesity of I degree and COPD 2-3 D were examined: 30 patients (group 1 – control group) received basic NASH therapy (Esentsiale forte N (Sanofi Avensis / 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 35 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 persons (AHP).

The proposed therapy with Antral reduced the intensity of lysis of azoalbumin, azocasein and azocol in patients of the 3 group: at day 30, the decrease was respectively 1.3, 1.2 and 1.6 times ($p<0.05$), in patients of the 2 group: at day 30, respectively, the decrease was 1.2, 1.2 and 1.6 times ($p<0.05$) compared with the values before treatment. In the 1 group, the decrease occurred less intensively ($p<0.05$): only the Azocol values was likely to change - it decreased 1.3 times ($p<0.05$) with the presence of a significant difference with the 2 and 3 groups ($p<0.05$).

The degree of endogenous intoxication in patients with NASH with COPD of therapy programs containing Antral was also reduced more effectively. Thus, blood levels of medium molecular weight peptides at 254 nm (MMWP 254) in patients of 2 and 3 groups decreased after treatment by 1.2 and 1.3 times, respectively ($p<0.05$), and MMWP 280 - by 1.8 and 2.0 times,