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ANALYSIS OF INDICATORS OF FIBRINOLYTIC AND PROTEOLYTIC ACTIVITY OF BLOOD PLASMA IN PATIENTS WITH CHRONIC PANCREATITIS COMBINED WITH HYPOTHYROIDISM

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Polymorbidity is recognized as a global problem in modern medical science, and its study is one of the most important ways to improve the individual approach to the treatment of patients with combined pathology and can improve large-scale socio-economic consequences at the population level.

The aim of the study is to analyze the state of proteolytic and fibrinolytic activities of blood plasma in patients with chronic pancreatitis combined with hypothyroidism. 105 people participated in our study, the 1st group of which consisted of patients with chronic pancreatitis (n=27), group 2 – patients with hypothyroidism (n=30), group 3 – patients with chronic pancreatitis combined with hypothyroidism (n=28), group 4 – almost healthy individuals (n=20). The state of fibrinolytic activity of blood plasma was studied by lysis of azofibrin, followed by determination of total fibrinolytic activity, non-enzymatic fibrinolytic activity and enzymatic fibrinolytic activity. Assessment of the state of the proteolysis system was studied by lysis of azoalbumin (breakdown of low molecular weight proteins), azocasein (breakdown of high molecular weight proteins) and azocol (breakdown of collagen).

When analyzing the results of the study, we can observe a probable increase in lysis of azoalbumin by 1.89, 1.96 and 2.16 times ($p<0.05$) in groups 1, 2, 3 compared with the group of almost healthy individuals. In patients with chronic pancreatitis and hypothyroidism, the most pronounced degradation of low molecular weight proteins was observed, which was 13.86% and 9.75% ($p<0.05$) higher than in the first and second groups. Indicators of azocasein lysis by 52.48%, 56.35% and 95.03% ($p<0.05$) were found in groups 1, 2, 3 compared with almost healthy individuals. Azocasein lysis was higher by 27.89% and 24.73% ($p<0.05$) in patients with chronic pancreatitis combined with hypothyroidism than in patients in groups 1 and 2. Azocol lysis was significantly higher by 10.85%, 12.05%, 16.87% ($p<0.05$) in groups 1, 2, 3 compared with almost healthy individuals. In addition, in patients with comorbid pathology there was an increase in lysis of azocol by 5.3% and 4.3% ($p<0.05$) compared with the first and second groups. The total fibrinolytic activity of blood plasma was 8.3%, 6.7%, 16.26% ($p<0.05$) lower in patients of groups 1, 2, 3 compared with almost healthy individuals. Non-enzymatic fibrinolytic activity of blood plasma was 44.89%, 49.64%, 66.27% higher in groups 1, 2 and 3 than in almost healthy individuals. Enzymatic fibrinolytic activity of blood plasma was 44.28%, 42.25%, 90.57% ($p<0.05$) lower in group 1, 2, 3 compared with the group of almost healthy individuals ($p <0,05$). There was a decrease in the level of enzymatic fibrinolytic activity of blood plasma by 32.07% and 33.96% ($p<0.05$) in patients with chronic pancreatitis associated with hypothyroidism compared with participants in groups 1 and 2 without comorbid pathology.

Thus, the most pronounced changes in proteolytic (increased lysis of azoalbumin, azocasein, azocol) and fibrinolytic (decrease in total, non-enzymatic and enzymatic) activities of blood plasma in patients with chronic pancreatitis associated with hypothyroidism were determined.

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SOME ASPECTS OF THE MOTOR CHANGES IN PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE DEPENDING ON THE TYPE OF REFLUX

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The symptoms of gastroesophageal reflux disease (GERD) are found in almost 1/3 of the adult population, and endoscopic signs of reflux esophagitis - in 45-80% of patients with GERD. GERD is not a progressive disease, but the activity of the disease is approximately the same

throughout life. The moderate symptoms of reflux affect psycho-emotional health, reduce productivity, so this problem is the cause of significant economic and social losses for many countries. Unfortunately, GERD is often diagnosed at the stage of complications.

The aim was to study the features of the clinical course of GERD, features of endoscopic changes of the esophageal mucosa, pH-metry and changes in gastric motility depending on the type of reflux. 60 patients with GERD were examined. The average age was 44.5±5.3 years. The main group consisted of 35 patients with GERD with concomitant acid reflux, the comparison group - 25 patients with alkaline reflux. The comprehensive study included a clinical examination, pH- metry, endoscopic, radiological examination.

Among the examined patients with GERD with acid reflux 60% were men, and in the group of patients with alkaline reflux female patients predominated - 76%. With acid reflux disturbed heartburn (85.7%), vomiting (71.4%). In the clinical picture of GERD with alkaline reflux more often noted: the feeling of bitterness in the mouth (80%), the feeling of a lump in the mouth (60%). Patients with GERD with alkaline reflux (40%) were more often diagnosed with concomitant lesions of the pancreatic-biliary system and obesity I-II.

In most of the examined pathological changes of the lower mucous membrane were revealed. In patients with acid reflux the pH in the esophagus was <4.0, in the group of patients with alkaline reflux the pH was> 7.5. Reflux lasting more than 5 minutes was observed in 31.4% of patients with acid reflux, in 36% of patients with alkaline.

The non-erosive form of GERD was more observed in patients with acid reflux - 11 (59.3%). The erosive form of GERD was observed more often with alkaline reflux in 14 patients (66.7%): reflux esophagitis grade A (38.1%), grade B (19.1%), grade C (9.5%) patients.

In GERD with acid reflux, a persistent slowing of gastric evacuation is caused by persistent pilospasm. Slowing of gastric evacuation is more pronounced in patients with GERD with alkaline reflux, which can be explained by slowing of motility of the stomach and the presence of duodenostasis.

Thus, the peculiarity of the clinical course of gastroesophageal reflux disease is due to the presence of a certain type of reflux and is characterized by specific etiological factors and pathogenetic mechanisms of development, polymorphism of clinical symptoms, which worsens the psychosomatic state and quality of life of patients.

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CHANGES OF AORTIC STIFFNESS IN PATIENTS WITH ARTERIAL HYPERTENSION AND CONCOMITANT DIABETES MELLITUS TYPE 2

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The aim of the study was to discover the peculiarities of aorta remodeling in patents with arterial hypertension and concomitant diabetes mellitus type 2. Additionally, the trends in changes of aortic rigidity depending on the state of the left ventricle diastolic dysfunction were analyzed. 103 patients with hypertension and concomitant diabetes mellitus type 2 were examined. The basic indexes of transmitral velocity (Ve, Va, Ve/Va, IVRT) and indexes of aortic compliance at the root (Cr), ascending part (Cas) and the arch (Ca) in accordance to its diameters in the systole (Dmax) and diastole (Dmin) measured during 3 cardiac cycles were observed.

The features of remodeling, elastic and density characteristics of aorta in patients with arterial hypertension and DM type 2 were examined. It has been proved that the reliable increase of diameters of root ascending aorta and aortic arch occurs in patients with hypertension and concomitant diabetes mellitus type 2, and in people with left ventricle hypertrophy the more considerable increasing of aortic diameter was set. Structural changes at aortic remodeling were accompanied by growth both maximal, and minimal diameters at the ascending aorta and its arch level. The reliable decline of coefficient tensile strength in aorta is verified in patients with hypertension and concomitant diabetes mellitus type 2.

Concomitant diabetes mellitus 2 influenced on the reliable increase of diameters of root