МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ
ЧЕРНІВЕЦЬКА ОБЛАСНА ВІЙСЬКОВА (ДЕРЖАВНА) АДМІНІСТРАЦІЯ
ДЕПАРТАМЕНТ ОХОРОНИ ЗДОРОВ'Я
ГО «АСОЦІАЦІЯ ТЕРАПЕВТІВ БУКОВИНИ»

Збірник матеріалів науково-практичної конференції
з міжнародною участю

«КОМОРБІДНИЙ ПЕРЕБІГ ЗАХВОРЮВАНЬ ВНУТРІШНІХ ОРГАНІВ: СУЧАСНИЙ СТАН ПРОБЛЕМИ ТА НЕВИРІШЕНІ ПИТАННЯ КОРЕКЦІЇ»

16-17 березня 2023 року

Конференція внесена до реєстру заходів
безперервного професійного розвитку,
які проводитимуться у 2023 році №5501283

м. Чернівці
2023

УДК 616.1/.4-036.1-06-07-08(063)
К 63

Матеріали науково-практичної конференції з міжнародною участю “Коморбідний перебіг захворювань внутрішніх органів: сучасний стан проблеми та невирішені питання корекції” (Буковинський державний медичний університет, м. Чернівці, 16-17 березня 2023 року) – Чернівці: Медуніверситет, 2023. – 144 с.

У збірнику наведені матеріали науково-практичної конференції з міжнародною участю “Коморбідний перебіг захворювань внутрішніх органів: сучасний стан проблеми та невирішені питання корекції” (Буковинський державний медичний університет, м. Чернівці, 16-17 березня 2023 року) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним питанням поєднаного перебігу захворювань внутрішніх органів у хворих різних вікових груп.

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Наукова та загальна редакція - д.мед.н., професор О.С. Хухліна

ISBN 978-617-519-024-1

Рекомендовано до друку Вченою Радою Буковинського державного медичного університету (протокол №11 від 23 березня 2023 року)

(15.6%), while in group 1 it had 19 people (67.9%) (p <0.05). was registered only in 1 patient of group 2 (3.13%), while in group 1 enlargement of the spleen was found in 8 people (28.6%) (p <0.05).

Conclusion. Combination therapy with essential phospholipids, rosuvastatin, metformin in combination with quercetin in persons with comorbid nonalcoholic steatohepatitis, type 2 diabetes mellitus and diabetic kidney disease, helps to eliminate the main clinical symptoms of exacerbation of nonalcoholic steatohepatitis.

COMPREHENSIVE THERAPY IN PATIENTS SUFFERING FROM CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CONCOMITANT CHRONIC ACALCULOUS CHOLECYSTITIS

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Chronic obstructive pulmonary disease is one of the most spread diseases affecting people of all ages. Combination of chronic obstructive pulmonary disease with gastro-intestinal pathology is one of the most frequent polymorbidity. The combination of chronic cholecystitis, chronic bronchitis and other bronchial obstructive diseases appears to be found in more than 20-25% of individuals.

Background: To study the efficacy of Roflumilast, Ursodeoxycholic acid and Nucleinat in patients suffering from chronic obstructive pulmonary disease (COPD) with concomitant chronic acalculous cholecystitis (CAC).

Methods: The study involved 40 patients with stage II COPD (GOLD 2, B) with concomitant CAC and 20 practically healthy individuals (PHI). Patients in the control group (group 2) received Berodual, Ursodeoxycholic acid for 30 days, in case of an infectious exacerbation of COPD – cephalosporin antibiotic therapy within 7 days. Group 1 (the study one, 20 people) received additional Roflumilast 500 mg once a day, Nucleinat 500 mg 3 times daily for 30 days.

Results: Figures of external respiration functions in dynamics of treatment in patients with COPD with concomitant CAC show higher efficiency of the proposed therapy too. In particular, the rate of forced expiration for the first second after treatment in patients of group 1 increased by 31,5% (p<0,05), while in patients in group 2 – by 14,0% (p<0,05) with the presence of reliable intergroup difference (p<0,05).

The content of malonic aldehyde in plasma after the treatment in group 1 decreased by 1,7 times (p<0,05), while in group 2 – by 1,2 times (p<0,05) with a reliable difference between groups (p<0,05).

Biochemical analysis of blood and bile for bilirubin after the treatment indicates its significant reduction in patients of group 1 - by 1,7 times in blood (p<0,05) and 27,7% (p<0,05) in bile. In patients of group 2, due to the influence of the ursodeoxycholic acid, bilirubin in bile decreased by 7,8% (p<0,05), and the content of bilirubin in blood decreased by 13,0% (p<0,05).

Conclusions: The use of Roflumilast in combination with Berodual, Ursodeoxycholic acid and Nucleinat in patients with COPD and in acute CAC promoted faster, than under conventional therapy (6-7 days), elimination of symptoms of both acute comorbid conditions.

EXPERIENCE IN THE USE OF COMPLEX BIOREGULATORY DRUGS IN THE SYNDROME OF CYTOLYSIS OF VARIOUS ETIOLOGIES

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Introduction. Cytolysis syndrome is the most common syndrome that meets in patients with diseases liver and is one of the most common reasons for visiting a gastroenterologist. Conducting differential diagnosis it is advisable to combine with pathogenetic therapy, which is aimed at reducing the activity of the inflammatory process in the liver and regressing symptoms.

The aim of our study was to evaluate the effectiveness of Gepar compositum as a means of pathogenetic therapy for chronic hepatitis of various etiologies. The choice of the drug is due to certain advantages of bioregulatory drugs over standard allopathic drugs: they do not cause allergic reactions and side effects that are typical for conventional drugs, have a fairly rapid clinical effect, practically no complications, and are effective in chronic diseases.The mechanisms of action of complex bioregulatory drugs (regulation, initiation, detoxification) compare favorably with the action of traditional allopathic drugs, and a holistic approach in the treatment of patients is implemented in practice according to the principle "to treat not the disease, but the patient"

Material and methods. We examined 32 patients who first applied to a gastroenterologist with cytolysis syndrome (an increase in the level of ALT by 1.5-2.5 times) of unknown etiology. The age of patients is from 31 to 46 years with a disease duration of 1-2 years. All patients underwent general clinical, biochemical, virological examinations, as well as the diagnosis of parasitic, autoimmune, cholestatic diseases, drug-induced liver damage (DLD), alcoholic and non-alcoholic fatty liver disease (AFLD and NAFLD). In 18 patients, according to ultrasound, liver steatosis was detected. Fibroscanning of the liver with the determination of the stage of fibrosis (F) in kPa and liver steatosis was performed using the FibroScan apparatus 3 patients. The Fibro Max test was performed in 14 patients. Hepar compositum was administered intramuscularly at a dose of 2.2 ml 2 times a week for 5-7 weeks.

Results of the study.When examining patients, the following nosological forms were diagnosed: chronic viral hepatitis C (9 patients), chronic viral hepatitis B (3 patients), NAFLD (13 patients), AFLD (2 patients), DLD (5 patients). Indicators of ALT and AST activity before treatment were 91.2±6.7 IU/l and 78.5±8.2 IU/l; after treatment -41.8±8.2 IU/l and 38.4±7.1 IU/l ($p<0.05$). According to the results of the Steato-Test study (a component of the Fibro Max test), 3 patients were diagnosed