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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ISBN 978-617-519-024-1

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

level of MWP in the blood directly correlated with manifestations of dyspeptic and anemic syndromes (r=0.33-0.54, p<0.05) and creatininemia (r=0.39, p<0.05). During treatment, all patients were divided into main and control groups. Patients of the main group, in addition to the basic treatment, which included hepatoprotectors, disintoxication and diuretic therapy, received an additional 10 days of rheosorbilact 200 ml No. 5, xylate 200 ml No. 5, ademetionine 5 ml intravenously No. 10. Subsequently, patients continued to take oral ademetionine at a daily dose of 800 mg for one month. The results of the study indicated a significant decrease in SEI products in the blood of patients of the main group, in contrast to the control group, which correlated with a decrease in the activity of AST and ALT in the blood, the level of total bilirubin, creatinine (p<0.05). Clinically, this was manifested by a decrease in asthenic and dyspeptic syndromes, normalization of sleep, and an increase in daily diuresis.

Conclusions.The obtained results indicate that in patients with decompensated cirrhosis of toxic origin with minimal activity, there are metabolic disorders as a nonspecific and universal response to the action of the etiological factor, which consists in the accumulation of markers of endogenous intoxication MWP 280, MWP 254 in the blood. The inclusion in the treatment regimen of drugs that improve microcirculation, correct acid-base balance and have antihypoxic and antioxidant properties reduces the length of patients' stay in the hospital and improves their quality of life.

THE STATE OF CARBOHYDRATE METABOLISM IN PATIENTS WITH ASTHMA-COPD OVERLAP AND DIABETES MELLITUS TYPE 2

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Relevance: The risk of developing diabetes in patients with chronical obstructive pulmonary disease (COPD) and asthma is higher compared to the general population. A metabolomic profile study in 2020 concluded that patients with Asthma-COPD overlap (ACO) had higher energy and metabolic burden with impaired regulation of metabolites compared to patients with asthma and COPD, resulting in more frequent exacerbations and a more severe course of the disease.

Objective: To study the state of carbohydrate metabolism in patients with overlapping asthma, COPD and diabetes mellitus type 2 (DM2) compared to patients with asthma and DM2 or COPD and DM2.

Materials and methods: 24 patients with asthma, COPD and DM2 (group 1), 21 with asthma and DM2 (group 2), and 24 with COPD and DM2 (group 3) were examined. The average age of patients with ACO + DM2 was 60 [52.75; 62.75], asthma + DM2 was 64 [61; 65], and COPD + DM2 was 61.5 [56.25; 75.25]. The patients met the inclusion and exclusion criteria of the study and signed informed consent. Fasting glucose levels were determined by the glucose oxidase method,

glycosylated hemoglobin (HbA1c) -by photometric method, insulin - by immunoferment analysis, and the HOMA-IR index was calculated using the formula glucose (mmol/L) x insulin (μU/mL)/22.5. The body mass index (BMI) was calculated using the formula kg/m2.

Results: Patients with asthma, COPD, and DM2 had higher fasting glucose levels by 18.3% than patients with COPD and DM2 (p=0.028). There was no statistically significant difference in HbA1c between the main group and patients with either asthma or COPD. The level of insulin in patients with asthma + DM2 was 36% higher than in patients with COPD + DM2 (p=0.001). The HOMA-IR and insulin levels in patients with asthma, COPD and DM2 were higher than in patients with COPD and DM2, although there was no statistically significant difference. The BMI in patients with asthma, COPD and DM2 was 14% higher than in patients with COPD and DM2 (p=0.001), and fasting glucose levels were the highest in the main group with a second degree of obesity.

Conclusion: Patients with ACO and DM2 had higher fasting glucose and insulin levels, BMI than patients with COPD and DM2, moreover glycemia was higher in patients with II degree of obesity. The study results emphasize the importance of monitoring carbohydrate metabolism in patients with overlapping ACO and DM2 to prevent complications and improve treatment outcomes.

COMORBIDITY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND CHRONIC PANCREATITIS: THE ROLE OF EXTERNAL RESPIRATORY FUNCTION'S AND HEMOSTASIS SYSTEM'S DISORDERS

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Introduction. It can be assumed that the comorbidity course of chronic obstructive pulmonary disease (COPD) and chronic pancreatitis (CP) can enhance the clinical symptoms of both diseases and lead to frequent relapses of the pathological process due to changes in the proteolysis intensity of high and low molecular weight plasma proteins and the state of the hemocoagulation.

Objective. To establish the features of hemocoagulation and proteolytic hemostasis at COPD with concomitant CP.

Methods. 120 patients were examined, including 30 patients with COPD (GOLD 2, B) with an isolated course (group 1), 30 patients with COPD (GOLD 2, B) with accompanying CP in the acute phase (group 2), 30 patients with CP with the isolated course (group 3). The control group consisted of 30 practically healthy individuals (PHI) of the appropriate age and gender.

Results. CP contributes to the development of broncho-obstructive syndrome, and the maximum indicators of reduction of FEV1 relative to the proper values are observed in patients with a comorbid course of COPD and CP. Reducing the intensity