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Збірник матеріалів науково-практичної конференції
з міжнародною участю

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

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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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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

of collagenolysis in patients of groups 1-2 contributed to the development of diffuse pulmonary fibrosis in response to chronic inflammation. The imbalanced increase in the intensity of proteolysis due to reduced expression of its inhibitors in COPD patients with CP led to progressive destruction of the cell membranes of alveolocytes, acinar epithelium of pancreas and epithelium of the bronchial mucosa, acceleration of their apoptosis and development of desquamation, atrophic changes, metaplasia, and the like. The above factors are active as inducers of inflammation, and the formation of pulmonary fibrosis and fibrosis of the pancreas.

Conclusions. In COPD patients with accompanying CP are an increase in the lysis rate of low and high molecular weight proteins and a decrease in blood collagenolytic activity on the background of a significant imbalance in the activity of plasma proteinase inhibitors. Defined suppression of the activity of the anti-coagulation system factors and enzymatic, Hageman-factor-dependent fibrinolysis indicates the formation of hypercoagulation syndrome in these patients.

DISORDERS OF CARBOHYDRATE METABOLISM IN PATIENTS WITH COMORBID CHRONIC PANCREATITIS AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Introduction. Chronic pancreatitis (CP) of various etiology and chronic obstructive pulmonary disease (COPD) are a frequent association of somatic pathology in the internal medicine clinic. Each nosology out of this pathological tandem can result in glucose metabolism disorders, since both organs – the pancreas and lungs – take an active part in a direct supply of carbohydrate metabolism and its regulation.

The aim of the study was to determine glycemic condition, regulation of carbohydrate metabolism, degree of insulin resistance in patients with chronic pancreatitis with its isolated course and with comorbid COPD and diabetes mellitus.

Materials and methods: 110 patients with chronic pancreatitis were examined. The first group of patients included 38 individuals with an isolated course of chronic pancreatitis (1 group), 2nd group included 35 patients with chronic pancreatitis and COPD, 3rd group included 37 patients with chronic pancreatitis and COPD and type 3c diabetes mellitus. The control group (CCOPD) included 32 individuals with isolated COPD, the control group (CDM) includes 34 individuals with isolated type 2 diabetes mellitus. All the patients were examined for functional state of the pancreas and carbohydrate metabolism was assessed.

Results. Patients suffering from chronic pancreatitis with COPD and diabetes mellitus developed 3.2 times increased glucose concentration on an empty stomach. Blood glucagon content in all patients was lower in comparison with that of practically healthy individuals which is indicative of an insufficient glucagon