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practically healthy individuals (PHIs) of the appropriate age and sex. The research was conducted in the gastroenterological, therapeutic №1 and №2, and hematology departments of Chernivtsi CCNP "Chernivtsi Emergency Hospital" in 2015-2020.

Results. In patients with NASH, the content of TG in the blood was increased by 3.4 times, and under the conditions of AC - by 3,7 times ($p<0,05$), with the presence of a significant difference between the groups ($p<0,05$). In patients with ASH and ASH with AC, the TG content in the blood increased less intensively - by 1,6 and 2,0 times, respectively, compared to the indicator in PHIs ($p<0,05$). In patients with SH ME, the content of TG in the blood was increased by 1,6 times, and under the conditions of AC - by 1,9 times ($p<0,05$) with the presence of a significant difference between the groups ($p<0,05$). Compared with normative indicators, there is a significant increase in LDL cholesterol content in the blood (by 1,6 times in NASH and 1,7 and 1,8 times in NASH with AC, respectively). In patients with ASH and ASH with AC, the content of cholesterol and LDL cholesterol in the blood were increased less intensively - respectively, in ASH - by 1,4 and 1,7 times, under the conditions of ASH with AC - by 1,3 and 1,4 times in comparison with the indicator in PHIs ($p<0,05$). In patients with SH ME, the content of cholesterol and LDL cholesterol in the blood was increased by 1,4 and 1,7 times, and under the conditions of AC - by 1,3 and 1,5 times ($p<0,05$). In patients with NASH, the content of HDL in the blood was reduced by 1,4 times, and under the conditions of AC - by 1,6 times ($p<0,05$), with a significant difference between the groups ($p<0.05$). In patients with ASH and ASH with AC, the blood's HDL content was reduced by 1,5 and 1,6 times compared to the indicator in PHIs ($p<0,05$). In patients with SH ME, the content of HDL in the blood was reduced by 1,4 times, and under the AC - by 1,5 times ($p<0,05$) with the presence of a significant difference between the groups ($p<0,05$). Analysis of the insulin content in the blood of patients with NASH revealed its likely increase (by 2,5 times, $p<0,05$) compared to PHIs, and for AC, the indicator exceeded the reference values by 2,9 times ($p<0,05$). Evidence of a significant increase in the degree of IR in NASH was an increase in fasting HOMA-IR (by 2,6 times ($p<0,05$)), as well as a significant increase in HOMA-IR by AC by 3,0 times ($p<0,05$)). Analysis of insulin content in the blood of patients with ASH revealed its likely decrease (by 1,5 times, $p<0,05$) in comparison with PHIs, and with the addition of AC, the indicator was lower than PHIs by 1,9 times ($p<0,05$).

Conclusions. The course of NASH on the background of obesity is characterized by an increase in the level of fasting glycemia (within 1,3 times), hyperinsulinemia (by 2,5 times), and the degree of insulin resistance (by 2,6 times ($p<0,05$)), and under the conditions of joining AC - increase in insulinemia and the degree of IR (in 2,9 and 3,0 times, respectively ($p<0,05$)). Patients with ASH and SH ME, associated with alcohol consumption, develop insulin insufficiency (1,5 and 1,3 times, respectively ($p<0,05$)), which, under the conditions of joining AC, progresses (decrease in blood insulin content by 1,9 and 1,7 times) with a high risk of developing insulin-dependent diabetes in the future. The last fact can be associated with the formation of endocrine dysfunction of the pancreas as a result of the chronic pancreatotoxic effects of alcohol.

Antoniv A.A.

THE FEATURES OF THE NONALCOHOLIC STEATOSIS AND STEATOHEPATITIS DEPENDING ON THE PRESENCE OF COMORBID CHRONIC KIDNEY DISEASE

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The aim of the study. To determine the likely changes in the liver of patients with non-alcoholic liver steatosis and steatohepatitis depending on the presence of comorbid chronic kidney disease and obesity.

Material and methods. 384 patients with non-alcoholic fatty liver disease were examined: 84 of them with non-alcoholic fatty liver disease with obesity I degree (1 group), which contained 2 subgroups: 32 patients with non-alcoholic steatosis and 52 patients with non-alcoholic steatohepatitis; 270 patients with non-alcoholic fatty liver disease with comorbid obesity of the I degree and chronic kidney disease I-III stage (group 2), including 110 patients with non-alcoholic

steatosis and 160 patients with non-alcoholic steatohepatitis. The control group consisted of 90 patients with chronic kidney disease of the I-III stage with normal body weight (group 3). The average age of patients was (45.8 ± 3.81) years.

Results. The study showed that in the case of patients with chronic kidney disease, the index of steatosis in the liver was 3.5 times higher than in practically healthy persons ($p<0.05$), whereas in patients with NASH - 4.6 fold higher ($p <0,05$) with the presence of a likely difference between the groups ($p <0,05$). The analysis of the NASH-test indicates metabolic syndrome with the development of probable (possible) non-alcoholic steatohepatitis (increase in the rate of 2.6 times, $p <0.05$) in patients with non-alcoholic steatosis with chronic kidney disease.

Conclusions. The comorbidity of non-alcoholic steatohepatitis with chronic kidney disease is characterized by a higher degree of liver steatosis (hepatorenal index 1.3 times higher than in the group of patients with NASH, $p <0.05$), and the higher diagnostic threshold of values of the hepatotoxic index, which in strong interdependence correlates with the degree of steatosis of the liver, determined by SteatoTest ($r = 0.87$; $p <0.001$).

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TOPOGRAPHIC-ANATOMICAL FEATURES OF UNPAIRED BRANCHES OF THE AORTAL ABDOMINAL PART AT THE EARLY PERIOD OF HUMAN ONTOGENESIS

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Introduction. A morphological precondition of occurrence of variants in the structure and congenital developmental defects of the unpaired visceral branches of the aortal abdominal part is the effect of damaging factors on morphogenesis during embryonic period and in the middle of the pre-fetal period of human ontogenesis. On the basis of our studies a new solution of the issue concerning morphogenesis of the unpaired branches of the aortal abdominal part was suggested. It assumes a comprehensive examination of peculiarities of the laying and dynamics of the unpaired visceral branches of the aortal abdominal part during the whole prenatal period of human ontogenesis and neonates.

The aim of the study. Objective of the study is to determine the topographic-anatomical features of Unpaired Branches of the Aortal Abdominal Part at the Early Period of Human ontogenesis.

Material and methods. The study was conducted on 279 specimens of human embryos, pre-fetuses, fetuses and neonates. A complex of morphological methods was used including preparation and microscopy of a series of histological and topographic-anatomical sections, macroscopy, ordinary and thin dissection under the microscope control, vascular injection followed by corrosion or radiography, making and learning reconstruction patterns.

Results. During the embryonic period of development all the unpaired visceral branches of the aortal abdominal part are found to be laid down, and in the middle of the pre-fetal period of development relations between the arteries of the internal and external organs are established. At the end of the pre-fetal period of human ontogenesis the level of deviation of the unpaired visceral branches from the aorta and the character of their branching approach that of definite.

At the end of the fetal period and early neonatal period the anastomotic network of the unpaired visceral branches of the aortal abdominal part is well developed both within the limits of one vessel and between systems as well.

Conclusions. The results obtained can form a morphological basis for the improvement of the existing methods of antenatal prevention and development new ones, as well as for the diagnostics and determination of time of possible occurrence of certain congenital defects, and their surgical correction in fetuses and neonates.