МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

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Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2023 році №5500074

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group compared to the indicators in patients of the 1st and 2nd groups and PHI. The highest level of CRP was found in the presence of the combined course of chronic pancreatitis with obesity and type 2 diabetes, which is 5.7 times ($p<0.05$) more than in patients with isolated chronic pancreatitis. Systemic low-intensity inflammation, especially under conditions of atherogenic dyslipidemia and hyperinsulinemia, is confirmed by a strong correlation between CRP indicators and immunoreactive insulin (IRI) in patients of the II group ($r=0.94$, $p<0.05$).

Conclusions. The analysis of the results proved the pathogenetic connection of TNF-α, CRP, oxidative stress in the advance of chronic systemic inflammation, especially in the group of patients with chronic pancreatitis combined with obesity and type 2 diabetes. It is evidence of the severity of the disease course in this group of patients, which complicates the prognosis regarding the course of diseases and life.

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SENSITIVITY OF HELICOBACTER PYLORI TO ANTIBIOTICS IN PATIENTS WITH OSTEOARTHRITIS

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Introduction. Nowadays, an urgent issue in the eradication of Helicobacter pylori (H.pylori) is the resistance of its strains to antibiotics. In addition to natural resistance, H.pylori is characterized by acquired resistance.

The aim of the study. To determine the sensitivity of Helicobacter pylori to antibiotics in erosive and ulcerative lesions of the stomach induced by nonsteroidal anti-inflammatory drugs in patients with osteoarthritis.

Materials and methods. Resistance of H.pylori infection to antibiotics (clarithromycin, amoxicillin and tetracycline) was determined in 30 patients with osteoarthritis and concomitant H.pylori -positive erosive and ulcerative lesions of the stomach (EUL) induced by nonsteroidal anti-inflammatory drugs (NSAIDs).

Results. When examining patients with OA with concomitant Hr-associated EUL caused by NSAIDs, we found a rather small resistance of H.pylori to clarithromycin. In 6.7% of patients H.pylori was resistant to this macrolide. Resistance of H.pylori strains to clarithromycin is important to be considered, since this macrolide is used in the main schemes of treatment of helicobacteriosis. In case of resistance to clarithromycin, eradication is generally reduced by almost 5 times. According to the literature, the resistance of H.pylori to clarithromycin in different countries of the world ranges from 3.0% to 48.0%. The resistance of H.pylori to β-lactams was also studied. Amoxicillin is the most effective in the treatment of H.pylori, a semi-synthetic penicillin of the III generation, with a wide spectrum of action, which has a bactericidal effect on H.pylori and is included in the first line of treatment of H.pylori according to the Maastricht Consensus-5, 2015. Resistance of H.pylori to this drug is considred to be quite low, but in recent years there has been an increase in the resistance of H.pylori to amoxicillin. The resistance of H.pylori to amoxicillin ranges from 0% to 8.8%. Our studies also found some resistance of H.pylori to amoxicillin. 3.3% of patients had resistance to this β-lactam.When studying H.pylori resistance to tetracycline, it was established that it rarely develops and has no clinical significance. All the H.pylori strains were sensitive to tetracycline in patients with OA and concomitant H.pylori -positive EUL induced by NSAIDs.

Conclusions. Determination of Helicobacter pylori resistance to antibiotics found a fairly high sensitivity of the infection to clarithromycin and amoxicillin (93.3% and 96.6%, respectively) and a very high sensitivity to tetracycline.