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A recent clinical study of 59 patients with COVID-19 found that 32 of 51 patients (63%) had proteinuria, an indicator of impaired kidney function. Regarding other renal parameters, the authors also found that 19% and 27% of patients with COVID-19 had elevated levels of plasma creatinine and urea nitrogen, and CT scans showed that 100% of the 27 patients with COVID-19 examined had impaired kidney function. Another study by Zhejiang University School of Medicine involving 52 patients with COVID-19 (20 survivors and 32 non-survivors) found that 15 patients (29%) presented with acute renal failure. In general, almost 9.4% of critically ill patients were hospitalized with SARS-CoV-2 (55 out of 585 patients) had CKD. Taken together, these data indicate that renal function should be carefully monitored during treatment of patients with COVID-19, especially in patients with pre-existing CKD and/or abnormal levels of serum creatinine, blood urea nitrogen, and proteinuria. In addition, early continuous renal replacement therapy is indicated in the treatment of patients with severe symptoms such as hyperkalemia, acidosis, electrolyte imbalance, and acid-base imbalance in patients with COVID-19.

Conclusions. Summarizing the results of our analysis, it should be noted that patients with chronic renal failure have an increased risk of developing a severe form of COVID-19.

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ENDOTHELIAL DYSFUNCTION AS A FACTOR IN THE PROGRESSION OF CHRONIC CHOLECYSTITIS IN PATIENTS WITH CORONARY HEART DISEASE

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Introduction. Chronic inflammatory diseases are associated with accelerated development of atherosclerosis and increased risk of cardiovascular diseases. As the pathogenesis of atherosclerosis is increasingly recognized as an inflammatory process, the similarity between atherosclerosis and systemic inflammatory diseases such as inflammatory bowel disease, including chronic cholecystitis, has become a topic of current interest to many researchers. Endothelial dysfunction is a key step in the initiation and acceleration of atherosclerosis and may serve as a marker for future risk of cardiovascular events. In patients with chronic inflammatory diseases, endothelial dysfunction is often detected in the early stages of the disease. Thus, the mechanisms linking systemic inflammatory diseases and atherosclerosis can be best understood based on the study of numerous markers of endothelial dysfunction that directly or indirectly activate endothelial cells, leading to impaired vascular relaxation, increased leukocyte adhesion, increased endothelial permeability and generation of a pro-thrombotic state.

The aim of the study. The study aimed to determine the degree of development and the role of endothelial dysfunction in the development and progression of chronic cholecystitis (CC) in patients with coronary heart disease (CHD) and obesity.

Material and methods. 136 patients were examined: Group 1 (n=28) - CC; Group 2 (n=30) - CC against the backdrop of CHD; Group 3 (n=30) - CC against the backdrop of CHD and 1-2 grade obesity; Group 4 (n=30) - CC, cholesterolosis of the gallbladder (CG), IHD, obesity 1-2 grade; Group 5 (n=18) - CC and CG. The functional state of the endothelium was studied by blood levels of stable metabolites of nitrogen monoxide (NO), the activity of endothelial (eNOS) and inducible (iNOS) NO-synthase and endothelin-1 (ET-1) by ELISA.

Results. Results of the study showed that 97,8% of examined patients with CC found a significant increase in the content of stable NO metabolites in the blood ($p<0,05$). Patients of the 3rd group experienced substantial growth content of NO in the blood (2,4-fold) compared to the 1st group (1,9-fold) and 2nd group (1,6-fold) ($p<0,05$). It was established that the intensity of stress increased as a result of the addition of coronary heart disease and obesity with CC and cholesterolosis (an increase of 2,8 times to 2,1 times, $p<0,05$). In the 4th group: the content of NO in blood exceeded compared to the 1st group by 17,7% ($p<0,05$). The 4th group revealed the most pronounced indicators: overproduction of iNOS (5.2-fold increase) and eNOS deficit (down by 53,0%) ($p<0,05$).

Conclusions. The established endothelial dysfunction in patients with comorbid disorders CC by pathological induction of iNOS activity and increasing nitrate causes hypokinetic gallbladder dysfunction and progression CC that deepens with increasing degree of obesity.

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CORRECTION OF CARBOHYDRATE METABOLISM DISORDERS IN PATIENTS WITH NON-ALCOHOLIC STEATOHEPATITIS AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE, THE EFFECTIVENESS OF ANTHRAL AND POLICOSANOL

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Introduction. Taking into account the increase in the comorbidity of non-alcoholic steatohepatitis (NASH) and chronic obstructive pulmonary disease (COPD), there is a need to conduct studies regarding general mechanisms of development and burden interaction of these nosologies with the development of new correction methods.

The aim of the study. The study aimed to determine the state of glycemic parameters, regulation of carbohydrate metabolism, and establishment of the effectiveness of Antral and the combination of antral with phytostatin usage regarding the effect on the state of glycemia, the degree of insulin resistance in patients with non-alcoholic steatohepatitis against the background of obesity in comorbidity with chronic obstructive pulmonary disease.

Material and methods. 160 patients were screened and divided into 3 groups. I group consisted of 35 patients with NASH in the setting of obesity of the I degree. II group contains 90 patients with NASH, obesity of the I degree and COPD 2-3 B, C, D, III group - 35 patients with COPD 2-3 B, C, D. According to the treatment received, the II group of patients was divided into 3 subgroups, of which 25 patients (1t subgroup - control) received NASH therapy (Essentiale forte N (Sanofi-Avensis / Nutterman & Sai GmbH) 300 mg 2 capsules 3 times daily) 60 days and baseline COPD therapy. Subgroup II (primary, 2t) - 35 patients, in addition to similar COPD therapy, for the treatment of NASH, instead of Essentiale forte N, received Antral (Farmak, Ukraine) 200 mg 3 times a day for 60 days. Subgroup III (primary, 3t) - 30 patients, in addition to similar COPD therapy, for the treatment of NASH received Antral 200 mg 3 times daily and, additionally, Phytostatin (Policosanol) (Omnifarma, Ukraine) 20 mg after the dinner for 30 days. The comparison group consisted of 30 practically healthy individuals (PHIs).

Results. Before treatment, a slight significant increase in the level of fasting glycemia by 10.9% and 14.3%, respectively ($p<0.05$) were established in patients of the I and II groups, the content of postprandial glucose in the blood - by 18.6% and 34.4% ($p<0.05$), while in the patients of the 3rd group, the changes in indicators were insignificant. After treatment, in patients with B1 and B2 subgroups, the decrease in fasting glucose was 8.9% ($p<0.05$), while in the control subgroup, a slight decrease was revealed - 3.4% ($p>0.05$). The content of postprandial blood glucose in patients of all groups decreased in 1t, 2t and 3t subgroups, by 10.6%, 21.3% and 21.9%, respectively, compared with the data before treatment ($p<0.05$). The maximum decrease in blood insulin content (in 1.9 times) and the degree of insulin resistance (46.8%) was also observed in the 3t subgroup ($p<0.05$).

Conclusions. The administration of antral with policosanol for 60 days led to a significant correction of glycemia in NASH patients against the background of obesity and COPD, accompanied by a significant decrease in insulin levels ($p<0.05$), postprandial glucose content and insulin resistance degree ($p<0.05$).

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LASER RADIATION EFFECT ON THE STATE OF FIBRINOLYSIS OF RAT LIVER

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Introduction. In the regulation of fibrinolysis, which is considered a process that plays an important role in the physiology and pathology of the body, a significant role is played by the