

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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development. Students of the same age group are characterized by great heterogeneity in physical fitness. Thus, 36% of students have a low level of strength development, 12% - below average and 18% - average, 11% - above average and 21.25% - high. A similar trend persists in the development of other physical qualities. The large dispersion of results also characterizes the functional capacity of students. On average, students' systolic blood pressure is 128 mm Hg, and diastolic pressure is recorded as 71 mm Hg. The average values of students' systolic and diastolic blood pressure are within the normal range. In the course of training, students' physical fitness level is gradually decreasing. Thus, the proposed technology for preparing students for independent physical activity is comprehensive and requires various means and methods of influence oriented to the student's personality. Approbation of the developed programming of independent physical training activity in the practice of physical education of higher education institutions showed its effectiveness, which is confirmed by the increase in students' interest in physical education and sports as well as in the level of physical fitness.

Conclusions. The physical development of students in terms of body height, weight, and chest circumference is within the normal range. During the study at a higher education institution, the parameters of physical development do not undergo significant changes. Programming of independent physical activity involves a hierarchical sequence of main stages (maturing of good sports attitude and interest of students toward physical activity, formation of a system of scientific, practical, and specific knowledge necessary for independent workouts, formation of relevant abilities and skills, involvement students in regular physical activity), pedagogical settings, teaching tools, and methods.

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FEATURES OF CORRECTION OF CLINICAL MANIFESTATIONS IN PATIENTS WITH NON-ALCOHOLIC STEATOHEPATITIS AND DIABETIC KIDNEY DISEASE AGAINST THE BACKGROUND OF TYPE 2 DIABETES

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Introduction. The relevance of finding optimal methods of treatment for patients with a comorbid course of nonalcoholic steatohepatitis (NASH) that developed against the background of type 2 diabetes mellitus (DM2) is due to the fact that these diseases have a number of common cause-and-effect mechanisms, and under the conditions of the development of diabetic kidney disease (DKD) also has a number of mechanisms of mutual encumbrance.

The aim of the study. To find out the possible influence of the complex of metformin, rosuvastatin, essentielle forte H and quercetin on the clinical course of nonalcoholic steatohepatitis, diabetic kidney disease, and type 2 diabetes.

Material and methods. Studies were conducted on the dynamics of treatment in 60 patients with NASH with DM2 and stage I-III DKD, among whom 48 patients (80.0%) were diagnosed with NASH of mild activity, and 12 (20.0%) had NASH moderate activity. A comorbid disease in 100% of patients with NASH was DM2 of moderate severity, among which 15 (25.0%) had in the stage of compensation, 45 (75.0%) had subcompensated diabetes. All patients with NASH and DM2 had comorbid DKD, in particular, 21 cases of DKD stage I-II (35.0%), 20 people with DKD stage III (33.3%), 19 people with DKD stage IV (31.7%). 15 (25.0%) of the examined persons were diagnosed with secondary arterial hypertension (AH) of the renal genesis of the I-II degree, 11 people (18.3%) were diagnosed with essential hypertension of the I-II stage, I-II degree.

Results. Under the influence of the therapy received by the 2nd group of patients, improvement in well-being, reduction of symptoms of astheno-vegetative, intoxication syndrome, and dyspeptic manifestations was noted on the 6-7th day from the start of treatment, while in patients of the 1st group - only on the 12th-13th day. A month after the start of therapy, the astheno-vegetative syndrome of a much lower intensity remained only in 1 person (3.13%) of the 2nd group, while in the 1st group it remained in 9 patients (32.1%) ($p < 0,05$). In the same period, the feeling of heaviness and pain in the right subcostal area disappeared in the majority of patients of the 2nd

group 31 (96.9%) versus 57.1% in the 1st group ($p<0.05$), as well as almost no disturbed by dyspeptic symptoms 24 patients of group 2 (75.0%) versus 11 people (39.3%) in group 1. One month after the start of treatment, no clinical manifestations of cholestasis syndrome were registered in 20 (62.5%) patients of 2 group and only in 10 patients (35.7%) in the 1st group ($p<0.05$). The positive effect of Quercetin, in addition to complex therapy, on the regression of hepatomegaly, after treatment for one month remained only in 5 people of group 2 (15.6%), while 19 people (67.9%) in group 1 had it ($p<0.05$). After the treatment, splenomegaly was registered in only 1 patient of group 2 (3.13 %), while in group 1, an increase in the spleen was found in 8 people (28.6 %) ($p<0.05$).

Conclusions. Complex therapy with essential phospholipids, rosuvastatin, and metformin in combination with quercetin in people with comorbid NASH, DM2, and DKD helps to eliminate the main clinical and laboratory symptoms of NASH exacerbation.

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THE ROLE OF HEMATOLOGICAL FACTORS IN THE PROGRESSION OF RENAL DYSFUNCTION IN PATIENTS WITH CHRONIC HEPATITIS

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Introduction. General damage to the hepato- and nephrocytes consists in the patterns of damage to the cells of any tissue, including microcirculatory disorders with secondary development of hypoxia. Disorders of the liver function significantly affect the state of the hemostasis system, which is accompanied by the development of chronic disseminated intravascular coagulation, the intensity of which correlates with the degree of hepatocellular insufficiency.

The aim of the study: to examine changes in the functional state of the kidneys in patients with chronic toxic hepatitis and their relationship with changes in the rheological properties of erythrocytes and some indicators of hemostasis.

Material and methods. 18 patients with chronic hepatitis of toxic origin with minimal activity were examined. The diagnosis was confirmed by conventional clinical, laboratory and instrumental research methods. The functional state of the kidneys was assessed under conditions of spontaneous 12-hour diuresis. Rheological properties of erythrocytes were evaluated by their ability to deform (IDE) and the relative viscosity of the erythrocyte suspension (RVES). The total coagulation potential of the blood was assessed by recalcification time (PR) and activated partial thromboplastin time (APTT), fibrinolytic blood activity - by total (SPA), non-enzymatic (NFA) and enzymatic (FFA) fibrinolytic activity.

Results. The results of the study showed a probable decrease in the specific gravity of urine, an increase in plasma creatinine concentration by 1.44 ($p<0.05$) and a decrease in glomerular filtration rate (GFR) by 33% ($p<0.05$) compared with healthy individuals. Changes in the ion-regulating function of the kidneys were probably manifested by a decrease in the level of sodium ions and a tendency to a decrease in the concentration of potassium ions in the blood. Evaluation of the coagulation link of hemostasis showed a shortening of APTT by 15.8% ($p<0.05$) with normal PR. In the analysis of SFA, there was a tendency for an increase in NFA by 27%, compared with a group of practically healthy individuals in the background of a slight suppression of FFA. Changes in the rheological properties of erythrocytes are characterized by a decrease in IDE by 1.25 times ($p<0.05$) and an increase in RBC by 1.07 times ($p<0.05$) compared with the age norm. Conducting a correlation analysis established the relationship between the value of GF and RVES ($r=-0.46$; $p<0.05$) GF and APTT ($r=0.52$; $p<0.05$).

Conclusions. The conducted studies indicate changes in the functional state of the kidneys in patients with chronic hepatitis of toxic origin with minimal activity, mainly due to a decrease in filtration processes. A certain role in their development is played by changes in the rheological properties of erythrocytes and disturbances in the coagulation link of hemostasis with a tendency to hypercoagulation.