

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



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FEATURES OF THE COURSE OF THE JOINT SYNDROME IN PATIENTS WITH COMORBID NONALCOHOLIC STEATOHEPATITIS AND OBESITY

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Introduction. An important problem is the comorbidity of NAFLD with obesity (OB) and osteoarthritis (OA), which is characterized by a burdening syndrome.

The incidence of Ob, which affects 28-35% of the population of economically developed countries, has increased by 57% in recent years. Osteoarthritis of large joints is a common comorbid pathology on the background of OB. The urgency of the problem of studying OA is due to the high prevalence of OA, the rapid development of functional disorders and disability of people of all ages. Taking repeated courses of nonsteroidal anti-inflammatory drugs (NSAIDs), which are hepatotoxic drugs, negatively affects the course of nonalcoholic steatohepatitis (NASH).

The aim of the study. To determine the state of the joint syndrome in patients with OA with comorbid NASH and OA compared to the isolated course of OA, depending on the stage of OA, the degree of OA and the prescribed NSAIDs.

Material and methods. 140 patients with NASH, OA, obesity or their combination were examined, including 30 patients with OA and normal weight (BMI = 21-25 kg/m²), 80 patients with OA, NASH and obesity (BMI higher than 30 kg/m²), 30 patients with NASH and obesity without OA (BMI>30 kg/m²). The average age is 63,1±5,3 years. The control group consisted of 30 healthy individuals with normal body weight, including 12 men and 18 women.

Results. A negative impact of NASH and obesity on the course of OA compared with the course of OA in persons with normal body weight consists of a probable increase in the intensity of pain syndrome (for visual analogue scale VAS), an increase in the level of individual pain (according to the McGill questionnaire), an increase in joint stiffness, (by WOMAC test) (p<0.05), progressing with increasing degree of obesity (p<0.05), insulin resistance (IR) (p<0.05), stage OA (p<0.05), cytolytic and mesenchymal intensity-inflammatory NASH syndromes (p<0.05) due to a significant imbalance in the metabolism of connective tissue components (p<0.05). Ibuprofen and diclofenac (p<0.05) demonstrated the highest effectiveness in eliminating joint syndrome in these patients.

Conclusions. On the basis of a comprehensive study of clinical features of nonalcoholic steatohepatitis developed against the ground of obesity and OA, the intensity of endotoxemia, metabolic disorders with underlying IR and adipocytokine imbalance, a strong interdependence of these changes with the degree of obesity and effect of repeated treatment with NSAIDs for OA was established.

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THE TYPES OF BLOOD SUPPLY OF THE SIGMOIDAL SEGMENT INTESTINAL WALL IN THE SECOND TRIMESTER FETUSES

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Introduction. The main purpose of surgical treatment of Hirschsprung's disease both in children and adults is a maximum removal of the aganglionic area, dilated portions and maintenance of the colon functional part. During resection of the sigmoid colon preservation of anastomosis between the latter sigmoid and upper rectal arteries is a crucial moment during the postoperative period. When an adequate blood supply is lacking, postoperative ischemic colitis and ischemic strictures may occur. Literary analysis is indicative of the fact that the information concerning anatomy of the sigmoidal segment is not systematized and fragmentary. Angioarchitectonics of the sigmoidal segment in the fetuses of the second trimester of the intrauterine development requires certain specification.

The aim of the study. Objective of the study is to determine the peculiarities of blood supply of the sigmoidal segment in 4-6 month fetuses.

Material and methods. The study was conducted on 30 dead fetuses (18 – female, 12 – male) of 4-6 months (161,0-290,0 mm of PCL) by means of the following methods of morphological examination: somatoscopy, anthropometry, macro- and micropreparation, morphometry, injection of the arterial vessels, and radiography. Angioarchitectonics was studied by means of injection of the arterial vessels with radiopaque mixture on the basis of red lead and applying metal marks on the sigmorectal transition followed by radiography.

Results. The peritoneum covering the sigmoid colon and sigmorectal segment is found to form duplication around the sigmoid vessels and is fixed to the posterior wall of the abdominal cavity in the form of mesentery. Two types of blood supply of the sigmorectal segment are found in 4-6-month fetuses: parietal (25 fetuses) and extramural (5 fetuses). The parietal type is characterized by the 1st order vascular arches connected along the mesenteric border of the sigmorectal segment. The vessels are winding, penetrate into the intestinal wall, but do not reach a free extremity of the sigmorectal segment. With extramural type the direct trunks of arteries are determined (the latter sigmoid and upper rectal). The character of branching is loose, the branches go to the anterior and posterior walls of the sigmorectal segment. During 4-6 months (161,0-290,0 mm of PCL) angioarchitectonics of the sigmorectal segment is realized at the expense of the latter sigmoid and upper rectal arteries. The parietal type of blood supply of the sigmorectal segment prevails. The anastomotic branch is found between the latter sigmoid and upper rectal arteries in 8 fetuses.

Conclusions. The results obtained concerning blood supply of the sigmorectal segment in the second trimester of the intrauterine development should be considered in the colorectal surgery in order to preserve vital activity of the intestinal anastomosis.

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THE EFFICIENCY OF RANOLAZINE IN COMBINATION WITH BASIC THERAPY IN TREATMENT OF CHRONIC CORONARY SYNDROME, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, AND OBESE PATIENTS

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Introduction. According to the European Society of Cardiology (ESC) guidelines, ranolazine is included in the list of additional treatments in chronic coronary syndrome (CCS) patients because of its ability to reduce the number of angina attacks, the need for sublingual nitroglycerin use and to increase the tolerance to physical exercises.

The aim of the study: to investigate the effect of ranolazine in combination with basic therapy on the quality of life of CCS, chronic obstructive pulmonary disease (COPD), and obese patients.

Material and methods. All the study participants (N=30) were evenly divided into two groups. In the 1st (control) group patients were prescribed the basic therapy; in the 2nd (main) – were given additional ranolazine to basic therapy in the dose of 500 mg 2 times a day for one month. CCS basis therapy was carried out by the 2019 ESC recommendations, and COPD – by Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2021. Objective assessment of the impact of COPD on the life of CCS, COPD, and obese patients was carried out by the COPD Assessment Test (CAT). The quality of life of this group of patients was assessed by St George's Respiratory Questionnaire (SGRQ), which contains 76 questions from four main categories ("symptoms", "activity", "impact" and "total"). The test was evaluated using a 100-point system. A higher score indicated a more pronounced impact of COPD on the patient's quality of life compared to a lower score.

Results. After 30 days of therapy, CAT scores were found to be 20.5% ($p < 0.05$) lower in the main group, but in the control group, there was no difference between the test values before and after treatment ($p > 0.05$). Improvement of SGRQ "symptoms" was noted in two groups (by 34.9% in the main group and by 17.6% in the control group) ($p < 0.05$). Improvement of SGRQ "activity" scores was observed by 34.8% in the main group ($p < 0.05$) compared to the control ($p = 0.07$).