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**Збірник матеріалів науково-практичної конференції  
з міжнародною участю  
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Матеріали науково-практичної конференції з міжнародною участю “Коморбідний перебіг захворювань внутрішніх органів: сучасний стан проблеми та невирішені питання корекції” (Буковинський державний медичний університет, м. Чернівці, 16-17 березня 2023 року) – Чернівці: Медуніверситет, 2023. – 144 с.

У збірнику наведені матеріали науково-практичної конференції з міжнародною участю “Коморбідний перебіг захворювань внутрішніх органів: сучасний стан проблеми та невирішені питання корекції” (Буковинський державний медичний університет, м. Чернівці, 16-17 березня 2023 року) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним питанням поєданого перебігу захворювань внутрішніх органів у хворих різних вікових груп.

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obstructive pulmonary disease (COPD) is a significant increase in the frequency of this type of disease (24-30%). Aim of the study. To elucidate clinical and biochemical features, in particular lipid regulation in blood of the course of non-alcoholic steatohepatitis for comorbidity with I grade obesity, chronic obstructive pulmonary disease of 2-3 D stages.

Materials and methods. 130 patients have been examined, including 35 NASH patients with obesity of the 1st stage (1 group), 60 NASH patients with obesity of the 1st stage and COPD 2-3 D (group 2), and 35 patients with COPD 2-3 D (group 3). The average age of the patients was ( $55.7 \pm 3.22$ ) years. There were 20 apparently healthy persons (AHP) of the corresponding age and sex in the control group. Results: The symptoms of astheno-vegetative syndrome, dyspepsia and feeling of heaviness or pain while palpation in the right hypochondrium were observed in 2,1 times, 1,7 times and 2,5 times ( $p < 0,05$ ) more often in patients of the 2nd group in comparison with patients of the 1st group. Clinically, in patients with NASH the syndrome of cholestasis was found in 28.8%, in comparison with patients with NASH and COPD (in 62,3%). In patients of the 2nd group, the frequency of splenomegaly exceeded the indicator in the 1st group, respectively, in 2.7 times ( $p < 0.05$ ). Blood leptin content in patients of the 1st group exceeded the data in AHP by 4.7 times, and in patients of the 2nd group - by 5.4 times ( $p < 0.05$ ). Blood content of adiponectin in patients of the 1st group was 1.7 times lower than the one in the AHP, and in patients of the 2nd group by 2.4 times with the presence of an intergroup difference ( $p < 0.05$ ). Changes in these indicators have not been established for patients of the 3rd group. Conclusion. The clinical course of NASH for comorbidity with obesity is characterized by a high frequency and intensity of clinical syndromes, the manifestation of which increases significantly with the addition of COPD 2-3 D . Comorbidity of COPD in obese patients and NASH is an additional, powerful-inducing factor of lipid distress syndrome with significantly higher increase (compared with NASH without lung pathology) triacylglycerols in blood (2.2 versus 1.9 times), which form the basis of liver steatosis, TC (1.5 versus 1.4 times), low density lipoproteins (1.8 times versus 1.7), IA (2.5 versus 2.3 times) ( $p < 0.05$ ), which are accompanied by hyperleptinemia (5.4 times versus 4.7), adiponectin deficiency (2.4 times versus 1.7).

**CLINICAL COURSE OF NON-ALCOHOLIC  
STEATOHEPATITIS AND DIABETIC KIDNEY DISEASE  
ON THE BACKGROUND OF COMPLEX TREATMENT  
OF PATIENTS WITH TYPE 2 DIABETES, CORRECTION METHODS**

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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 a number of mechanisms of mutual encumbrance. A large number of studies devoted to the study of this comorbidity testifies to the significant relevance of this problem in Ukraine and in the world, and a number of unsolved issues that concern the specifics of the clinical course of these diseases, the still unknown mechanisms of their progression and, most importantly, the urgent need for the development methods of treatment by eliminating as many links of the pathogenesis of their interdependence as possible.

Endothelial dysfunction, the most important factors of which are hyperglycemia, dys- and hyperlipidemia, diabetic micro- and macroangiopathy, and atherosclerotic damage of vessels, occupies a prominent place in the mechanisms of progression of NASH and DM2.

The aim of the study was to determine the probable effect of a complex of metformin, rosuvastatin, essential forte H and quercetin on the clinical course of non-alcoholic steatohepatitis NASH, DKD, DM2.

Material and methods. Depending on the prescribed treatment of 60 patients with NASH with diabetes mellitus2 and stage I-III DKD, randomly examined patients were divided into 2 groups: (1 group - control: 28 people) received a low-calorie diet with dietary restrictions №9, essential phospholipids (EPL) (Essentiale forte H) 300 mg 2 caps. 3 times a day for 30 days, metformin hydrochloride (Metformin-Teva) 1000 mg per day, rosuvastatin (Rosuvastatin-Teva) (5 mg 1 time per day) for 1 month. Group 2 consisted of patients (32 people) who, in addition to similar dietary recommendations, additionally received the drug quercetin and povidone (Corvitin) 500 mg intravenously in 100 ml of isotonic sodium chloride solution) for 10 days. The mean age of patients was ( $53.8 \pm 3.52$ ) years. The comparison group for the presentation of the average reference values of homeostasis was 30 healthy individuals (30) of the appropriate age.

Research results and their discussion. The dynamics of clinical syndromes in patients with NASH and comorbid DKD and diabetes mellitus before and after treatment are shown in table 1. Under the influence of therapy received by group 2 patients, improvement of well-being, reduction of symptoms of astheno-vegetative, intoxication syndrome, dyspeptic manifestations noted 6-7 day from the beginning of treatment, whereas in patients of group 1 - only from 12-13 days. One month after the start of therapy, the astheno-vegetative syndrome of much lower intensity persisted in only 1 person (3.13%) of the 2nd group, while in the 1st group it remained in 9 patients (32.1%). , 05). At the same time in most patients of the 2nd group the feeling of heaviness and pain in the right hypochondrium disappeared (respectively in 31 (96.9%) against 57.1% in the 1st group ( $p < 0.05$ ), and almost no disturbed dyspeptic symptoms (in 24 patients of group 2 (75.0%) against 11 people (39.3%) in group 1. A month after treatment, no clinical manifestations of cholestasis were registered in 20 (62, 5%) of patients of the 2nd group and only in 10 patients (35.7%) in the 1st group ( $p < 0.05$ ). Which after treatment for one month remained in only 5 people in group 2

(15.6%), while in group 1 it had 19 people (67.9%) ( $p < 0.05$ ). was registered only in 1 patient of group 2 (3.13%), while in group 1 enlargement of the spleen was found in 8 people (28.6%) ( $p < 0.05$ ).

Conclusion. Combination therapy with essential phospholipids, rosuvastatin, metformin in combination with quercetin in persons with comorbid nonalcoholic steatohepatitis, type 2 diabetes mellitus and diabetic kidney disease, helps to eliminate the main clinical symptoms of exacerbation of nonalcoholic steatohepatitis.

## **COMPREHENSIVE THERAPY IN PATIENTS SUFFERING FROM CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CONCOMITANT CHRONIC ACALCULOUS CHOLECYSTITIS**

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Chronic obstructive pulmonary disease is one of the most spread diseases affecting people of all ages. Combination of chronic obstructive pulmonary disease with gastro-intestinal pathology is one of the most frequent polymorbidity. The combination of chronic cholecystitis, chronic bronchitis and other bronchial obstructive diseases appears to be found in more than 20-25% of individuals.

Background: To study the efficacy of Roflumilast, Ursodeoxycholic acid and Nucleinat in patients suffering from chronic obstructive pulmonary disease (COPD) with concomitant chronic acalculous cholecystitis (CAC).

Methods: The study involved 40 patients with stage II COPD (GOLD 2, B) with concomitant CAC and 20 practically healthy individuals (PHI). Patients in the control group (group 2) received Berodual, Ursodeoxycholic acid for 30 days, in case of an infectious exacerbation of COPD – cephalosporin antibiotic therapy within 7 days. Group 1 (the study one, 20 people) received additional Roflumilast 500 mg once a day, Nucleinat 500 mg 3 times daily for 30 days.

Results: Figures of external respiration functions in dynamics of treatment in patients with COPD with concomitant CAC show higher efficiency of the proposed therapy too. In particular, the rate of forced expiration for the first second after treatment in patients of group 1 increased by 31,5% ( $p < 0,05$ ), while in patients in group 2 – by 14,0% ( $p < 0,05$ ) with the presence of reliable intergroup difference ( $p < 0,05$ ).

The content of malonic aldehyde in plasma after the treatment in group 1 decreased by 1,7 times ( $p < 0,05$ ), while in group 2 – by 1,2 times ( $p < 0,05$ ) with a reliable difference between groups ( $p < 0,05$ ).

Biochemical analysis of blood and bile for bilirubin after the treatment indicates its significant reduction in patients of group 1 - by 1,7 times in blood ( $p < 0,05$ ) and 27,7% ( $p < 0,05$ ) in bile. In patients of group 2, due to the influence of the ursodeoxycholic acid, bilirubin in bile decreased by 7,8% ( $p < 0,05$ ), and the content of bilirubin in blood decreased by 13,0% ( $p < 0,05$ ).