

Conclusions: The use of Roflumilast in combination with Berodual, Ursodeoxycholic acid and Nucleinat in patients with COPD and in acute CAC promoted faster, than under conventional therapy (6-7 days), elimination of symptoms of both acute comorbid conditions.

EXPERIENCE IN THE USE OF COMPLEX BIOREGULATORY DRUGS IN THE SYNDROME OF CYTOLYSIS OF VARIOUS ETIOLOGIES

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Introduction. Cytolysis syndrome is the most common syndrome that meets in patients with diseases liver and is one of the most common reasons for visiting a gastroenterologist. Conducting differential diagnosis it is advisable to combine with pathogenetic therapy, which is aimed at reducing the activity of the inflammatory process in the liver and regressing symptoms.

The aim of our study was to evaluate the effectiveness of Gepar compositum as a means of pathogenetic therapy for chronic hepatitis of various etiologies. The choice of the drug is due to certain advantages of bioregulatory drugs over standard allopathic drugs: they do not cause allergic reactions and side effects that are typical for conventional drugs, have a fairly rapid clinical effect, practically no complications, and are effective in chronic diseases. The mechanisms of action of complex bioregulatory drugs (regulation, initiation, detoxification) compare favorably with the action of traditional allopathic drugs, and a holistic approach in the treatment of patients is implemented in practice according to the principle "to treat not the disease, but the patient"

Material and methods. We examined 32 patients who first applied to a gastroenterologist with cytolysis syndrome (an increase in the level of ALT by 1.5-2.5 times) of unknown etiology. The age of patients is from 31 to 46 years with a disease duration of 1-2 years. All patients underwent general clinical, biochemical, virological examinations, as well as the diagnosis of parasitic, autoimmune, cholestatic diseases, drug-induced liver damage (DLD), alcoholic and non-alcoholic fatty liver disease (AFLD and NAFLD). In 18 patients, according to ultrasound, liver steatosis was detected. Fibroscanning of the liver with the determination of the stage of fibrosis (F) in kPa and liver steatosis was performed using the FibroScan apparatus 3 patients. The Fibro Max test was performed in 14 patients. Hepar compositum was administered intramuscularly at a dose of 2.2 ml 2 times a week for 5-7 weeks.

Results of the study. When examining patients, the following nosological forms were diagnosed: chronic viral hepatitis C (9 patients), chronic viral hepatitis B (3 patients), NAFLD (13 patients), AFLD (2 patients), DLD (5 patients). Indicators of ALT and AST activity before treatment were 91.2 ± 6.7 IU/l and 78.5 ± 8.2 IU/l; after treatment 41.8 ± 8.2 IU/l and 38.4 ± 7.1 IU/l ($p < 0.05$). According to the results of the Steato-Test study (a component of the Fibro Max test), 3 patients were diagnosed

with minimal steatosis (S1), moderate (S2) in 8, and severe (S3) in 3 patients. In the course of treatment, a decrease in the degree of steatosis was observed: in 11 patients, the level of So-S1 was achieved. During the treatment, there were no side effects, the manifestations of asthenovegetative and dyspeptic syndromes decreased in all patients, 24 patients noted the complete disappearance of symptoms.

Conclusions. Thus, Gepar compositum can be used as an effective first-line drug for liver diseases of various etiologies in order to reduce the activity of the inflammatory process in the liver, pathogenetic treatment of cytolytic syndrome and lipid metabolism disorders.

INTEGRATED APPROACH IN THE TREATMENT OF ENDOGENOUS INTOXICATION SYNDROME IN PATIENTS WITH LIVER CIRRHOSIS

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Introduction. The phenomena of intoxication, as a rule, accompany diseases and their complications associated with increased tissue breakdown, enhanced catabolism processes, insufficiency of liver and kidney function, and impaired microcirculation processes. Regardless of the etiological factor, the symptoms of intoxication have common features and clinical manifestations. The syndrome of endogenous intoxication (SEI) not only accompanies most diseases, but in itself is an important factor in their pathogenesis, and in many cases determines possible adverse consequences. Endotoxemia disrupts the tone of peripheral vessels, blood rheology, leads to hypoxia, which deepens the decrease in the function of natural detoxification and excretion organs. Toxins lead to a decrease in the effectiveness of drug therapy.

The aim of our study was to study the intensity of SEI in patients with liver cirrhosis (LC) and possible ways of pharmacological correction.

Material and methods. We examined 14 patients with decompensated LC of toxic origin aged 34 to 57 years with a disease duration of 6-9 years and 10 practically healthy individuals of the corresponding age. The diagnosis was verified on the basis of generally accepted clinical, laboratory, biochemical and instrumental research methods. The activity of ALT and AST enzymes exceeded those in healthy people by 2-3 times, total bilirubin by 2.5 times, hypoalbuminemia and hypergammaglobulinemia were observed, the level of creatinine in the blood exceeded the norm by 23%. Intensity of SEI was evaluated by the level of medium molecular weight peptides (MWP) in the blood serum at a wavelength of 254 nm and 280 nm. Statistical processing of the obtained results was carried out using the methods of nonparametric statistics.

Results of the study. It has been established that in mature patients with decompensated liver cirrhosis, the content of MWP 254 and MWP 280, respectively, increases by 1.14 and 1.18 times compared with the age norm ($p < 0.001$), which corresponds to an increase in the intensity of catabolic processes in the body. The