МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ «БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»



МАТЕРІАЛИ

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підсумкової наукової конференції професорсько-викладацького персоналу Вищого державного навчального закладу України «БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ» 11, 13, 18 лютого 2019 року

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Матеріали 100 — ї підсумкової наукової конференції професорськовикладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет», присвяченої 75-річчю БДМУ (м. Чернівці, 11, 13, 18 лютого 2019 р.) — Чернівці: Медуніверситет, 2019. — 544 с. іл.

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У збірнику представлені матеріали 100 -ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет», присвяченої 75-річчю БДМУ (м.Чернівці, 11, 13, 18 лютого 2019 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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Horbatiuk I.B.

DISORDERS OF THE COAGULATION SYSTEM AND AGGREGATION IN PATIENTS WITH CHRONIC CHOLECYSTITIS AND CORONARY HEART DISEASE WITH CONCOMITANT OBESITY

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Obesity is a common disorder and a known risk factor for thrombotic complications, especially in patients with cardiac pathology - coronary heart disease (CHD) and chronic heart failure (CHF). In turn, liver and gallbladder dysmetabolic diseases, due to potentiation of dyslipidemia, lead to progression of atherosclerosis.

The objective of the research was to establish probable mechanisms progression of chronic acalculous cholecystitis (CAC) and CHD with obesity by analyzing the parameters of blood coagulation system, blood anti-coagulant activity, fibrinolysis and endothelium's functional state.

132 patients (pts) were involved in the research. According to comorbidities pts, those patients were divided into 5 groups: Group 1 (G1) - CAC (n=28), G2 - CAC and CHD (n=30), G3 - CAC, CHD and obesity of the I-II degree (n=30), G4 - CAC, CHD, obesity of the I-II degree and gallbladder cholesterolosis of (CG) (n=30), G5 - CAC and CG (n=18), the average age was 57,5±6,57. The total coagulation blood potential was determined by the prothrombin time (PT), the content of fibrinogen in blood plasma, the activity of antithrombin III (AT III), the activity of the XIII factor were studied using the sets of Danus Ltd (Lviv) reagents based on Titse's method. The aggregation capacity of the platelets was studied on the AP-2110 aggregation analyzer (SOLAR, Belarus) based on turbidimetric method.

The research showed, that PT was significantly reduced in G4 than in G1, G2, G3, G5 (by 37,1% and 10,4%, 28,5%, 31,6%, 25,8%, accordingly with p<0,05). G4 had the highest III activity with 27.0% of the total inhibition of AT III all patients activity, G1 had 13,2%, G2 had 21,2%, G3 had 23,1% and G5 had 16,4% with (p1,2,3,4,5<0,05). The study of the aggregation capacity of platelets in CAC patients with concomitant CHD and obesity has shown the significant increase of spontaneous platelet aggregation in all groups of comparison with the maximum index in G4 (in 3,7 times, p1-5<0,05).

Thus, hyperaggregation of platelets is a predictor of the myocirculatory disorders development in the myocardium and gallbladder wall. Hypercoagulability has been established in CAC patients with concomitant CHD, progressing towards the development of obesity.

Hrechko S.I. ASSOCIATED ANTIPLATELET THERAPY OF ATRIAL FIBRILLATION AND ISCHEMIC HEART DISEASE

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Coronary heart disease (CHD) like a trial fibrillation (AF) increases the risk of thromboembolic events. However, the mechanism of thrombotic formation in coronary vessels in the case of CHD is significantly different from the process of formation of the thrombus in the left chambers of the heart with AF. Dual antiplatelet treatment (DAPT) is a base of therapy of patients following elective percutaneous coronary interventions or an acute coronary syndrome (ACS), such as ST elevation myocardial infarction, non-ST elevation myocardial infarction and unstable angina. Due to this, for the prevention of thromboembolic complications, the use of different groups of drugs is required: in one case, antiagregant, in the other case, anticoagulants.

72 patients with ASA and AF were observed for 3 months. In all cases, anticoagulants were prescribed: Warfarin in 21 patients Apixaban 18 cases. In 33 cases, DAPT with acetylsalicylic acid was used: Warfarin and Aspirinin in 16 patients, Apixaban and Aspirinin in 17 patients. In the case of administering Warfarin, target levels of INR were monitored.