



Table

Alleles' frequency	Level of heterozygosity	Level of homozygosity	Alleles' positivity	Armitage's test
OR by association with allele T				
[1]<->[2]	[11]<->[12]	[11]<->[22]	[11]<->[12+22]	Common OR
OR=0.49 95%CI=0.30-0.81 $\chi^2=7.77$ p=0.005	OR=0.74 95%CI=0.23-2.43 $\chi^2=0.25$ p=0.62	OR=0.17 95%CI=0.05-0.64 $\chi^2=7.59$ p=0.006	OR=0.49 95%CI=0.16-1.57 $\chi^2=1.48$ p=0.22	OR=0.38 $\chi^2=11.4$ p<0.001
OR by association with allele C				
[2]<->[1]	[22]<->[12]	[22]<->[11]	[11+12]<->[22]	Common OR
OR=2.02 95%CI=1.23-3.33 $\chi^2=7.77$ p=0.005	OR=4.27 95%CI=1.86-9.77 $\chi^2=12.58$ p=0.003	OR=5.77 95%CI=1.56-21.28 $\chi^2=7.59$ p=0.006	OR=4.46 95%CI=1.98-10.05 $\chi^2=14.16$ p<0.001	OR=2.55 $\chi^2=11.4$ p<0.001

Therefore, the results undertaken in study testify that determination of -786C allele NOS3 in patients with arterial hypertension and diabetes type 2 is associated with higher risk of carotid injury due to the Armitage's risk model.

Shorikova D.V., Shorikov E.I.
THE ROLE OF GROWTH FACTORS IN PATIENTS WITH HEART FAILURE AND PRESERVED EJECTION FRACTION

*Department of Internal Medicine, Clinical Pharmacology and Occupational Diseases
Higher state educational establishment of Ukraine
"Bukovinian State Medical University"*

At the last decades, the paradigm about the exclusive role of the renin-angiotensin-aldosterone system in target organs injuries during chronic heart failure (HF) is the basic concept in the most of the clinical trials. But, it is also essential to provide researchers with information concerning the role of different biomarkers which could affect cardiovascular continuum. In our opinion, the superfamily of growth factors, in particular, vascular endothelial growth factor-A (VEGF-A), may keep a definite position in the development of HF.

We have included 288 patients with diagnosis of non-ischemic HF with preserved ejection fraction (HFpEF) (mean of LVEF of patients was 53,8±4.72%) in the study. All patients were inspected with echocardiographic and Doppler ultrasound and immunoassay detection of VEGF-165 (type A).

Using unadjusted regression model we have analyzed interrelationship between the VEGF-165 concentration and parameters of LV remodeling in patients with HFpEF

We have set the reliable negative correlation between level of VEGF-A and LV mass (R=-0.61; p=0,007) and myocardium mass index (R=-0,54; p=0,004). Nevertheless, the observed data showed unreliable regression between the decrease of the VEGF-A level and the relative wall thickness as with VEGF-A level and index EDV/LV mass. In non-parametric ANOVA we have found the dependency of the distribution of medians of the VEGF-A level on the eccentric and concentric hypertrophy (H=6,58; p=0,04).

However, we observed strong positive correlation between VEGF and ratio of early and late peak velocity (Ve/Va) and negative correlation with VEGF and isovolumetric relaxation time. The decrease of VEGF level also associated with the shortness of duration time of early peak of diastolic flow (DTe) (table).

Table

Index	IVRT, c	DT E, c	Ve/Va
Level VEGF-165	r=-0,52 (p=0,03)	r=0,47 (p=0,09)	r=0,65 (p=0,011)

Therefore, in patients with HFpEF the decrease of VEGF-165 associated with the increase of left ventricle mass and the strongest link set in condition of eccentric and concentric hypertrophy. In addition, there is the direct dependency between the level of VEGF and the parameters of diastolic function of left ventricle.

Shuper V.O.
CHARACTERISTICS OF THE CONTENT OF EICOSANOIDS IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE UNDER CONDITIONS OF COMORBIDITY WITH CORONARY HEART DISEASE

*Department of Internal Medicine, Clinical Pharmacology and Occupational Diseases
Higher state educational establishment of Ukraine
"Bukovinian State Medical University"*

Comorbidity of two or more different diseases influences on the course of each of them, causing difficulties in the selection of therapy, increases the risk of complications, and worsens the prognosis for the patient. Close relationship of the respiratory and cardiovascular systems in patients over the age of 40 years contributes to the recurrent combination of chronic obstructive pulmonary disease (COPD) and coronary heart disease (CHD). Nowadays COPD has the 4th place among all causes of death, accounting for 4% in their overall structure. CHD and heart failure (HF) become among the leading, but not always timely diagnosed, causes of death in patients with COPD. The risk of death from cardiovascular disease in patients with COPD increases by 2-3 times and accounts for about 50% of the total number of deaths. The most formidable predictor of fatal complications in COPD associated with CHD is myocardial infarction as a consequence of thrombotic complications in the microcirculatory system. Aggregation of thrombocytes is stimulated by eicosanoids, which are the products of metabolism of arachidonic acid. Systemic chronic inflammation