

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



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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these patients in both groups (22.58 ± 7.51 and $15.73\pm 3.86\%$ of cases, in the 1st and 2nd groups, respectively, $p>0.5$).

Analyzing the results of coronary angiography, severe angina is associated with more hemodynamically significant lesions of the coronary arteries. In the StSt III FC group, stenosis of the anterior interventricular branch of the left coronary artery $>50\%$ is likely to be detected more often (16.85 ± 3.97 and $3.23\pm 0.17\%$ of cases, respectively, $p<0.01$), hemodynamically weak patients have probably less likely changes in the coronary arteries (11.24 ± 3.35 and $29.03\pm 8.15\%$ of cases, respectively, $p<0.05$). Only in patients of this group, multiple vessel lesion of the coronary arteries was determined ($23.60\pm 4.50\%$ of cases, $p<0.001$) and stenosis of the right coronary artery $>50\%$ ($8.99\pm 3.03\%$ of cases, $p<0.01$). On the contrary, StSt II FC is improbably more often caused by stenosis of the anterior interventricular branch of the left coronary artery $<50\%$ (6.45 ± 3.41 and $1.12\pm 0.12\%$ of cases, respectively, $p>0.1$). Stenosis of the envelope branch of the left coronary artery $>50\%$ was detected with the same frequency both in patients with StSt II FC and in patients with StSt III FC (10.11 ± 3.20 and $6.45\pm 4.41\%$ of cases, respectively, $p>0.5$), as well as stenosis of the right coronary artery $<50\%$ (1.12 ± 1.12 and 0% of cases, respectively, $p>0.5$).

Conclusions. 1. The presence in the anamnesis of Q-myocardial infarction more often predicts the development of severe StSt ($p<0.01$), in contrast to non-Q-myocardial infarction, when StSt II and III FC are observed with the same frequency ($p>0.5$). 2. Hemodynamically significant lesions of the coronary arteries (with stenosis of the anterior interventricular branch of the left coronary artery $>50\%$ ($p<0.01$), right coronary artery $>50\%$ ($p<0.01$), multiple vessel lesion of the coronary arteries ($p<0.001$)) prevail among patients with StSt III FC with significantly less hemodynamically weightless changes in the coronary arteries ($p<0.05$).

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CORRECTION OF VEGETATIVE DYSFUNCTION IN PATIENTS WITH CORONARY HEART DISEASE (CHD) AND CONCOMITANT CHRONIC NON-CALCULOUS CHOLECYSTITIS

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Introduction. The issue of comorbidity is one of the most important in therapeutic practice, particularly in patients of older age groups. In Ukraine, 426 thousands of people die of cardiovascular disease every year. At the same time, the prevalence of chronic non-calculous cholecystitis ranges from 18 to 29% among the population of different countries. In the course of medical correction of comorbid conditions, the general practitioner faces the problem of polypharmacy, which can be partially solved by the use of combined herbal medicines as adjuvants.

The aim of the study. The purpose of the research is to increase the effectiveness of complex treatment of patients with CHD with concomitant non-calculous cholecystitis by the additional use of a combined medicine of plant origin – cardiophytum.

Material and methods. We examined 62 patients with coronary heart disease complicated by CHF II-III functional class (FC), 32 patients were diagnosed with concomitant non-calculous cholecystitis in the stage of unstable remission. The average age of the selected category of patients was 62.6 ± 5.4 years. Patients in the control group (28 patients) received a standard treatment complex (nitrate, beta-blocker, angiotensin-converting enzyme inhibitor and antiplatelet); patients in the main group (34 patients) additionally took cardiophytum at a dosage of 5 ml three times a day 15 minutes before meals for one month.

Results. In the presence of concomitant non-calculous cholecystitis, patients noted signs of more severe pain, more frequent angina attacks and weakening of the effect of nitro drugs, which can be regarded as a manifestation of cholecysto-coronary syndrome. At the same time, the use of β -blockers and nitrates aggravated the signs of hypokinetic-hypotonic biliary dyskinesia. The study revealed a more pronounced dysfunction of the autonomic nervous system in patients with concomitant non-calculous cholecystitis. It was manifested by a significant increase in LF – an indicator of sympathetic system activity in patients with comorbid pathology ($p<0.05$). At the same

time, the parasympathetic link (HF) decreased, which led to an increase in the LF/HF ratio ($p < 0.05$). The course use of cardiophyte led to an increase in the antianginal effects of nitro drugs in patients with coronary heart disease due to the choleric components in the drug leveled the signs of hypokinetic-hypotonic biliary dyskinesia in the use of β -blockers and nitrates. Regarding autonomic dysfunction in patients with comorbid pathology, a moderate increase in the proportion of high-frequency waves and a decrease in low-frequency effects were found. As a result, the index of vagosympathetic balance LF/HF significantly decreased ($p < 0.05$).

Conclusions. The use of cardiophytumin in the complex therapy of patients with coronary artery disease with concomitant non-calculous cholecystitis promotes accelerated regression of clinical manifestations, reduces the frequency of side effects from the hepatobiliary system and partially corrects autonomic imbalance.