МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
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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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HEMOSTASIS AND FIBRINOLYSIS DISORDERS IN THE PATHOGENESIS OF NON-ALCOHOLIC FATTY LIVER DISEASE PROGRESSION IN COMORBIDITY WITH CHRONIC KIDNEY DISEASE

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Introduction. Hemostasis and fibrinolysis disorders in the pathogenesis of non-alcoholic fatty liver disease progression in comorbidity with chronic kidney disease are discussed nowadays.

The aim of the study. To establish the features of changes in the parts of blood coagulation system, anti-coagulant activity of the blood, and fibrinolysis in patients with non-alcoholic fatty liver disease (NAFLD) depending on the stage of chronic kidney disease (CKD).

Material and methods. 444 patients were examined: 84 of them were with NAFLD and obesity I degree (group 1), which contained 2 subgroups: 32 patients with non-alcoholic steatosis (NAS) and 52 patients with non-alcoholic steatohepatitis (NASH); 270 patients with NAFLD with comorbid obesity of the I degree and CKD I-III stage (group 2), including 110 patients with NAS and 160 patients with NASH. The control group consisted of 90 patients with CKD of I-III stage with normal body weight (group 3). To determine the dependence of the NAFLD course on the form and stage of the CKD, the group of patients was randomized according to age, sex, degree of obesity, and activity of NASH.

Results. Analysis of hemostasis and fibrinolysis indices in examined patients with NASH, depending on the stage of CKD showed that with the growth of the CKD stage, the activity of the cohort increases, with the exception of the fibrinogen content (most likely due to coagulopathy consumption), the activity of the anti-coagulants decreases, the total and enzymatic activity of fibrinolysis is reduced, and non-enzymatic compensator increases. Thus, metabolic intoxication, oxidative stress, which accompany the flow of NAFLD with obesity and CKD, promote the activation of the calicreatin-kinin system, the formation of plasma and thrombin, with subsequent disturbance of equilibrium between them, the development of stasis, slag phenomenon, the formation of platelet and erythrocytic aggregates in blood circulation system. The consequence of significant activation of hemocoagulation against the suppression of total fibrinolytic activity (TFA) is the local clotting of blood in the arteries.

Conclusions. Thus, the role of chronic inflammation in CKD in the formation of hemostasis disorders and in the pathogenesis of NASH progression on the background of obesity, which in general can be characterized as hypercoagulative syndrome due to significant inhibition of anticoagulation factors and fibrinolytic systems and the activation of plasma coagulation factors (fibrinogen) due to chronic inflammation, has been established.

Biriuk I.G.

VARIANT FEATURES OF THE SUPERIOR MESENTERIC ARTERY BRANCHING IN HUMAN FETUSES AND NEONATES

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Introduction. At the current level of medical development, knowledge of morphometric parameters of the visceral branches of the aorta during lifetime, features of their variant anatomy, is of particular importance due to the increase in the share of complex reconstructive, organ-preserving, minimally invasive, endovascular and transplant methods of surgical treatment. Knowledge of the diameter and length of these arteries is essential for the selection of vascular catheters in case of arterial stenosis and occlusion or vascular postoperative anastomosis in the practice of reconstructive surgery.

The aim of the study was to find quantitative and qualitative features of variants of the superior mesenteric artery in human fetuses and neonates.

Materials and methods. The study was conducted on 58 fetuses with parietal-calcaneal length (PCL) from 161,0 mm to 500,0 mm, and 33human neonates by means of vascular injection

method with edible gelatin followed by preparation under the microscope МБС-10 and radiologic examination after their injection with radiopaque substances.

Results and discussion. The superior mesenteric artery in fetuses arises from the anterior semicircle of the abdominal part of the aorta at the level of XI-XII thoracic vertebrae, and in neonates – on I lumbar vertebra. It is determined 4,0-10,0 mm lower than that of the branching of the abdominal trunk, and 6,8-14,4 mm higher than that of the inferior mesenteric artery.

On our material, we observed branching of the superior mesenteric artery by an independent trunk on 77 specimens. The main branches were the lower pancreaticoduodenal, small and large intestinal arteries.

11-12 small intestinal arteries arise from the left semicircle of the superior mesenteric artery. Their dimensions (diameter and length) were the largest from the 4^{th} to the 6^{th} arteries, the values of these parameters decreased in the cranial and caudal directions. A characteristic feature of the arteries supplying blood to the loops of the small and large intestines in the presence of arcades – arc-shaped anastomoses between the branches of the intestinal arteries.

On 26 specimens, the origin of the right additional colonic artery supplying blood to the right curve of the colon was found. In three specimens (fetuses of 325,5 mm; 340,0 mm and 363 mm of PCL), the superior mesenteric artery joined the abdominal trunk at the level of the first lumbar vertebra, forming the common trunk. The junctions of the trunks of the superior and inferior mesenteric arteries was found in fetuses of 397,5 mm and 480,0 mm of PCL. Their common trunk supplied blood to the small (except for the initial part of the duodenum) and large intestines. In five neonates, independent emerging of the branches of the superior mesenteric artery from the anterior semicircle of the abdominal part of the aorta was found. On nine specimens, the branching of the superior mesenteric artery was atypical: а) in 4 observations, the connection of the most cranial branches with the abdominal trunk occurred; б) in two fetuses and three neonates the caudal branches of the superior mesenteric artery were connected to the cranial branches of the inferior mesenteric artery.

Conclusion. Summarizing the above and considering the literary data available, and the results of our own observations, we can suggest the following topographic-anatomical classification of variants of the superior mesenteric artery: 1. Independent emerge of the superior mesenteric artery. 2. Connection of the of the superior mesenteric artery trunk with the abdominal trunk. 3. Connection of the of the superior mesenteric artery trunk with the inferior mesenteric artery. 4. Independent emerge of the superior mesenteric artery branches. 5. Mixed forms of branching of the superior mesenteric artery.

Bukach O.P.

TREATMENT TACTICS OF PATIENTS WITH RHEUMATOID ARTHRITIS TAKING INTO ACCOUNT COMORBIDITY

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Introduction.The modern concept of treatment of rheumatoid arthritis (RA) is to slow down the progression and achieve long-term remission of the disease by using disease-modifying antirheumatic therapy. However, arterial hypertension (AH), abdominal obesity (AO) and diabetes mellitus type 2 (DM 2) mutually aggravated the course of RA and minimized the possibility of using the entire medicinal arsenal.

The aim of the study. To determine the effectiveness of the use of L-arginine, telmisartan and rosuvastatin against the background of basic therapy in patients with RA in combination with AH, AO and DM2, depending on the T-786C eNOS gene polymorphism.

Material and methods. In the course of the study, 80 patients with RA were examined (20 patients with isolated RA, 20 patients with RA with hypertension, 20 patients with RA with hypertension and AO, 20 patients with RA with hypertension, AO and type 2 diabetes and 20 practically healthy individuals. They were evaluated the intensity of the pain syndrome using a 100-