

**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
присвяченої 80-річчю БДМУ
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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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Conclusions. Thus, the effect of fractionated X-ray radiation in the applied doses on the fibrinolytic system of rats' liver is shown, which is more pronounced at total radiation doses of 0.9 and 1.2 Gr.

Kaushanska O.V.

**PRACTICAL USE OF EFFERENT TREATMENT METHODS
IN THE COMPLEX THERAPY OF PATIENTS WITH RHEUMATOID ARTHRITIS**

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Introduction. Rheumatoid arthritis is a chronic progressive systemic disease of the connective tissue with damage to the joints, mostly small, according to the type of erosive-destructive polyarthritis and frequent systemic inflammatory damage to the internal organs. Plasmapheresis is a method of extracorporeal hemocorrection (ECH), which is based on replacing the patient's blood plasma with components, blood products and/or blood substitutes.

The aim of the study. To evaluate the effectiveness and safety of the use of efferent therapy methods (plasmapheresis) in patients with rheumatoid arthritis.

Material and methods. 20 patients with rheumatoid arthritis took part in the study: 15 (75.0%) women and 5 (25.0%) men aged from 29 to 69 years (average age - 47 ± 3.2 years), duration of the disease - from 1 up to 10 years (5.6 ± 2.2 years on average). Patients of the 1st group were prescribed: methotrexate according to the scheme: 7.5 mg 1 time per week, with a subsequent increase in the dose by 2.5 mg every 2 weeks to a maximum dose of 20 mg/week, combined with the intake of 5 mg folic acid 1 time per week 48 hours after taking methotrexate. Patients of the 2nd group, on the background of identical treatment, underwent 5 sessions of membrane plasmapheresis every other day. To prevent the development of ricochet syndrome during plasma replacement, glucocorticoids (GC) were administered in a dose of 4 mg.

Results. At the beginning of treatment, patients in both groups complained of morning stiffness, joint pain, and limited movement. The appointment of therapeutic agents in patients of the 2nd group at the same time as plasmapheresis required taking into account their pharmacokinetics and pharmacodynamics. The drugs were taken immediately after the next procedure to create the maximum concentration in the patient's blood. After the first session of plasmapheresis, patients of the 2nd group noted an increase in joint syndrome. 3 months after the prescribed therapy, it was possible to interrupt the progressive stage of rheumatoid arthritis in all patients. Patients noted a decrease in joint syndrome and morning stiffness. In addition, positive dynamics of other investigated indicators, including physical well-being, were noted. A decrease in the intensity of pain and the activity of arthritis according to VAS was revealed from 8.4 ± 1.4 to 3.2 ± 0.7 , which is 45% in the 1st group, and in the 2nd group from 7.3 ± 1.2 to 2.2 ± 0.6 (31%).

The number of painful joints in the 1st group decreased from 8.6 ± 1.5 to 2.9 ± 0.6 , which is 28%, in the 2nd group - from 10 ± 2.8 to 2.2 ± 0.8 , 8 (33%). The number of swollen joints in the 1st group decreased from 4.8 ± 1.2 to 2.3 ± 0.8 (41%). Against the background of methotrexate and plasmapheresis, the functional condition of patients in both groups improved, as evidenced by a decrease in the HAQ index. Thus, the use of plasmapheresis in the complex treatment of patients with rheumatoid arthritis is effective and safe.

Conclusions. Rheumatoid arthritis patients have marked positive dynamics against the background of plasmapheresis. The value of the HAQ index decreased by 62.6%, which ensured a long clinical and laboratory remission. To prevent the phenomenon of ricochet, it is necessary to conduct repeated sessions of plasmapheresis with the introduction of HA during plasma replacement in appropriate doses. The results of the conducted study indicate the effectiveness of combined treatment by the plasmapheresis method in combination with basic therapy with methotrexate in patients with rheumatoid arthritis, which improves the quality of life of patients.