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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and a decrease in the tone and contractility of the stomach. Which in turn leads to slowing of gastric and duodenal evacuation, dysfunction of the closing ability of the cardia and, as a result, the development of duodenogastroesophageal reflux. The combination of GERD and hypothyroidism is burdensome and requires a more careful approach to the choice of treatment tactics.

The aim of the study. To study results of the treatment and lifestyle modification for the patients with GERD of comorbid hypothyroidism.

Material and methods. 65 GERD patients with reduced thyroid function (the main group) who were being treated at the Chernivtsi Regional Endocrinological Center were examined. Among GERD patients with hypothyroidism, 54 (83.1%) women predominated, 16.9% (11 patients) men. The control group consisted of 25 patients with GERD with normal thyroid function (control group), the majority of patients were male - 13 (52%), 12 (48%) were female. The average age of the patients was 46.3±3.33 years. A comprehensive study included clinical examination, laboratory and instrumental research.

Results. Patients of the main group were treated as follows: proton pump inhibitor - rabeprazole, prokinetic agent - domperidone, ursodeoxycholic acid drug - "Ursohol", antacid - maalox, replacement therapy was carried out by prescribing L-thyroxine and carrying out galvanization of the stomach area. Particular attention was paid to recommendations mostly related to lifestyle changes, such as maintaining a healthy weight, avoiding foods that cause reflux, eating smaller portions, not lying down after eating, and not smoking. In patients with reduced thyroid gland function, the manifestations of bile reflux decreased or disappeared clinically on the 5th day, the feeling of heartburn, pain behind the sternum completely disappeared or decreased, and the decrease in manifestations of esophagitis was confirmed endoscopically. Over the next 10 days, chest pain and a bitter taste in the mouth disappeared in 83.4% of patients. By the end of the course of treatment, almost all patients noted an improvement in their well-being. Indicators of esophageal pH in the main group approached the normal limits - 6.5±0.03, Min pH - 6.1; Max pH – 7.1; Mo – 6.4; Me - 6.5. The average number of episodes during an hour is 1.3±0.10, the average indicator of the number of episodes lasting more than 5 minutes was 0.3±0.06 cases, the average indicator of the maximum duration of an episode decreased to 3.8±0.20 minutes. The number of erosive forms of esophagitis in the main group decreased to the level of 13.8%. The obtained data indicate a significant improvement in the functional state of the cardia in most patients, which is evidenced by the restoration of the His angle, an increase in the gas bubble of the stomach, and the absence of antiperistaltic contractions of the esophagus.

Conclusions. Thus, in the treatment of GERD patients with hypothyroidism, the use of complex treatment with the necessary means of lifestyle modification increases to the improvement of the functional state of the lower esophageal sphincter and pylorus, the normalization or significant increase of the contractile capacity of the stomach, the elimination or reduction of the manifestations of duodenogastric and gastroesophageal reflux. Adherence to dietary recommendations and lifestyle changes in GERD in combination with hypothyroidism is the main component of the treatment complex, has a positive effect on the course of comorbid pathology, on metabolic processes and improves the quality of life of patients.

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DIAGNOSTIC MARKERS OF INTERDEPENDENT BURDEN OF PROGRESSION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND CORONARY HEART DISEASE IN THEIR COMBINED COURSE

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Introduction. WHO statistics suggests that chronic obstructive pulmonary disease (COPD) ranks 4th place in the world among causes of death, and its prevalence worldwide reaches about 210 million patients. Approximately 60% of patients with COPD are suffering from Coronary Heart disease (CHD) as a comorbidity. In developed countries, COPD and cardiovascular diseases take

the leading place among causes of mortality, and in recent years the clinical importance of comorbid conditions increases.

The leading factor contributing to the development of CHD in patients suffering from COPD is endothelial dysfunction, pathological vasoconstriction, platelets aggregation, proliferation and migration of smooth muscle cells, expression of adhesive molecules, and adhesion of monocytes. These conditions lead to development of defeat of target organs, progression of hypertension, atherosclerosis and tendency to hypercoagulation.

The aim of the study. To assess clinical and instrumental diagnostic markers of interdependent burden in patients with comorbidity of COPD and CHD.

Material and methods. We examined 40 patients with COPD II-III, group B (mean age of 65.2±5.3 years). All patients were hospitalized due to moderate to severe exacerbations of COPD (infectious type – 65%, non-infectious – 35%). CHD was diagnosed as concomitant pathology in 28 patients (1st group), COPD without combination with cardiac disease – in 12 patients (2nd group). Duration of COPD in patients of the 1st group lasted 10.3±2.2 years, in 2nd group - 8.8±1.6 years, duration of IHD – 8, 4±2.8 years.

Diagnostic markers were estimated twice before and after treatment by assessment of clinical symptoms and results of instrumental examinations: severity of dyspnea (mMRC scale), CAT questionnaire, cough (scores), bronchial patency (spirometry), state of the cardiovascular system (ECG).

Results. Spirometry data revealed the progression of irreversible bronchial obstruction in all patients (FEV_1 in patients of the 1st group was 54.3±5.2%, 2nd group - 62.3±4.3% predicted; the Hensler Index FEV_1\FVC (in patients of the 1st group was up to 29.9%, 2nd group - up to 25.3% less than normal range). Regarding to comorbidity of COPD and CHD, bronchial obstruction was prevalent in large caliber bronchi (MEF 25% - 41.2±5.3%), patients with COPD without CHD presented with more pronounced violation of the patency of small bronchi (MEF75% - 52.3±4.8%). The VC value was less than 80% predicted in 50% of patients from the 1st group and in 30% of patients from the 2nd group. Bronchial obstruction was irreversible in all patients from the 1st group and in 58% of patients from the 2nd groups.

Course of in-patient treatment resulted in the more prominent subjective improvement (mMRC scale, CAT) in the severity of dyspnea diagnosed in the patients from 2nd group. The prominence of bronchial obstruction was significantly decreased (rise of FEV_1 by 10.7% and Hensler index by 11.4% in patients of the 1st group; 12.4% and 14.2% relatively in patients of the 2nd group) without significant changes of VC. ECG data did not reveal the negative impact of the therapy with tiotropium bromide inhalation to the cardiovascular system.

Conclusions. Thus, the combination of COPD and CHD is the frequent comorbid disorder, with the development of the syndrome of interdependent burden. This combination is characterized by a more pronounced progression of COPD, is manifested by development of lung restriction and decreased reversibility of airway obstruction, reduced response to therapy with bronchodilators and worsening of quality of patients' life.

Sluhenska R.V.

REHABILITATION AS A KEY FACTOR IN THE RECOVERY OF CIVILIANS AND THE MILITARY

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Introduction. The term rehabilitation originates from Latin words *habilis* "ability", and *rehabilis* "restoration of "ability". Rehabilitation is a branch of modern medicine that relies primarily on the patient's personality in its various methods, actively trying to restore human functions impaired by the disease, as well as a person's social ties. Thus, rehabilitation is restoring health, functional status, and performance impaired by illness, injury, or physical, chemical, and social factors.