

Тези науково-практичної конференції з міжнародною участю «VIII наукова сесія Інституту гастроентерології НАМН України. Новітні технології в теоретичній та клінічній гастроентерології» (26–27 листопада 2020 року)

A.A. Antoniv

Bukovinian State Medical University, Chernivtsi, Ukraine

The intensity of lipid distress syndrome in patients with non-alcoholic fatty liver disease on the background of obesity and chronic kidney disease

The purpose of the study was to find out the likely interaction of the blood lipid profile on the clinical course of non-alcoholic fatty liver disease (NAFLD) on the background of obesity, depending on its form and the presence of comorbid chronic kidney disease (CKD).

Material and methods. 384 patients with NAFLD were examined: 84 of them were NAFLD with obesity 1st degree (1 group), 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 the I–III stage with normal body weight (group 3). To determine the dependence of the NAFLD course on the form and stage of CKD, the group of patients was randomized according to age, sex, degree of obesity, and activity of NASH. The average age of patients was (45.80 ± 3.81) years.

Results. Significant metabolic prerequisites for the development of NASH against the background of obesity and CKD are likely postprandial hyperglycemia, hyperinsulinemia, increase in the degree of glycosylation of hemoglobin, the primary tissue insulin resistance. The reason for the progression of the metabolic syndrome on the background of NASH and CKD is lipid distress syndrome with an increase in blood total cholesterol, proatherogenic LDL, HDL anti-atherogenic deficiency. The leading role in the development and progression of steatohepatitis is the disorders of the hepatic circulation that results in an TG increase in blood.

Conclusions. Thus, the development of NASH in patients with CKD and obesity is accompanied by a significant disorder of hyperlipidemia with the highest among the groups compared with the increase in the content of cholesterol and low density proatherogenic lipoproteins, the probable decrease in anti-atherogenic high-density lipoproteins and the increase in the atherogenicity index.

A.A. Antoniv

Bukovinian State Medical University, Chernivtsi, Ukraine

The fibrinolytic activity of blood in pathogenesis of non-alcoholic fatty liver disease with obesity and chronic kidney disease

The purpose of the study was to establish the features of changes fibrinolytic activity of blood in patients with non-alcoholic fatty liver disease (NAFLD) with comorbid obesity and 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).

Results. The study of fibrinolytic activity of blood showed that total fibrinolytic activity (TFA) of blood plasma in patients of all groups was significantly lower than the control indexes: in patients with NAS — by 7.1 %, patients with NAS with CKD — by 14.9 %, patients with NASH — by 17.2 %, patients with NASH with CKD — by 18.9 %, patients with CKD — by 10.6 % ($p < 0.05$) with the presence of a probable intergroup difference between groups with comorbidity and