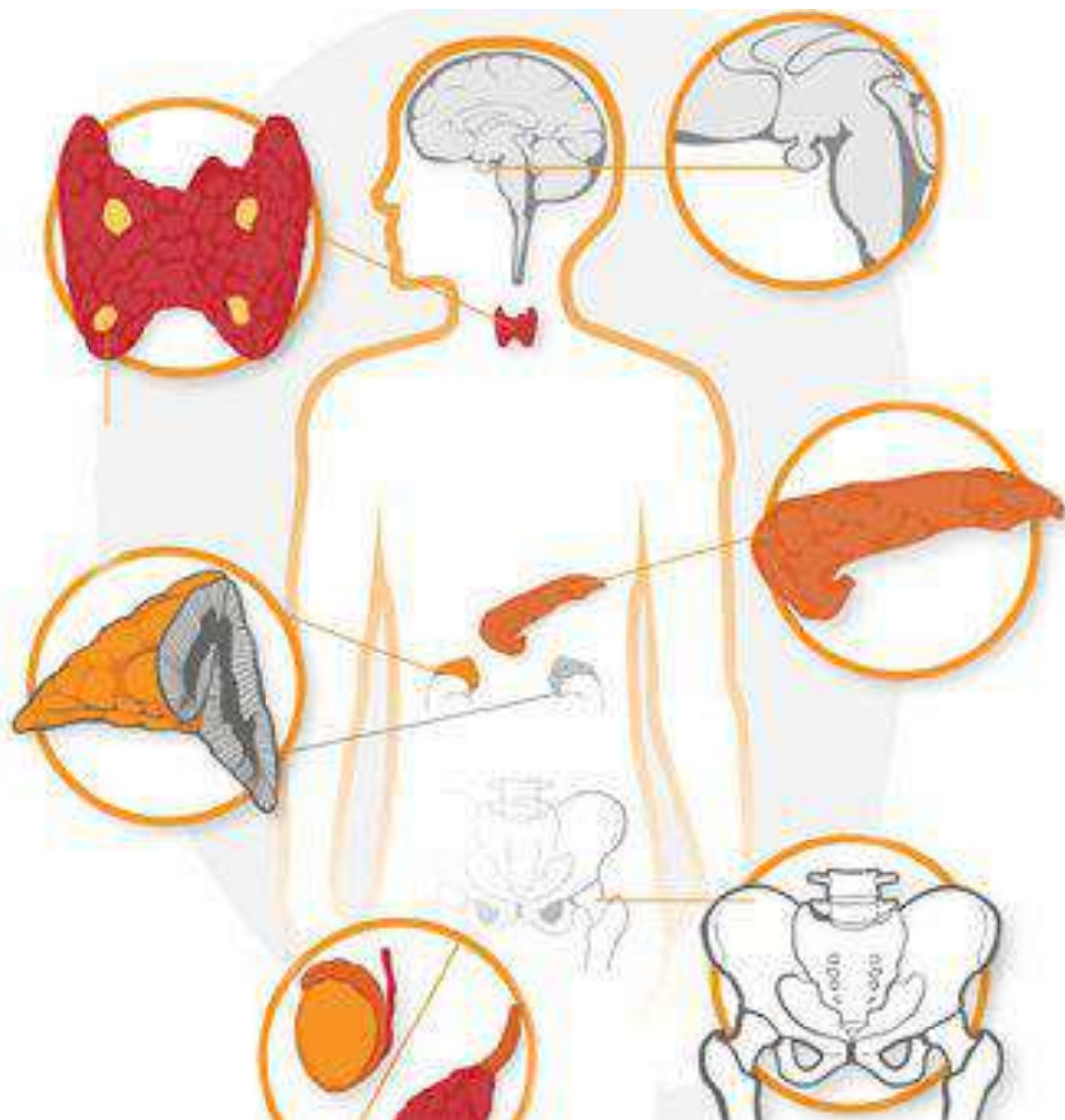


**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ**

**КАФЕДРА КЛІНІЧНОЇ ІМУНОЛОГІЇ, АЛЕРГОЛОГІЇ
ТА ЕНДОКРИНОЛОГІЇ**

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Manifestations of myopathy syndrome have the following features, mainly affected the proximal muscles of arms and legs: there are weakness, myalgia, muscle atrophy. Muscle symptom incidence and severity are unrelated to the severity of hypercalcemia. The level of muscle enzymes (serum creatine kinase, lactate dehydrogenase) in the blood are normal; biopsy shows type II fibre atrophy; the features of an inflammatory myopathy are generally absent, parathyroidectomy leads to the disappearance of muscular symptoms. Fragility fracture is common and may occur prior to the diagnosis of primary hyperparathyroidism. Arthralgias can affect both small and major joints.

The presence of arthralgia and myalgia, particularly affecting the proximal muscles of the shoulder and pelvic girdles, mimicking polymyalgia rheumatica, is frequent, and arthritis can also mimic gout or pseudogout (Rubin MR et al., 2002).

Electromyograms in PHPT are variable; both short duration, low amplitude motor unit potential, as well as abnormally high amplitude, long duration polyphasic potentials in others. Motor nerve conduction velocities and distal sensory latencies are normal.

Radiographic changes in PHPT are characterized by bone resorption patterns that include sub-periosteal (usually on the radial side of the second and third phalanges), intracortical, subchondral, trabecular, sub-ligamentous, and localized (Brown's tumors). Sclerosis of the bones, periostitis, and chondrocalcinosis are also common.

So, musculoskeletal symptoms are among the more frequent clinical sequelae of endocrinopathies. In some cases, rheumatic manifestations may be the initial presentation of an endocrine disorder. To avoid misdiagnosis clinicians must be well in recognizing how illnesses of the endocrine system affect the musculoskeletal system's components and should be alert for an alternative diagnosis by atypical manifestation. Detailed history, thorough providing of clinical examination, directed investigation and selecting appropriate tests are the tools to achieve correct diagnosis.

THE SIGNIFICANCE OF FUNCTIONAL TESTS IN THE EARLY APPEARANCE OF HEPATORENAL DYSFUNCTION IN OBESE PATIENTS

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Introduction. In modern nephrology, more and more attention is paid to the study of the decline in renal function as a result of exposure to non-immune factors. The mechanisms of the development of the pathological process in the kidneys under the influence of excess body weight are poorly understood

There are several hypotheses that explain the mechanism of kidney damage in obesity. Among them are: auto- and paracrine effects of hormones and cytokines

of adipose tissue; the role of relative oligonephronia with the formation of intraglomerular hypertension; violation of systemic hemodynamics, the effect of insulin resistance and dyslipidemia. One of the early manifestations of impaired renal function is microalbuminuria and hyperfiltration. The detection of the latter in a clinical setting is possible with appropriate stress tests. When conducting various tests to identify the renal functional reserve, it is necessary to be guided not only by their diagnostic value, but also by the simplicity of execution and the absence of any negative reactions in the patient, to adhere to the principle of compliance.

Objectives of the work – to identify early functional impairment of renal function in patients with grade I obesity.

Material and methods. 17 patients with grade I obesity (BMI=30-34,9 m²) with a disease duration of 5 to 9 years were examined. Visceral obesity was also assessed by waist circumference: more than 102 cm in men, 88 cm – in women. The functional state of the kidneys was studied under conditions of 12-hour spontaneous diuresis and during water loading in a volume of 0,5% of body weight. The control group consisted of 20 healthy persons of the corresponding age.

Results of the study. In the study of renal function under conditions of 12-hour diuresis, a slight significant increase in the concentration of creatinine in the blood plasma and a decrease in glomerular filtration (GF) by 24% in comparison with the group of healthy individuals (norm 132,7±13,4 ml/h) with preserved daily diuresis. In healthy people, 2 hours after performing a functional load using water in a volume of 0,5% of the body weight, diuresis, when recalculated per hour, increased 2 times compared to 12 hours and averaged more than 80% of the water load. In patients with grade I obesity, in response to water load, the total diuresis was 1,7 times reduced ($p < 0,05$) and amounted to only 1/3 of the load volume, the plasma creatinine concentration increased by 38%, and the GF level in terms of creatinine clearance decreased by almost 3 times.

Conclusions. When carrying out a functional load, clear changes in the excretory function of the kidneys are revealed, which under normal conditions are not found in most patients with obesity of the 1st degree. Evaluation of the reserves of the filtration capacity of the kidneys can make it possible to predict the rate of progression of chronic kidney disease in obese patients even with an initial normal glomerular filtration level and to select patients in time for dispensary observation and the appointment of pathogenetic therapy.