



determined by the content of NO stable metabolites-nitrites and nitrates (with Yriess reagents) in the blood. The systems of lipid peroxide oxidation (concentration of malonic dialdehyde in blood plasma), anticoagulation activity of the endothelium (plasminogen activity, antithrombin III content, total activity), fibrinolytic activity (enzymatic and non-enzymatic) were examined by means of reagent set by "Danush Ltd" firm, Lviv. The patients underwent ultrasound diagnostics of the gallbladder to find chronic non-calculous cholecystitis, the main signs of which are thickening of the wall, irregularity and outline doubling, presens of small (bloating) concrements inside the gallbladder.

Increased content of NO in blood plasma ($P<0,05$) was found in patients with chronic non-calculous cholecystitis. Reliable increase of NO in the blood of patients with vegetal-vascular dystonia was found (on 87%), while in patients without vegetal-vascular dystonia with accompanying pathology of the gallbladder – only on 23%. Changes in the system of coagulation hemostasis factors and lipid peroxide oxidation were also found: decrease of antithrombin III content in blood of the I group – 34,5 ($P<0,05$), in the II group – on 21,3 ($P<0,05$), decrease of fibrinolytic activity (I group – 28%, II group – 17 %), decrease of malonic dialdehyde concentration (I group – 19 %, II group – 14 %), which is indicative of progressing development of vegetal-vascular dystonia in case of chronic non-calculous cholecystitis.

Thus, results of the research are indicative of interrelations between disorders of endothelial condition in patients with chronic non-calculous cholecystitis and development of vegetal-vascular dystonia.

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THE FEATURES OF THE FUNCTIONAL STATUS OF THE GALLBLADDER IN PATIENTS WITH COMBINED COURSE OF CHRONIC ACALCULOUS CHOLECYSTITIS AND VEGETATIVE-VASCULAR DYSTONIA

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Functional disorders of the biliary tract are a clinical complex of symptoms that develop due to motor tonic abnormalities of the gallbladder (GB), biliary tract and sphincteric apparatus without signs of its organic lesion (inflammation, calculi) and is the most widespread pathology of the digestive system: functional disorders stand second after gastritis and duodenitis. The state of the gallbladder, biliary tract (BT) and peripheral vessels are regulated by the bunch of commune neurohumoral mechanisms, that is why there is an interdependence between gallbladder dyskinesia and development of different forms of vegetative-vascular dystonia (VVD). Despite the widespread VVD and existence of different reviews dedicated to this particular problem, the role of pathogenic mechanisms of its incidence and progress in patients with hepatobiliary pathology, chronic acalculous cholecystitis (CAC) in particular, is not studied enough yet.

The aim of the study was to detect the functional state of the gallbladder in patients with chronic acalculous cholecystitis depending on the features of vegetative-vascular dystonia course.

The anamnesis data, results of clinical examination of the patients with VVD and CAC in the exacerbation phase were analyzed according to the standard A.M. Vein questionnaire; the diagnosis of VVD was verified by the combination of clinical, electrocardiographic and ultrasound examination. The diagnoses of CAC and GB, BT dyskinesias were verified by clinical and ultrasound examination, pH probe monitoring. Depending on VVD variant, 78 patients with CAC were divided into three groups: the I st one – 15 patients with CAC, VVD of hypertensive type; the II nd – 30 patients with CAC and VVD of hypotensive type; the III rd – 26 patients with CAC, VVD of cardiac type. An average age of the patients was $31\pm 5,8$. The control group – 30 practically healthy individuals of the corresponding age.

In 77% of patients with VVD hypotensive type of chronic acalculous cholecystitis was accompanied by the hyperkinetic gallbladder dyskinesia and in 65% of patients with biliary-type sphincter of Oddi hyperkinetic dyskinesia. In patients with hypertensive and cardiac type of VVD the leading is hypokinetic type of gallbladder dyskinesia (78%) in the combination with hypertonic – with hypotonus of the sphincter of Oddi and in cardiac – with hypertonus of the sphincter of Oddi of pancreatic type (57%).

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THE EFFECTS OF OBESITY ON CHRONIC KIDNEY DISEASE

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Obesity is a widespread promoting factor to the growth of chronic kidney disease (CKD). Obesity involved in the evolution of CKD. Therefore, there is a greater necessity for a better understanding of the influence of the obesity on kidney

Objective - to study the specifics of the progress of chronic kidney disease in patients with and without concomitant obesity.

The study involved 60 patients with stage 2 chronic kidney disease (GFR 60-89 ml/min/1.73m²), who were hospitalized in the Nephrology department of "Chernivtsi regional clinical hospital." The middle age of the patients was from 39 to 65 years. CKD was caused by: chronic pyelonephritis in 21 patients, chronic glomerulonephritis in 16 patients, diabetic nephropathy in 23 patients. CKD duration ranged from 5 to 12 years.