



Anemia not only significantly reduces the quality of life, but also adversely affects the course of rheumatoid arthritis and life prognosis, especially in patients with concomitant cardiovascular diseases and impaired renal function. Therefore, the treatment and monitoring of patients with rheumatoid arthritis requires regular hematological monitoring, thorough analysis of the results and, if necessary, timely and adequate correction to improve prognosis and quality of patient's life.

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INDICATORS PROINFLAMMATORY CYTOKINES TNF-ALPHA IN PATIENTS WITH CHRONIC PANCREATITIS AND CORONARY HEART DISEASE

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It is well known that the production of TNF- α has an activation character and provides data exchange between the cells involved in chronic low-intensity inflammatory response, which is interpreted by us as a chronic inflammatory reaction that occurs in the pathogenesis of chronic pancreatitis (CP) and coronary heart disease (CHD).

The purpose of the study is to evaluate indicators of TNF- α in the course and progression of CP in conjunction with CHD. 23 patients with CP in concomitant with CHD, including 14 men and 9 women were examined. TNF- α was investigated by ELISA using a set of reagents, the company « IFA-TNF-alpha» production of «Cytokines» (St. Petersburg, Russia). According to the obtained results: TNF- α levels in women were higher than in men. In patients with CP, which was accompanied by CHD a short time period (3-5 years) indicators of TNF- α were $117 \pm 14,52$ pg / ml, with a combined length of period up to 10 years old - $91,52 \pm 26,01$ pg / ml and more than 10 years of indicators of TNF- α were $83,12 \pm 15,41$ pg / ml.

So, in patients with CP in combination with CHD average level of TNF- α is not stable and decreases depending on the duration of the comorbidity of these pathologies, which appears to be due to inadequacy or inferiority of immune response and may indicate significant morphological and functional changes in the structure of the pancreas and the myocardium.

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EFFECT OF HYPERTENSION ON THE FUNCTIONAL STATE OF THE LEFT VENTRICLE IN PATIENTS WITH STABLE ANGINA

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Ischemic heart disease (IHD) is known worldwide to be the top cause of mortality and the presence of hypertension in association only serves to increase such fatal occurrences. Disorders of left ventricular geometry and function are highly prevalent and lead to increased mortality in this highly vulnerable population. Left ventricular (LV)dysfunction, often as a result of hypertension, ischemic cardiac disease or dilated cardiomyopathy, has not been uniformly defined in literature in respect of making diagnosis and therapy problematics. Although routinely available screening by echocardiography is critically volume dependent and prone to underestimation in left ventricular ejection fraction.

The objective of the study was to determine the effect of hypertension on the functional state of the left ventricle in patients with stable angina as a predictor of mortality.

The study involved 84 patients hospitalized in Chernivtsi Regional Cardiological Clinic. The LV functional status of patients was evaluated without using drugs and they then underwent bicycle ergometry according to the modified Bruce protocol, reaching the capacity of 124.6 ± 1.7 W.

Echocardiographic examination was done using a parasternal long axis view and the results were analysed in groups depending on the diagnosis: I - patients with stable angina, functional class III associated with hypertension, II – patients with stable angina, hypertension and heart failure and III - patients with stable angina without hypertension. Left ventricular mass index was significantly higher in patients with hypertension at hospital admission ($p < 0.05$) and during diagnostic stress test ($p < 0.05$). LVInternal Dimension in Systole (LVIDs) was also higher in patients from group II – 8.8% ($p < 0.05$) as compared to group I. LVInternal Dimension in Diastole (LVIDd) was high in all groups and the maximum – 12.0% ($p < 0.05$) in patients from group I. A significant decrease in LV ejection fraction (LVEF) was noted in patients with hypertension at all stages of the study, with a decline in group I of 20.3% ($p < 0.05$) and in group II of 28.4% ($p < 0.05$).

In conclusion, much work remains to be done in this high-risk patient group with a significant burden of illness pertaining to LV dysfunction. Patients with stable angina associated with hypertension were found to have a greater reduction in left ventricular systolic function which is indicative of an increased risk of mortality.