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#### **NEW TRENDS IN TREATMENT OF LUNG CANCER- A ROLE OF HISTOLOGICAL DIAGNOSIS.**

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Lung cancer is the main cause of cancer- related deaths worldwide. Most cases are recognized in advanced stages of disease and complete recovery is achieved only in 15%. New therapies are continuously investigated. Accurate recognition of prognostic and predictive factors is crucial in planning of oncology treatment. The main prognostic factors in lung cancer are the stage of disease and the histologic type of cancer. The last changes in lung cancer classification affect the qualification to radical treatment. There are two main types of non-small cell lung cancer: squamous type and adenocarcinoma. Recently the role of cytopathology in lung cancer diagnosis was supported by results of transbronchial needle aspiration guided by ultrasonography (EBUS/TBNA). For accurate distinguishing squamous type and adenocarcinoma immunohistochemistry technique is commonly used. The following types of antibodies are used: TTF1 and p63. Results of recent studies showed that lung adenocarcinoma is complicated with regard to the morphology, molecular biology and to response to treatment, what was the basis for new histological classification. In this new classification bronchioloalveolar carcinoma type was replaced by other forms. The role of many new predictive factors in lung cancer treatment was confirmed, for example: confirmation of EGFR mutation helps in qualification to targeted therapy, anti- angiogenic agents are indicated only after confirmation of nonsquamous type of cancer, low levels of DNA repair genes indicate higher platinum sensitivity. The new concept of personalized therapy requires: accurate staging according to the new classification, precise histological classification of non- small cell lung cancer, accurate functional evaluation of cancer patients and genotypic characteristics of tumor.

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#### **COMPARISON OF CLINICAL-DIAGNOSTIC PICTURE OF PRIVATE FORMS OF GASTROINTESTINAL SYSTEM PATHOLOGY BY BRONCHIAL ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

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**Introduction.** Diseases of gastrointestinal system (GS) are the most widespread and severe types of visceral pathology combined with bronchial asthma (BA) and chronic obstructive pulmonary disease (COPD).

**Aim:** correlation of frequency and clinical-pathogenic picture of main forms of GS pathology by BA and COPD.

**Material and methods.** There were investigated 372 patients with BA and 345 patients with COPD and among them 234 and 312 patients with GS pathology correspondingly.

**Results.** There was revealed evident absence of essential differences of comparison indices. This is evidence about dominant of community GS pathology by such different diseases as COPD and BA and confirms conclusion that extrapulmonary visceral field (on the example of GS pathology) by BA and COPD is more inert and independent compare to nosological self-sufficiency of BA and COPD, which were early considered the single disease.

The pathogenic ground of pathological processes in GS by BA and COPD is characterized considerable community. There was emphasized importance of allergy mainly by BA. The frequency of manifestations of extrapulmonary allergy, immunoglobulinemia E correlated with frequency of GERD, erosia-ulcer affections of stomach, symptomatic ulcers, metabolic disorders of liver ( $r=0,77$ ). By COPD this connection was observed less. Prolonged intoxication was character for COPD (without GS pathology  $r=0,86$ , with pathology ( $r=0,95$ ) and was in the basis of subatrophic and erosions processes in mucous membrane of stomach and duodenum ( $r=0,99$ ). Such processes were observed by asthma ( $r=0,92$ ). The influence of hypoxemia on frequency of erosions processes and functional state of liver: correlation of TLC (FEV1) and frequency of erosions of mucous membrane of stomach for BA were  $r=0,86$ , for COPD  $r=0,97$ ; correlation of TLC and frequency of metabolic disorders for BA -  $r=0,99$ , for COPD -  $r=0,88$ .

Simultaneous with ascertaining of signs character for COPD (more character for male, above 60), and also BA (allergy), it is necessary to note frequent cases when GERD is observed as complication or happens its exacerbation, by the way as by BA, also by COPD (frequent by COPD). Concomitant course of exacerbations of main disease and GERD, frequent as by BA, also by COPD, were observed more by BA.

Differences of clinical-diagnostic picture of chronic gastritis by BA and COPD are connected not with peculiarities of gastritis itself (there are no essential differences), but with peculiarities of main diseases (more character for male with COPD, above 60 and manifestation of allergy by BA).

The noted difference reflects rather peculiarities of ulcer disease, than peculiarities of COPD concerning BA. This is concerned demographic indices (predominance of male  $\geq 60$  years), and also rare of allergic anamnesis – programme of asthma. There are essential indices about more frequent exacerbation of ulcer disease by COPD.

The group of patients with COPD suffering from cholecystitis is characterized with statistic considerable predominance of male and age above 60, but this is more character for COPD in elderly comparatively with BA. And contrawise allergy is rarely observed in this group, as by asthma. It is necessary to note frequent isolated course of cholecystitis by COPD and rare cases of cholecystitis, which complicates BA and COPD.

The difference in frequency of indices between patients' groups with BA and COPD with intestine pathology is not considerable. But there is observed more frequency of male  $>60$  between patients with COPD, rare development of intestine pathology on the basis of COPD, and also cases of pulmonary heart and allergic anamnesis.

**Conclusions.** By making summary analysis data of correlation of main forms GS pathology by BA and COPD, it is necessary to emphasize such peculiarities: dominant influence of respiratory disease on formation of clinical picture in patients with GS pathology; with its character clinical-pathogenic peculiarities; similarity of main parameters; about GS pathology itself in pulmonary patients and about hierarchy of pathogenic connections GS pathology by stage their narrowness with main diseases. The conducted private analysis confirms general peculiarities.