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Матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м. Чернівці, 10, 12, 17 лютого 2020 р.) – Чернівці: Медуніверситет, 2020. – 488 с. іл.

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У збірнику представлені матеріали 101 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет» (м.Чернівці, 10, 12, 17 лютого 2020 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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KIDNEYS FUNCTIONAL STATUS IN PATIENTS WITH CHRONIC KIDNEY DISEASE AND NONALCOHOLIC STEATOHEPATITIS

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The objectives of the study were to find out the probable effect of the comorbid flow of nonalcoholic steatohepatitis on the functional state of the kidneys in patients with chronic kidney disease (pyelonephritis) of the I-III stage, to determine the pathogenetic role of endothelial dysfunction, lipid distress syndrome, endotoxicosis and oxidative stress in the mechanisms of their mutual burden.

240 patients with chronic kidney disease (chronic bilateral peylonephritis) of the I-III stage were examined, 145 of which had comorbid nonalcoholic steatohepatitis and obesity of the 1st degree (group 1), 95 patients were diagnosed with chronic kidney disease I-III stages without comorbid pathology. Depending on the stage of the chronic kidney disease, both groups were divided as follows: 1st group - into 3 subgroups: 51 patients with 1st stage chronic kidney disease, 53 patients with 2nd stage chronic kidney disease, 41 patients with 3rd stage chronic kidney disease. The 2nd group was divided into 3 subgroups: 32 patients with 1st stage chronic kidney disease, 35 patients with 2nd stage chronic kidney disease, 28 patients with 3rd stage chronic kidney disease. The control group consisted of 30 practically healthy individuals. The diagnosis of NASH was established in accordance with the unified clinical protocol, approved by the order of the Ministry of Health of Ukraine No. 826 from 06.11.2014, in the presence of criteria for the exclusion of chronic diffuse liver disease of the viral, hereditary, autoimmune or medicinal genesis as causes of cholestatic or cytolytic syndromes, as well as the results of the USG survey. The diagnosis of CKD was carried out in accordance with the recommendations of the clinical guidelines of the State Institute "Institute of Nephrology, NAMS of Ukraine" (2012). The study included patients with CKD I-III stage without a nephrotic syndrome with chronic uncomplicated pyelonephritis in the phase of exacerbation. The glomerular filtration rate (GFR) was investigated by creatinine clearance, calculated using the Cockroft-Gaulta formula, as well as by the universal automatic calculator CKD-EPI.

As a result of the research it was established that nonalcoholic steatohepatitis affects the functional state of the kidneys in patients with chronic kidney disease I-III stages with a possible reduction of nitrogen function, velocity of glomerular filtration, increase in the intensity of hypoalbuminemia, proteinuria, leukocyturia, erythrocyturia, cylinduria, bacteriuria than in isolated course chronic kidney disease.

For the comorbidity of the chronic kidney disease with nonalcoholic steatohepatitis and a decrease in glomerular filtration rate, an increase in the intensity of oxidative stress, endotoxicosis, lipid distress syndrome, degree of violation of the functional state of the endothelium: increased activity of iNOS, nitrite/nitrate content, endothelin-1, homocysteine, cytokeratin-18, decrease in the activity of arginase, H2S content, which correlate with the intermediate and high power interactions with the index of glomerular filtration rate.

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CHRONIC KIDNEY DISEASE AND SYSTEMIC CONNECTIVE TISSUE DISEASES: ROLE OF MINERAL DISORDERS IN THEIR PROGRESSION, THERAPEUTIC APPROACHES

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Chronic kidney disease (CKD) is defined as a structural or functional kidney abnormality lasting for 3 or more months. The global prevalence of CKD is estimated to be more than 10%, and CKD has emerged as a public health problem. Adverse outcomes of CKD such as kidney failure,

cardiovascular disease, and premature death can be prevented or delayed when treatment is initiated in the early stages of disease. As the earlier stages are often asymptomatic, CKD is usually detected during laboratory evaluation of comorbid conditions.

Chronic kidney disease (CKD) and systemic connective tissue diseases (CTD) are systemic disorders that leads to vascular calcification and accelerated progression. Uric acid has been shown to associate with vascular calcification and with carotid intima-media thickness (CIMT) and to suppress the 1 α-hydroxylase enzyme leading to lower 1,25-dihydroxyvitamin D (1,25(OH)2D) and higher intact parathyroid hormone (iPTH) levels.

These data suggest that factors other than uric acid may play a more important role in the regulation of CKD- CTD including vascular calcification and vitamin D metabolism in patients with CKD.

Thus, the authors present and discuss available data regarding potential role of hyperuricaemia, hyperphosphatemia in CKD-CTD incidence and progression. Possible therapeutic approaches are also being discussed.

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PREGNANCY-ASSOCIATED PROTEIN-A AND C-REACTIVE PROTEIN IN PATIENTS WITH MANIFESTATIONS OF SUBCLINICAL ATHEROSCLEROSIS

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The proposed 2018 definition of clinical conditions in cardiology, which can serve as a manifestation of subclinical atherosclerosis, including asymptomatic patients at risk for coronary heart disease, atypical course, changing the development of acute coronary syndrome, long preclinical period against the background of confirmed coronary atherosclerosis cause a changes in diagnostic and treatment strategy according to the latest European guidelines.

Aim, to investigate the influence associated with pregnancy plasma protein -A (PAPP-A) and C-reactive protein (CRP) in the formation of subclinical atherosclerosis and in estimation of the change rate of intima-media (CIM), total ejection fraction and volume end-systole, total cholesterol, exercise tolerance and the comparison group, the initial level of the biomarker and the background of the treatment (n=23) for statin use and metabolic therapy (trimetazidine and magne -B6).

Examined 67 patients in the division into two groups with clinical manifestations of subclinical atherosclerosis and atypical clinic in terms of differential diagnosis in the distribution of vegetative- vascular dystonia coronary syndrome X, stable angina stress I-II functional class with an estimate levels of biomarkers (PAPP-A and CRP) to conduct clinical and functional review of all patients (methods of ECG, echocardiography, treadmill test, blood tests, including ELISA).

CIM indication decreased during treatment and surveillance in the general group (n = 67) ($p < 0,05$) and the distribution of PAPP-A≥4,12 mIU/L ($p < 0,002$), and observations determined initial increase in CIM by distribution PAPP-A ≥4,12 mIU/L ($p < 0,001$), which were stored and during treatment in the total group (n = 67) in the distribution of medium-sized CMMs for PAPP-A were in the treatment ≥ 4,12 mIU/L ($p < 0,01$) . In the group before /after treatment (n = 23) there was a decrease of-CIM during treatment in the group general ($p < 0,02$), with a tendency to decrease CIM in the group where enlarged PAPP-A≥4.48mIU/L ($p>0.05$) and reduced PAPP-A<4.48mIU/L ($p>0,05$), and subclinical atherosclerosis (n = 46) registered a decrease CIM in the treatment group reduced PAPP-A (<4.54mIU/L, $p<0,01$), but not in the group of increased PAPP-A (≥4,5mIU/l, $p>0.1$). In his own study was found a significant decrease in the sum of CIM based content CRP in the group overall (n=67) during treatment ($p<0,02$) and at distribution of CRP ≥ 12,47 mg/l was recorded a CIM reduction ($p<0,005$). The initial increase in CIM, which further decreases significantly in the treatment group (n=23) for the distribution of CRP <17, 11≥ mg/dL ($p<0,02$), also significantly reduce CIM consistent for CRP in the treatment group PSA ≥ 12.47 mg/L ($p < 0,005$), as well as in atherosclerosis group for CRP (<16,55≥mg/l) with decreasing rate CIM ($p<0,05$).