



molecules" in the blood. In 6 patients, progressive oliguria with the transition to anuria required an addition of more radical efferent methods of detoxification - hemodialysis with hemosorption and hemofiltration.

Thus, in the immediate postoperative period, the PS, unlike the HS and PP, does not reduce the total protein of the blood, which makes possible to use the PS in conditions of hypoproteinemia. PS compared with HS and PP causes a greater diuretic effect, which makes important to use it in case of oliguria and oligoanuria. In contrast to PP at PS, there is no need for the transfusion of large doses of donor plasma and other plasma-substituting solutions.

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STATE OF VOLUME-AND OSMOREGULATORY FUNCTION OF KIDNEYS IN PATIENTS WITH SEPSIS AND DIABETES MELLITUS

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The clinical course of diabetes mellitus confines the reserves of the mechanisms of functions, maintaining homeostasis, in particular, volume-and osmoregulatory function of kidneys, their compensatory abilities, especially under conditions of addition of actions of accessory unfavorable factors of systemic direction. One of such is endogenous toxemia of purulent-septic genesis.

The purpose of the work is to study the state of the volume-and osmoregulatory function of kidneys at diabetic mellitus, complicated by endogenous intoxication syndrome of purulent-septic genesis. The group under study consisted of patients with insulin-independent diabetes mellitus, complicated with endogenous intoxication syndrome of purulent-septic genesis (DMSEI). The patients were divided into 4 groups: group I and group II – control investigations SSIR, n=30; group III and IV – DMSEI (n=53). Patients of group II and group III were subjected to the research in the fragment of infusion therapy fulfilment with Ringer solution at a rate of 3ml/kg/year during three hours.

The starting indices of volume-and osmoregulatory functions of kidneys in patients with IIDM, complicated by endogenous intoxication syndrome of purulent-septic genesis (SEI PSG) are characterized by meanings, which affirm inhibition of the volume regulatory (according to Sodium clearance 11%, $p < 0.05$) and activation of osmoregulatory (as to clearance of osmotic active substances 23%, $p < 0.05$) of the kidney function. Volume increase of the extracellular space with Ringer solution activates volume-and osmoregulatory function of kidneys, respectively, in patients with SSIR $162 \pm 27,1\%$ (Δ , $p < 0.05$) and $138 \pm 48,3\%$ (Δ , $p < 0.05$), and at IIDM complicated with SEI PSG $260 \pm 47,8\%$ (Δ , $p < 0.05$) and $147 \pm 46,9\%$ (Δ , $p < 0.05$).

Isotonic loadings with Ringer solution of a small volume initiate the same direction of indices' change of volume-and osmoregulatory functions of kidneys in patients with the syndrome of systemic inflammatory response and diabetic mellitus, complicated with the syndrome of ourulent-septic genesis and reveal dissotiation hyperreactivity of the volume regulatory function concerning osmoregulatory one.

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FEATURES OF SORBILACT-L-ARGININE-COMBINED ACTION ON THE KIDNEYS' VOLUMOREGULATORY FUNCTION OF PATIENTS WITH PURULENT-SEPTIC COMPLICATIONS

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Purulent-septic complications remain a pressing problem of clinical medicine. They cause endotoxicosis and multiple organ damage. Kidneys are the main homeostatic organ whose functions undergo intensive strain of various circumstances of multiple organ failure, especially in the event of an initiated toxic aggression. In this context, attention should be paid to the relevant regulatory framework of their functions, including volume-regulatory; consider the possibility of adjunct-