

additionally received Reosorbilact infusion load in the amount of 7-8 ml/kg at a rate of 18-20 ml/min

The results of the studies of Reosorbilact effect on the volume- and osmoregulatory function of the kidneys in patients with sepsis-induced hypotension are characterized by activation of diuresis ($224 \pm 58.9\%$; , $P < 0.05$), increased sodium clearance ($317 \pm 52.5\%$; , < 0.05) and clearance of osmotically active substances ($240 \pm 68.6\%$, 0.05). At the same time, the glomerular filtration rate increases $54 \pm 11.7\%$ (, $P < 0.05$). The processes, inhibiting the reabsorbed sodium fraction $1.58 \pm 0.29\%$ (, $P < 0.05$) and the reabsorbed fraction of osmotically active substances $4.2 \pm 1.40\%$ (, $P < 0.05$), are in the base of Reosorbilact activating effect.

It has been registered that depression of the volumetric-and osmoregulatory function of the kidneys in dopamine-dependent compensation of sepsis-induced hypotension in terms of clearance characteristics, are observed. Reosorbilact infusion load in patients with compensated sepsis-induced hypotension promotes homeostatic adaptation of compensatory volume-dependent reactions, volume-and osmoregulatory function of the kidneys.

Apakitsa V.V.

FEATURES OF CEREBRAL STROKE COURSE IN PATIENTS WITH DIABETES MELLITUS

*Department of Anesthesiology and Intensive Care
Bukovynian State Medical University*

According to official statistics, in Ukraine cerebrovascular diseases are the cause of death 2 (100,000-110,000 deaths, about 14% of all deaths). There are 100,000–110,000 strokes each year (more than a third of them are in people of working age), 30–40% of stroke patients die within the first 30 days and up to 50% within a year of the onset of the disease; 20–40% of surviving patients become dependent on outside care (12.5% of primary disability) and only about 10% return to full life. The presence of diabetes increases the risk of stroke by 1.8-6 times. Mortality from stroke is much higher in patients with diabetes than in those without it, and is, according to various data, 40-59%. The numerous researches of the effects of hyperglycemia on cerebral circulation found that a sharp rise in glucose in the blood plasma of animals is accompanied by a decrease in regional cerebral blood flow.

To study the clinical features of acute stroke in patients with diabetes mellitus. An analysis of medical histories of patients who suffered from acute stroke (AS) was performed. 109 case histories of patients who were treated in the intensive care unit (ICU) were analyzed. Patients were divided into 2 groups: I - patients with established type 2 diabetes (37 patients), and II - patients without diabetes (72 patients). Age of patients - from 32 to 89 years. General and anthropometric indicators, as well as comorbidities in patients did not differ significantly.

During the research it was established that the first group dominated by Ischemic stroke (35 out of 37, or 94.6%), respectively, Hemorrhagic stroke - 1 out of 37, or 2.7%, and subarachnoid haemorrhage - 1 out of 37, or 2.7%. Patients without diabetes were also dominated by ischemic stroke (49 out of 72, or 68%), but had a slightly higher percentage of haemorrhagic strokes (18 out of 72, or 25%"; subarachnoid haemorrhage - 5 out of 72, or 7%). In both groups there was approximately the same percentage of speech disorders, however, in stroke associated with diabetes, a higher percentage of movement disorders (31 out of 37, or 75.7%), while in the second group - 49 out of 72, or 68.1%. Impairment of consciousness was also more common in group I (31 out of 37, or 83.8%), and slightly less in group II (58 out of 72, or 80.6%). It should be also noted that during the research in the group of patients without diabetes, a number of patients with transient hyperglycemia (> 6.1 mmol/L) were identified, which was corrected a few days after treatment.

Diabetes mellitus lead to a significant deterioration of the general condition in patients with acute stroke. Consequently, in patients with stroke it is very significant timely detection and diagnosis of diabetes mellitus and latent forms of carbohydrate metabolism, adequate treatment of

diabetes and careful monitoring of blood glucose levels, especially in the acute period of stroke, to prevent an increase in the area of the lesion and recurrent stroke.

Dobriansky V. V.

RISK FACTORS FOR RECURRENT HYPOGLYCEMIA IN PATIENTS WITH TYPE II DIABETES MELLITUS IN THE PREHOSPITAL STAGE

Department of Anesthesiology and Intensive Care

Bukovynian State Medical University

About 500 million people worldwide have diabetes, about 90% of whom have type II diabetes. According to WHO statistics, in 2019, more than 1.5 million deaths were caused by diabetes and its complications, among which one of the most common is hypoglycemia. In most patients receiving insulin, hypoglycemia develops with varying frequency; in 30% of cases, there is severe hypoglycemia. According to the Center of Emergency Medical Care and Disaster Medicine (CEMCDM) in the Chernivtsi region, the number of calls about hypoglycemia is 10-15% of the total number of calls per year. A lot of them are complicated and recurrent, so it is important to understand and study the risk factors of recurrent hypoglycemia in a prehospital setting.

Purpose: to investigate and analyze the risk factors for recurrent hypoglycemia in patients with type II diabetes. 33 ambulance call cards and the annual report on the work of CEMCDM of Chernivtsi were analyzed. The results of general clinical and laboratory research methods are studied, the general methods of statistics are used.

The sample consisted of 33 patients with type II diabetes who were on insulin therapy, of which 19 (57.5%) were men and 14 (42.5%) were women aged from 17 to 76 years. The moderate diabetes was detected in 16 people (48.5%), mild - in 10 (30.3%), and severe - in 7 patients (21.2%). Among those surveyed, the glycemic level was on average 2.27 mmol/l (0.5-2.9 mmol/l). Aftercare, the average blood glucose level was 7.3 mmol/L. There were 3 cases (9%) of very severe hypoglycemia (less than 1.0 mmol/l). This group of patients was characterized by risk factors such as old age, prolonged diabetes, cardiovascular disease, difficulty recognizing symptoms and alcohol abuse, glucose resistance, and recurrent episodes in anamnesis. Repeated calls accounted for 21.2% of the total number of call cards analyzed, most of them for patients with severe and moderate diabetes who were on insulin therapy. For these patients, in addition to standard treatment (administration of 80-100 ml of 40% glucose), 200 ml of 5% glucose was added. The average time of arrival of an ambulance (TAA) was 28 minutes, including 17.4 minutes in the city and 41.1 minutes in the countryside. A direct correlation was found between TAA and the amount of 40% glucose administered ($r = 0.6$). It was also found that 66.6% of respondents abused alcohol. The incidence of severe hypoglycemia was higher in patients with severe diabetes and who did not follow a diet. In women, the incidence was slightly lower than in men, but they had lower glucose levels compared with men ($p < 0.05$).

The risk of recurrent hypoglycemia is high in patients with older age, long and severe diabetes, comorbidities, in people who abuse alcohol. A direct correlation was established between the NPV and the amount of 40% glucose administered. Thus, it is important to provide timely care for hypoglycemia in patients with type II diabetes, as well as hospitalization of patients with the above risk factors to specialized hospitals.

Malaiko S.S.

FREQUENCY OF PULMONARY EDEMA DEVELOPMENT IN PATIENTS WITH ACUTE CORONARY SYNDROME AND DIABETES TYPE 2

Department of Anesthesiology and Intensive Care

Bukovynian State Medical University

Pulmonary edema is a liquid accumulation in the tissue and air spaces of the lungs. It leads to impaired gas exchange and may cause respiratory failure. It is due to either failure of the left ventricle of the heart to remove blood adequately from the pulmonary circulation. On the basis of the data of the register of acute coronary syndrome to study the incidence of pulmonary edema that