

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.

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

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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.

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

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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

arose during hospitalization in the intensive care unit of the Regional Clinical Cardiology Center, Chernivtsi. Data analysis of 84 cards of patients hospitalized in cardiac intensive care. The parameters studied included age, pulmonary edema (PE), normal or impaired carbohydrate metabolism (type 2 diabetes mellitus), and newly diagnosed diabetes mellitus (NDDM), impaired glucose tolerance (IGT) The diagnosis of impaired carbohydrate metabolism (CM) was made on the basis of the WHO recommendation.

From 184 patients, 38 (21%) indicated a history of type 2 diabetes mellitus. Of 38 patients with an indication of diabetes mellitus, 23 (63%) had decompensation of carbohydrate metabolism (glycemia exceeded 11.1 mmol / l). Upon admission to a hospital with ACS hyperglycemia was detected in 46 patients. For the first time, an impaired CM was detected in 29 (15.9%) of 184 patients, of which NDDM was in 4 (15.3%), IGT - in 4 (30.7%). The total number of patients with impaired carbohydrate metabolism was 68 (36.9%). Normal carbohydrate metabolism was observed in 115 patients (63.1%). At the time of admission to reanimation department, out of 184 ACS patients, PE was registered in 14 (8.39%) patients, of which 5 patients (men (M) -3, age - 68.5 ± 2.5 ; women (F) -2, age - 78.1 ± 2.5) with DM2 , 3 patients (M-1, age - 87.0 ± 2.5 ; F-2, age - 74.8 ± 2.5) with the NDDM; ; 1 patient (M-1 age - 74.0 ± 2.5 ;) with ITG and 5 patients (M-3, age- 65.6 ± 2.5 ; F-2, age - 70.6 ± 2.5) with normal CM. Based on the data of the S register of Regional Cardiological Centre, Chernivtsi, patients hospitalized in BCC with ACS pulmonary edema occurs in 8.39% of cases. When analyzing groups of patients with normal or impaired carbohydrate metabolism is very significant but due to the small sample, difference, $t = 1.5$, $p < 0.07$. In the group of patients with ACS with NDDM, pulmonary edema occurs in 21.7% of cases, with an obvious type of diabetes mellitus - 16.5%, NTG - 15.6%, norma M - 3.5% of cases. The highest percentage of PE development occurs in patients with a violation of the CM without performed on prehospital stage of antihyperglycemic therapy, namely in patients with NDDM - 21.7%. This can explain the high percentage of PE in patients with IGT -15.6%,when only diet is recommended. Patients with type 2 diabetes have long-term experience diseases and the presence of diabetic complications compared with NDDM, and their glycemic level in 63.5% of cases exceeded 11.1 ml mol / l compared to patients with IGT. Moreover, PE occurred in patients with overt type 2 diabetes in 16.5% of cases.

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DIAGNOSTIC SIGNIFICANCE OF INFRARED THERMOMETRY IN PREVENTING THE DEVELOPMENT OF PURULENT-NECROTIC COMPLICATIONS OF DIABETIC FOOT SYNDROME

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Measurement of body temperature in various diseases is one of the most common diagnostic measures, due to its low cost, speed and ease of execution, as well as non-invasiveness for patients. Pathogenetically, a decrease in local temperature can be associated with microcirculation disorders, metabolic and degenerative changes in tissues. Inflammation processes accompanied by vasodilation and acceleration of metabolic processes, malignant neoplasms, endocrine and neuroregulatory disorders contribute to the increase in skin temperature. Changes in temperature precede other clinical symptoms of the disease, which allows for early diagnosis and timely treatment. In diabetes mellitus, changes in local temperature have not been sufficiently studied, although a number of studies indicate the diagnostic value of the relationship between total and local temperature in the plantar area of the diabetic foot in limb ulcers.

The aim of our study was to establish the significance of changes in local body temperature in the early diagnosis of purulent-necrotic complications of diabetic foot syndrome in patients with type 2 diabetes.

We examined 87 patients with type 2 diabetes who were treated for diabetic foot syndrome. Patients were divided into two groups: the first group - 47 patients with surgical pathology with diabetes without purulent-necrotic complications and 40 patients with purulent-necrotic