

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



## **МАТЕРІАЛИ**

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## **FEATURES OF THE COURSE OF THE JOINT SYNDROME IN PATIENTS WITH COMORBID NONALCOHOLIC STEATOHEPATITIS AND OBESITY**

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**Introduction.** An important problem is the comorbidity of NAFLD with obesity (OB) and osteoarthritis (OA), which is characterized by a burdening syndrome.

The incidence of Ob, which affects 28-35% of the population of economically developed countries, has increased by 57% in recent years. Osteoarthritis of large joints is a common comorbid pathology on the background of OB. The urgency of the problem of studying OA is due to the high prevalence of OA, the rapid development of functional disorders and disability of people of all ages. Taking repeated courses of nonsteroidal anti-inflammatory drugs (NSAIDs), which are hepatotoxic drugs, negatively affects the course of nonalcoholic steatohepatitis (NASH).

**The aim of the study.** To determine the state of the joint syndrome in patients with OA with comorbid NASH and OA compared to the isolated course of OA, depending on the stage of OA, the degree of OA and the prescribed NSAIDs.

**Material and methods.** 140 patients with NASH, OA, obesity or their combination were examined, including 30 patients with OA and normal weight (BMI = 21-25 kg/m<sup>2</sup>), 80 patients with OA, NASH and obesity (BMI higher than 30 kg/m<sup>2</sup>), 30 patients with NASH and obesity without OA (BMI > 30 kg/m<sup>2</sup>). The average age is 63,1 ± 5,3 years. The control group consisted of 30 healthy individuals with normal body weight, including 12 men and 18 women.

**Results.** A negative impact of NASH and obesity on the course of OA compared with the course of OA in persons with normal body weight consists of a probable increase in the intensity of pain syndrome (for visual analogue scale VAS), an increase in the level of individual pain (according to the McGill questionnaire), an increase in joint stiffness, (by WOMAC test) (p < 0.05), progressing with increasing degree of obesity (p < 0.05), insulin resistance (IR) (p < 0.05), stage OA (p < 0.05), cytolytic and mesenchymal intensity-inflammatory NASH syndromes (p < 0.05) due to a significant imbalance in the metabolism of connective tissue components (p < 0.05). Ibuprofen and diclofenac (p < 0.05) demonstrated the highest effectiveness in eliminating joint syndrome in these patients.

**Conclusions.** On the basis of a comprehensive study of clinical features of nonalcoholic steatohepatitis developed against the ground of obesity and OA, the intensity of endotoxemia, metabolic disorders with underlying IR and adipocytokine imbalance, a strong interdependence of these changes with the degree of obesity and effect of repeated treatment with NSAIDs for OA was established.

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## **THE TYPES OF BLOOD SUPPLY OF THE SIGMOIDAL SEGMENT INTESTINAL WALL IN THE SECOND TRIMESTER FETUSES**

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**Introduction.** The main purpose of surgical treatment of Hirschsprung's disease both in children and adults is a maximum removal of the aganglionic area, dilated portions and maintenance of the colon functional part. During resection of the sigmoid colon preservation of anastomosis between the latter sigmoid and upper rectal arteries is a crucial moment during the postoperative period. When an adequate blood supply is lacking, postoperative ischemic colitis and ischemic strictures may occur. Literary analysis is indicative of the fact that the information concerning anatomy of the sigmoidal segment is not systematized and fragmentary. Angioarchitectonics of the sigmoidal segment in the fetuses of the second trimester of the intrauterine development requires certain specification.

**The aim of the study.** Objective of the study is to determine the peculiarities of blood supply of the sigmoidal segment in 4-6 month fetuses.