

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



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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The aim of the study. It was to investigate clinical features and ultrasonographic parameters of the gallbladder in patients with chronic cholecystitis and concomitant hypothyroidism.

Material and methods. 20 patients with chronic non-calculous cholecystitis and hypothyroidism (experimental group) and 23 patients with chronic non-calculous cholecystitis without thyroid dysfunction (comparison group) were examined. The control group consisted of 20 practically healthy individuals representative of the studied groups in terms of age and gender. We used general clinical methods of research, study of the thyroid profile (study of the content of free triiodothyronine, thyroxine, thyroid-stimulating hormone, antibodies to thyroglobulin and thyroid peroxidase); ultrasound examination of abdominal organs, and statistical research methods.

Results. The majority of patients with chronic non-calculous cholecystitis and hypothyroidism (90.0%) had a pain syndrome in the right hypochondrium of medium intensity, which had a pressing, aching or tingling character. The increase in clinical manifestations in patients with chronic non-calculous cholecystitis and accompanying hypothyroidism was consistent with the results of an ultrasound examination of the gallbladder. In patients with chronic cholecystitis and hypothyroidism, a torpid course of the gallbladder disease is observed against the background of a significant increase in the diameter (larger on average by 4,0 mm ($p=0,02$) compared to control indicators and by 4,5 mm ($p<0,05$) compared to patients in the comparison group), length (significantly increased on average by 8,9 mm ($p=0,005$) compared to the control indicators and by 5,7 mm ($p=0,04$) compared to the corresponding patients of the comparison group), and volume of the gallbladder (which on average was 16,3 ml ($p=0,002$) higher than the corresponding indicator in practically healthy individuals and by 10,8 ml ($p<0,05$) - in patients with chronic non-calculous cholecystitis), more frequent identification of signs of sediment, sludge in the gallbladder, and thickening of its walls during ultrasonographic examination. The specified changes in the size of the gallbladder in patients with chronic non-calculous cholecystitis and hypothyroidism indicate a greater tendency to cholestasis, which must be taken into account when prescribing treatment. During the ultrasonographic examination, 15 (75,0%) patients with combined pathology revealed sediment in the gallbladder, 9 (45,0%) patients of this group were diagnosed with the presence of biliary sludge. In patients of the comparison group, such ultrasonographic symptoms of chronic non-calculous cholecystitis were determined less often, in particular, sediment in the gallbladder was visualized in 7 (30,4%) patients, sludge - in 5 (21,7%) patients with this disease. In patients with chronic non-calculous cholecystitis and hypothyroidism, the thickening of the gallbladder walls was more pronounced, in particular, in 7 (35,0%) patients of this group, the thickness of the gallbladder wall was ≥ 5 mm, which indicated a significant and long-term inflammatory process in it. Among patients of the comparison group, there were only 2 such patients (8,7%).

Conclusions. Patients with chronic non-calculous cholecystitis and hypothyroidism have a torpid course of the disease, which is accompanied by an increase in the size of the gallbladder and cholestasis compared to patients with chronic non-calculous cholecystitis with normal thyroid function.

Reva T.V.

LIFESTYLE MODIFICATION FOR THE PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE AND HYPOTHYROIDISM

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Introduction. Gastroesophageal reflux disease (GERD) is a widespread disease, the treatment of which includes a combination of lifestyle changes with optimal pharmacological treatment. Pathological functioning of the thyroid gland has an aggravating effect on the regulatory mechanisms of the kinetics of the esophagus and stomach. In patients with gastroesophageal reflux disease with hypothyroidism, all changes in the function of the stomach and duodenum are associated with a decrease in the acid-forming function of the gastric mucosa, due to its atrophy,

and a decrease in the tone and contractility of the stomach. Which in turn leads to slowing of gastric and duodenal evacuation, dysfunction of the closing ability of the cardia and, as a result, the development of duodenogastroesophageal reflux. The combination of GERD and hypothyroidism is burdensome and requires a more careful approach to the choice of treatment tactics.

The aim of the study. To study results of the treatment and lifestyle modification for the patients with GERD of comorbid hypothyroidism.

Material and methods. 65 GERD patients with reduced thyroid function (the main group) who were being treated at the Chernivtsi Regional Endocrinological Center were examined. Among GERD patients with hypothyroidism, 54 (83.1%) women predominated, 16.9% (11 patients) men. The control group consisted of 25 patients with GERD with normal thyroid function (control group), the majority of patients were male - 13 (52%), 12 (48%) were female. The average age of the patients was 46.3 ± 3.33 years. A comprehensive study included clinical examination, laboratory and instrumental research.

Results. Patients of the main group were treated as follows: proton pump inhibitor - rabeprazole, prokinetic agent - domperidone, ursodeoxycholic acid drug - "Ursohol", antacid - maalox, replacement therapy was carried out by prescribing L-thyroxine and carrying out galvanization of the stomach area. Particular attention was paid to recommendations mostly related to lifestyle changes, such as maintaining a healthy weight, avoiding foods that cause reflux, eating smaller portions, not lying down after eating, and not smoking. In patients with reduced thyroid gland function, the manifestations of bile reflux decreased or disappeared clinically on the 5th day, the feeling of heartburn, pain behind the sternum completely disappeared or decreased, and the decrease in manifestations of esophagitis was confirmed endoscopically. Over the next 10 days, chest pain and a bitter taste in the mouth disappeared in 83.4% of patients. By the end of the course of treatment, almost all patients noted an improvement in their well-being. Indicators of esophageal pH in the main group approached the normal limits - 6.5 ± 0.03 , Min pH - 6.1; Max pH - 7.1; Mo - 6.4; Me - 6.5. The average number of episodes during an hour is 1.3 ± 0.10 , the average indicator of the number of episodes lasting more than 5 minutes was 0.3 ± 0.06 cases, the average indicator of the maximum duration of an episode decreased to 3.8 ± 0.20 minutes. The number of erosive forms of esophagitis in the main group decreased to the level of 13.8%. The obtained data indicate a significant improvement in the functional state of the cardia in most patients, which is evidenced by the restoration of the His angle, an increase in the gas bubble of the stomach, and the absence of antiperistaltic contractions of the esophagus.

Conclusions. Thus, in the treatment of GERD patients with hypothyroidism, the use of complex treatment with the necessary means of lifestyle modification increases to the improvement of the functional state of the lower esophageal sphincter and pylorus, the normalization or significant increase of the contractile capacity of the stomach, the elimination or reduction of the manifestations of duodenogastric and gastroesophageal reflux. Adherence to dietary recommendations and lifestyle changes in GERD in combination with hypothyroidism is the main component of the treatment complex, has a positive effect on the course of comorbid pathology, on metabolic processes and improves the quality of life of patients.

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DIAGNOSTIC MARKERS OF INTERDEPENDENT BURDEN OF PROGRESSION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND CORONARY HEART DISEASE IN THEIR COMBINED COURSE

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Introduction. WHO statistics suggests that chronic obstructive pulmonary disease (COPD) ranks 4th place in the world among causes of death, and its prevalence worldwide reaches about 210 million patients. Approximately 60% of patients with COPD are suffering from Coronary Heart disease (CHD) as a comorbidity. In developed countries, COPD and cardiovascular diseases take