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Збірник матеріалів науково-практичної конференції
з міжнародною участю

«КОМОРБІДНИЙ ПЕРЕБІГ ЗАХВОРЮВАНЬ ВНУТРІШНІХ ОРГАНІВ: СУЧАСНИЙ СТАН ПРОБЛЕМИ ТА НЕВИРІШЕНІ ПИТАННЯ КОРЕКЦІЇ»

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Матеріали науково-практичної конференції з міжнародною участю “Коморбідний перебіг захворювань внутрішніх органів: сучасний стан проблеми та невирішені питання корекції” (Буковинський державний медичний університет, м. Чернівці, 16-17 березня 2023 року) – Чернівці: Медуніверситет, 2023. – 144 с.

У збірнику наведені матеріали науково-практичної конференції з міжнародною участю “Коморбідний перебіг захворювань внутрішніх органів: сучасний стан проблеми та невирішені питання корекції” (Буковинський державний медичний університет, м. Чернівці, 16-17 березня 2023 року) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним питанням поєднаного перебігу захворювань внутрішніх органів у хворих різних вікових груп.

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Materials and methods. With the help of a search in various scientific and statistical databases and portals (Google Scholar, Springer Link, PubMed), a systematic analysis of articles and publications on the selected topic was carried out, followed by a synthesis of information, in accordance with the set goal and the formation of conclusions.

The results. In 2017, a retrospective study was conducted in Bangladesh, during which the data of 1252 patients with type II diabetes were collected and analyzed. The average age of the patients was 55 years. Hypertension was detected in 67% of participants, and 95.8% knew about it. Insulin is a pancreatic hormone that participates in metabolic and other regulatory processes of the body, such as: the exchange of lipids, proteins, and carbohydrates; neurohumoral regulation of the sympathetic nervous system, ion and amino acid transport, cell cycle processes and vascular function (effect on the endothelium).

As a result of impaired functioning of specific GLUT-4 receptors, insulin resistance occurs, which subsequently leads to the development of type II diabetes, and all the above-mentioned functions of insulin are impaired, resulting in a metabolic imbalance. The consequence of cell resistance to insulin is compensatory hyperinsulinemia, which is the immediate cause of the development of hypertension in this cohort. The role of insulin resistance in the activation of components of the renin-angiotensin-aldosterone system, which is locally located in adipose tissue, has been proven. Hyperglycemia, in turn, is involved in stimulating the production of angiotensin II, which causes the reabsorption of Na and is a powerful vasoconstrictor.

Angiotensin II, mediated through NADH, stimulates the production of reactive oxygen species in the endothelium of vessels, which leads to a decrease in the bioavailability of NO, and as a result, not only endothelium-dependent vasodilation is disturbed, but also vasoconstriction of small vessels occurs.

The role of compensatory hyperinsulinemia in the activation of the sympathetic nervous system, which led to the hyperproduction of norepinephrine, which acts as an activator on the juxtaglomerular apparatus of the kidneys and leads to an increase in renin secretion, was also scientifically substantiated.

Summary. In patients with type II diabetes, insulin resistance is the main etiopathogenetic link that leads to a cascade of pathophysiological reactions in the body with the subsequent development of arterial hypertension.

CLINICAL AND METABOLIC BACKGROUND IN PATIENTS WITH COMBINED COURSE OF NON-ALCOHOLIC STEATOHEPATITIS, OBESITY AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Introduction. The relevance of the problem of the combined course of non-alcoholic steatohepatitis (NASH) on the background of obesity with chronic

obstructive pulmonary disease (COPD) is a significant increase in the frequency of this type of disease (24-30%). Aim of the study. To elucidate clinical and biochemical features, in particular lipid regulation in blood of the course of non-alcoholic steatohepatitis for comorbidity with I grade obesity, chronic obstructive pulmonary disease of 2-3 D stages.

Materials and methods. 130 patients have been examined, including 35 NASH patients with obesity of the 1st stage (1 group), 60 NASH patients with obesity of the 1st stage and COPD 2-3 D (group 2), and 35 patients with COPD 2-3 D (group 3). The average age of the patients was (55.7 ± 3.22) years. There were 20 apparently healthy persons (AHP) of the corresponding age and sex in the control group. Results: The symptoms of astheno-vegetative syndrome, dyspepsia and feeling of heaviness or pain while palpation in the right hypochondrium were observed in 2,1 times, 1,7 times and 2,5 times ($p<0,05$) more often in patients of the 2nd group in comparison with patients of the 1st group. Clinically, in patients with NASH the syndrome of cholestasis was found in 28.8%, in comparison with patients with NASH and COPD (in 62,3%). In patients of the 2nd group, the frequency of splenomegaly exceeded the indicator in the 1st group, respectively, in 2.7 times ($p<0.05$). Blood leptin content in patients of the 1st group exceeded the data in AHP by 4.7 times, and in patients of the 2nd group - by 5.4 times ($p<0.05$). Blood content of adiponectin in patients of the 1st group was 1.7 times lower than the one in the AHP, and in patients of the 2nd group by 2.4 times with the presence of an intergroup difference ($p<0.05$). Changes in these indicators have not been established for patients of the 3rd group. Conclusion. The clinical course of NASH for comorbidity with obesity is characterized by a high frequency and intensity of clinical syndromes, the manifestation of which increases significantly with the addition of COPD 2-3 D . Comorbidity of COPD in obese patients and NASH is an additional, powerful-inducing factor of lipid distress syndrome with significantly higher increase (compared with NASH without lung pathology) triacylglycerols in blood (2.2 versus 1.9 times), which form the basis of liver steatosis, TC (1.5 versus 1.4 times), low density lipoproteins (1.8 times versus 1.7), IA (2.5 versus 2.3 times) ($p <0.05$), which are accompanied by hyperleptinemia (5.4 times versus 4.7), adiponectin deficiency (2.4 times versus 1.7).

CLINICAL COURSE OF NON-ALCOHOLIC STEATOHEPATITIS AND DIABETIC KIDNEY DISEASE ON THE BACKGROUND OF COMPLEX TREATMENT OF PATIENTS WITH TYPE 2 DIABETES, CORRECTION METHODS

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The relevance of finding optimal methods of treatment for patients with a comorbid course of nonalcoholic steatohepatitis (NASH) that developed against the