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

# М А Т Е Р І А Л И

**106-ї підсумкової науково-практичної конференції**
**з міжнародною участю**
**професорсько-викладацького колективу**
**БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ**
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Матеріали підсумкової 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) – Чернівці: Медуніверситет, 2025. – 450 с. іл.

У збірнику представлені матеріали 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.



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hypertrophy degree occurs with the additional administration of allopurinol to the complex therapy ($p<0.05$), with an intensification of LV IM reduction with the addition of allopurinol (Δ% -4.77±1.67 vs. -14.18±4.39% ($p<0.05$) in comparison with standard therapy/standard therapy+allopurinol groups). Quercetin administration intensified the reduction of LV IM (Δ% -4.77±1.67 vs. -19.22±6.21 % ($p<0.05$) in the comparison with standard therapy/standard therapy+quercetin groups), however, in the quercetin group it was not possible to achieve a complete regression of LV hypertrophy.

**Conclusions.** 1. The inclusion of allopurinol in the standard therapy of stable angina in patients with asymptomatic hyperuricemia potentiates the enhancement of systolic function and promotes the regression of left ventricular hypertrophy. 2. The criteria for additional allopurinol administration in patients with stable angina and asymptomatic hyperuricemia are the presence of left ventricular hypertrophy.

**Amelina T.M.**

## GENDER DEPENDENCE OF PATHOGENETIC CHANGES IN PATIENTS WITH NON-Q-MYOCARDIAL INFARCTION

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**Introduction.** Despite a significant number of scientific studies, the issues of gender dependence of myocardial infarction (MI) development are relevant and require modern approaches to the diagnosis and treatment of MI, depending on the findings. It was found that among the acute MI cohort, in-hospital mortality was higher among women compared to men (41.24% vs. 28.13%: aOR. 39. 95% CI 1.079-1.798; p = 0.01). A higher risk profile for cardiovascular disease and atypical symptoms are more common in women.

**The aim of the study.** To determine certain aspects of biochemical and functional changes in patients with non-Q-myocardial infarction (NQMI) depending on the patient's gender.

**Material and methods.** The main parameters of blood analysis and results of instrumental examination methods, in particular ultrasound, which are included in the standard package of patients with MI on admission to the hospital according to the protocol of clinical examinations for patients in this category, were studied. The sample consisted of 20 patients with non-Q-myocardial infarction (40% women, 60% men) who were treated at the Chernivtsi Regional Clinical Cardiology Center. Statistical processing was carried out with a preliminary determination of the type of distribution in the groups, which was different from normal, so the analysis was performed using nonparametric Wilcoxon analysis, and correlations between the studied parameters were determined.

**Results.** In the group of patients diagnosed with NQMI, when comparing the groups of men versus women, most of the indicators with a gender difference did not have a significant difference, however, the level of K+ ions was significantly higher in female patients 4.97±0.18 versus 3.53±0.43 in men ($p=0.032$), although it was within the normal range in both groups. The size of the left atrium (LA) was larger in the group of men than in women (4.45±0.1 vs. 3.9±0.21, $p=0.029$), and the index of end-systolic size (ESS) was also higher in the group of men (3.66±0.14 vs. 3±0.13, $p=0.012$). The end-diastolic size (EDS) did not differ in these two groups. As for the left ventricular ejection fraction (LVEF), it remained higher in female patients (63.83±0.87 vs. 52±2.64, $p=0.011$).

The correlation between the studied parameters was also analyzed. In female patients, a direct correlation between aortic diameter and diastolic blood pressure was found (0.507, $p<0.05$), a direct correlation between troponin level and blood cholesterol level (0.490, $p<0.05$). We were interested in the confirmation of a direct correlation between blood glucose level and LV size (0.704, $p<0.01$, strong relationship), EDS and ESS (0.502; 0.562, $p<0.05$, direct relationship), and LV EF (-0.737, $p<0.01$, strong inverse relationship).

In the group of men, there was a direct correlation between the level of troponin and the EDS (0.600, $p<0.01$) and CRP (0.517, $p<0.05$). There was a strong direct correlation between LV

dimensions and EDS (0.881, p<0.01) and ESS (0.709, p<0.05). Regarding LV EF, there was an inverse relationship of mean force with LV size (-0.612, p<0.01).

**Conclusions.** The established biochemical and functional changes in patients of both sexes require further research to confirm the relationship and study the features of the development of non-Q-myocardial infarction depending on gender influence with further consideration of the changes obtained for early prevention, prevention of destabilization and treatment tactics of patients.

**Bachuk-Ponych N.V.**

## ADJUVANT THERAPY OF METEOSENSIVITY PATIENTS WITH ISCHEMIC HEART DISEASE

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**Introduction**. The existing standards for the treatment of age-related vascular pathologies of the heart and brain do not provide the correction in weather-dependent patients, so there is a problem of finding drugs with multiorgan action, among which herbal medicines have undeniable advantages.

**The aim of the study. T**o study the clinical efficacy of herbal preparation based on Ginkgo biloba extract and its effect on left ventricular ischemia in the complex treatment of patients with coronary heart disease (CHD) in the inpatient and outpatient stages. Herbal preparation consist of Ginkgo biloba leaf extract (EGB) 50 mg, hawthorn fruit extract 150 mg, periwinkle extract 60 mg, pueraria root extract 50 mg.

**Material and methods**. 98 patients with coronary heart disease, stable angina pectoris II-III functional class, aged 47-75 years were examined. Patients in the comparison group (23 people 23,47%) received standard treatment (angiotensin-converting enzyme inhibitor, beta-blocker, nitrate, if necessary - diuretic), patients in the control group - (75 people, 76,53%) - additional drug herbal preparation (2 capsules per day regardless of meals for 2-4 months). Daily ECG monitoring was performed using a portable complex "Solvaig" (Hungary). Examinations were performed in the first two days on a drug-free background and 14-16 days after the course of treatment. It was found that all patients had different degrees of meteorological dependence, 76 people (77,55%) had increased cardiac manifestations,which were accompanied by headache, sleep disturbance, irritability, arthralgia, which neurologists assessed as manifestations of dyscirculatory encephalopathy I-II degree. The seasonal manifestations of meteorological dependence in the late autumn and early spring periods were clinically more significant and longer than in the winter and summer periods.

**Results.** The use of herbal preparation based on Ginkgo biloba extract in the complex treatment of patients with coronary heart disease significantly contributed to accelerate the regression of clinical manifestations of coronary heart disease by 2 −5 days. The results of Holter ECG monitoring show that the reduction of ischemia manifestations in patients with coronary heart disease was achieved by taking herbal preparation based on Ginkgo biloba extract- the number of ischemic episodes decreased from 7.2 ± 0.58 to 3.1 ± 0.21 (p <0.05), the duration of ischemic episodes decreased from 46.7 ± 4.08 to 21.2 ± 2.01 min (p <0.05), respectively, with a significant difference compared to similar parameters of the comparison group.

This effect of phytopreparation is demonstrated, probably, due to the content of flavonoids (quercetin, isoquercetin, rutin, triterpene compounds, ginkgolides A, B, C, J and bilobalides) - the main active substances of Ginkgo biloba and pueraria. They determine the antispasmodic, capillary-strengthening, anti-inflammatory and membrane-stabilizing properties of the drug. The vasoprotective properties of flavonoid glycosides of the extract are stem from the dilatation of arterioles and narrowing of veins, due to which the filling of the venous system is regulated.

After the conducted inpatient treatment, patients continued to take herbal preparation based on ginkgo biloba extract at the outpatient stage for two (persons under 55 years) - four (persons over