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
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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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Material and methods. This work oriented on review of science data accessible in PubMed and Google Scholar databases, to form conclusive idea about present science consensus and possible future questions to research for creating better AH treatment through additional assessment of therapy effects.

Results. Different classes of antihypertensive drugs, including ACE inhibitors, angiotensin II receptor blockers, and beta-blockers, reduce LV mass, with the best results observed in combined therapies.Hypertension increases the amount of type I collagen, reduces type III collagen, and causes collagen fibril aggregation. Antihypertensive therapy promotes the regression of these changes. Reduction in LV mass improves systolic and diastolic function, reduces the risk of ventricular arrhythmias, and enhances coronary reserve.

Several studies have demonstrated the ability of AHT to induce regression of LVH, particularly with therapies targeting the RAAS. The extent of LVH reversal correlates with reductions in cardiovascular events, highlighting the importance of incorporating structural cardiac assessments into the evaluation of treatment efficacy. Beyond LVH regression, changes in cardiac geometry and myocardial fibrosis are important predictors of long-term outcomes. The ability to reverse adverse remodeling may offer a more precise marker of treatment success than BP reduction alone.

Despite the clear benefits of quantitative assessment, routine integration into clinical practice faces several barriers, including cost, accessibility, and the need for specialized training in imaging interpretation.

Conclusions. Quantitative assessment of structural heart changes allows the detection of minimal changes that are not visible in qualitative analysis, making it a promising direction for improving the prediction and treatment of patients with AH. Further research is needed to determine the optimal frequency of imaging assessments, identify thresholds for clinical decision-making, and evaluate the cost-effectiveness of routine structural assessment.

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STATISTICAL DIFFERENCES OF CHRONIC PANCREATITIS DEPENDING ON THE ETIOLOGICAL FACTOR AND AGE.

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Introduction. Chronic pancreatitis (CP) can be caused by various etiological factors, the verification of which helps in targeted, objective treatment and prognosis of this pathology.

The aim of the study. Determination of statistical differences in CP depending on the etiological factor and age.

Material and methods. data from the out-patient cards of 51 patients who were under supervision in the communal city polyclinic No. 1 with diagnosis of CP, dividing them by etiological factor: alcoholic, biliary and without established genesis.

Results. It turned out that in the general cohort of patients with CP diagnosis, there were the most people with CP of alcoholic genesis - 22 patients (43.14%), a moderate number - with CP of biliary genesis - 18 (35.29%) and a small number ones with CP of unknown origin genesis - 11 patients (21.57%). In terms of age, the patients were represented as follows: in the category of 18-39 years - 6 (11.8%) patients, 40-59 years - 18 (35.3%), 60 and older - 27 (52.9%). The obtained data look completely logical and understandable - the number of patients with CP increases with age.

At the next stage, in our research, we have decided to determine the age distribution of our patients, depending on the etiological factor. The statistical analysis revealed the following: among patients with CP of biliary genesis, there were 3 (16.67%) patients in the age group of 18-39, in the group of 40-59 - 5 (27.78%) patients, in the group of 60 and older - 10 (55.55%) ones. As for patients with CP of alcoholic genesis, the age distribution was as follows: 18-39 – 3 (13.64%) patients, 40-59 – 11 (50%) patients, 60 and older – 8 (36.36%) patients. In the group of patients

with CP of unknown origin, the distribution in age groups was as follows: 18-39 – 0 patients, 40-59 – 2 (18.18%), 60 and older – 9 (81.82%).

Analyzing data on the age distribution of patients with biliary genesis CP, we obtained data indicating an almost linear dependence of the increase in the number of patients with age. This seems understandable and natural, considering the duration of exposure to harmful nutrition of a person throughout his life. Accordingly, this gives us grounds for quantitative prediction regarding the detection of patients with biliary genesis CP depending on age.

As for the incidence of alcoholic genesis CP, it turned out that the peak (50%) was observed in the most productive and active age - 40-59 years. After reaching the age of 60, the number of such patients decreases. In our opinion, this is due to the fact that the number of these patients, almost 30%, does not live to the age of 60 due to alcohol abuse and the resulting medical and household complications.

A statistical analysis of the group of patients with uncertain origin CP by age group revealed an interesting pattern: from the absence of such cases in the age group of 18-39 years, isolated cases of the disease (18.81%) in the age group of 40-59 years, to a rapid increase in the number of such patients (81.82%) after reaching the 60 years old. Such a sharp increase in the incidence of unknown genesis CP, in our opinion, is due to the misdiagnosis of this pathology or the masking of other diseases.

Conclusions. The highest incidence of alcoholic genesis CP is observed in the most productive and active age. The increase of patients number with biliary genesis CP is observed continuously throughout life in an almost linear relationship, which is associated with their acquisition of gallstone disease with age. The increase of patients number with uncertain genesis CP is caused, in our opinion, by misdiagnosis, or by masking other diseases of the abdominal cavity under CP diagnosis.

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PROGNOSTIC ROLE OF C-REACTIVE PROTEIN AND ENDOTHELIN-1 DETERMINATION IN PATIENTS WITH CHRONIC CORONARY SYNDROME

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Introduction. C-reactive protein (CRP) and endothelin-1 (ET-1) are promising biochemical markers for cardiovascular prognosis. CRP plays a key role in the pathophysiology of atherosclerosis and is classified as an acute phase protein, while cardiovascular diseases are considered inflammatory conditions. Research by S. Schulz et al. demonstrates that an increase in CRP up to 0.5 mg/dL and more is regarded as a predictor of an adverse cardiovascular disease outcome during a 10-year follow-up. ET-1 is one of the most powerful vasoconstrictors, an antagonist of NO, the increase of which is associated with endothelial dysfunction.

The aim of the study. To evaluate the prognostic role of determination of CRP and ET-1 in patients with chronic coronary syndrome, including the analysis of digitalized ECG indicators based on the "Smart-ECG" software.

Materials and methods. 46 patients with chronic coronary syndrome (CCS) were included in the study. According to the value of CRP, the patients were divided into two groups: 18 people with a CRP level ≥0.5 mg/dl and 28 patients with a CRP <0.5 mg/dl. Depending on the level of ET-1, the participants were divided into a group with ET-1 ≥7.83 pg/ml, which consisted of 23 patients, and with ET-1 <7.83 pg/ml, which included 23 people.

Results. Increasing CRP ≥0.5 mg/dL and ET-1 ≥7.83 pg/ml is associated with more frequent occurrence of various types of rhythm disturbances ($p<0.05$), higher heart rate by 9.85% and 17.07% respectively ($p=0.001$ in both cases), by lower indicators of the maximum speed ratio (MSR) of the differentiated electrocardiogram in the zone of ischemia ($p=0.001$), which indicates a more pronounced imbalance of the electrogenesis of the ischemic myocardium. In the group with a level of CRP ≥0.5 mg/dL, higher ET-1 was noted, which in percentage ratio was Δ +58.10% compared to group II (10.83 (9.94; 12.64) vs. 6.85 (6.26; 7.63) pg/ml at $p<0.001$). Worse