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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myocardial systolic capacity was recorded in the group with CRP ≥0.5 mg/dL, which was evidenced by lower left ventricle ejection fraction (LVEF) (Δ -8.33%, p=0.012). The estimated regression equation for comparing CRP with ET-1 indicates a strong direct correlation (r_{XY}=0.909), with the MSR in the ischemic zone – an average inverse correlation (r_{XY}= -0.566). The correlation between CRP and LVEF is described as a weak inverse (r_{XY} = -0.342), p>0.05. The correlation between CRP and the height of the ST segment slope (STH) in the ischemic zone of the digitalized ECG is a weak straight line (r_{XY} =0.227), p>0.100. The construction of the multiple regression equation with the dependent variable CRP and factors of common influence - ET-1, LVEF, MSR, and STH in the ischemic zone shows a strong connection, statistically significant (R^2=0.8284, p<0.001).

Conclusions. Higher values of markers of inflammation and endothelial dysfunction CRP and ET-1 in patients with CCS indicate the tendency of the myocardium to generate arrhythmias and adverse changes in the electrical balance of the myocardium, as indicated by the indicators of the digitalized ECG, which causes a negative cardiovascular prognosis.

Mikulets L.V.

MASKS OF PARANEOPLASTIC SYNDROME IN ELDERLY PATIENTS

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Introduction. Paraneoplastic syndrome is a collection of clinical manifestations that occur as a result of a tumor process but are not related to direct tumor invasion or metastases. In elderly patients, this syndrome can have various "masks," mimicking rheumatological diseases such as rheumatoid arthritis, dermatomyositis, or polymyositis, among others. With aging, the frequency of oncological diseases increases, raising the risk of developing paraneoplastic conditions. However, their diagnosis is complicated by multiple comorbidities, age-related changes in the body, and nonspecific symptoms that delay the timely detection of oncological pathology.

The aim of the study. To analyze the clinical features of paraneoplastic syndrome in elderly patients and identify the main "masks" of this syndrome that imitate rheumatological diseases.

Material and methods. The study involved 50 elderly patients (aged 65 and older) who were hospitalized for rheumatological diseases. Clinical and laboratory data were used for diagnosis, including a complete blood count, biochemical markers, serological tests, as well as imaging methods (X-ray, computed tomography (CT), magnetic resonance imaging (MRI)).

Results. All patients exhibited elevated levels of inflammatory markers (C-reactive protein (CRP), erythrocyte sedimentation rate (ESR)), and in some cases, specific tumor markers. Patients were divided into groups based on clinical manifestations: rheumatoid-like syndrome (38% of cases), polymyalgia rheumatica (16%), dermatomyositis (18%), other atypical manifestations (22%), and systemic scleroderma (6%).

Polymyalgia rheumatica: Symptoms included pain in the shoulder and pelvic girdles, increased fatigue, and decreased appetite. CRP levels were also significantly elevated. Further examination revealed the presence of malignant tumors, predominantly lung and breast cancer.

Dermatomyositis: Patients demonstrated skin rashes (heliotrope rashes) and proximal muscle weakness. Tests revealed elevated levels of creatine kinase and antinuclear antibodies. Upon further examination, most cases were diagnosed with gastrointestinal and lung tumors.

Rheumatoid-like syndrome: Symmetrical arthritis of the small joints of the hands and feet was often misdiagnosed as rheumatoid arthritis. However, further examination (CT, MRI) revealed tumors in the lungs and prostate.

Other atypical manifestations: This group included systemic inflammatory conditions, myositis, and vasculitis, accompanied by significantly elevated markers of inflammation (CRP, ESR). Various oncological diseases were also identified in these patients.

Conclusions. Thus, paraneoplastic syndrome in elderly patients can present with various clinical masks that imitate rheumatological diseases, significantly complicating its diagnosis. Detecting such conditions is crucial for the timely diagnosis of oncological diseases. A systematic

approach to examining patients with unusual rheumatic symptoms that do not respond to standard therapy can reduce the risk of late tumor detection and improve the quality of life for patients. It underscores the need for heightened oncological vigilance among clinicians working with older patients.

Mykytyuk O.P.

MODERN LIFESTYLE CHALLENGES AND ENVIRONMENTAL FACTORS DISRUPTING HUMAN HEALTH AND ENVIRONMENTAL SYNCHRONY: CHALLENGE FOR RESEACHERS AND PHYSICIANS

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Introduction. The 21st century has brought rapid changes in lifestyle and environmental dynamics that disturb the natural synchrony with our environment and challenge human health. Rising urbanization, ecological problems, including air pollution, climate change, and urban noise, sedentary habits, and technology-driven lifestyle are reshaping daily routines, often at the expense of physical health, mental well-being, and biological rhythms.

The aim of the study. To define environmental stressors that may facilitate exacerbation of healthissues by creating imbalance between human organism and natural environmental cues.

Material and methods. We performedliterature analysis, with over 250full-text reviews analysis – on Scopus, PubMed sources as well of review of available grey literature sources about key concerns related to changing life conditions and factors provoking such modifications. The depth of search was 10 years (2014-2024).

Results. Most authors define several directions causing health-related concerns.

Lifestyle and environmental factors:sedentary behaviors, irregular sleep patterns, and reliance on ultra-processed diets are central contributors to lifestyle-induced health issues. Digital overexposure and screen time disrupt circadian rhythms, impacting sleep quality and increasing the risk of metabolic disorders. Digital dependence and social media use contribute to mental health challenges such as anxiety, depression, and reduced social connectedness, altering natural patterns of human interaction.COVID-19 pandemic amplified sedentary behaviors, emotional eating, and mental health disorders due to prolonged isolation, remote work, and social stressors. Migration and conflict, such as the ongoing global refugee crises and recent wars, have also disrupted routines and access to essential resources, increasing vulnerabilities to physical and mental health disorders among affected populations.

Zeitgeber disruption is also significant nowadays. In recent years, shifts in zeitgebers–such as reduced natural light exposure due to increased indoor time and intensified artificial light at night–have led to circadian misalignment, weakening natural sleep-wake cycles and exacerbating risks of metabolic and psychological disorders. Rising global temperatures affect those in warmer climates who struggle with increased night-time temperatures and impaired sleep.Seasonal changes, which traditionally are powerful zeitgebers, were increasingly altered due to global warming. Shorter, milder winters and prolonged summers disrupt the seasonal cues that affect mood and activity levels, leading to Seasonal Affective Disorder and altered metabolic functions.

The convergence of lifestyle shifts, environmental factors, and social crises requires an urgent re-evaluation of healthcare strategies. Healthcare providers must address the complex effects of mentioned factors on patient health as far as they result and are closely linked to a growing prevalence of non-communicable diseases, including obesity, cardiovascular disease, diabetes. Preventive strategies, patient education, and multidisciplinary public health interventions–spanning urban planning, technology, and community support–are essential to mitigate risks and promote adaptive behaviors that restore synchrony with natural environmental rhythms.

Conclusions. Diet, physical inactivity, sleeping regimen, harmful habits; social and environmental conditions (e.g., pollution, socioeconomic status, stress levels) influence disease patterns differently across populations. Research that considers these aspects yields findings that are more applicable to specific contexts, enhancing the relevance and reliability of interventions.