

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ



МАТЕРІАЛИ
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.

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Conclusions. For medical professionals, addressing these trends requires new approaches to patient education, focusing on sustainable dietary behaviors and debunking nutrition myths. Recent shifts in dietary habits underscore the need for medical personnel to stay informed on nutritional trends, adapt preventive strategies, and leverage emerging technologies in dietary health. By doing so, healthcare providers can more effectively combat the adverse effects of modern dietary habits and contribute to a healthier, more informed patient population.

Voroniuk K.O.

EVALUATION OF ECHOCARDIOGRAPHIC CHANGES DEPENDING ON THE GENES AGT (RS4762), GNB3 (RS5443) AND SOME HUMORAL MARKERS IN PATIENTS WITH ARTERIAL HYPERTENSION

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Introduction. Left ventricular hypertrophy (LVH) is a powerful and independent prognostic determinant for future cardiovascular and coronary events. LVH can be regressed by drugs but the aim in future should be prevention of LVH rather than its regression.

Aim of the study. The study aimed to evaluate the echocardiographic (Echo-CG) changes in patients with EAH depending on genes AGT (rs4762), GNB3 (rs5443), and some humoral markers.

Material and methods. The case-control study involved 100 patients with EAH stage II, 1-3 degrees of the blood pressure value (BP), high and very high cardiovascular risk. AGT (rs4762) and GNB3 (rs5443) genotyping were performed by Real-Time PCR. All recruited individuals were tested for serum levels of ionized calcium, parathyroid hormone, and 25-hydroxyvitamin D. LVH was assessed using Echo-CG.

Results. T-allele of the AGT (rs4762) and GNB3 (rs5443) genes are associated with myocardial structure changes in hypertensive patients: thicker relative wall thickness (RWT), interventricular septum in diastole and higher left ventricular (LV) mass index (LVMI) in women for GNB3 (rs5443) gene. Hypovitaminosis D in EAH patients is accompanied by LV remodelling: larger left atrium size, LV mass (LVM), and LVMI in women, with lower ejection fraction. Hypocalcemia links to the smaller wall thickness of hypertrophied LV myocardium in EAH individuals than in the case of its normal concentration, as well as a lower LVMI and better LV contractile function, which confirms the hypothesis of active involvement of calcium in the process of myocardial remodeling and hypertrophy.

Conclusion. The polymorphic variants of the AGT (521 C>T) and GNB3 (825 C>T) genes are associated with myocardial structure changes in EAH patients. Hypovitaminosis D in hypertensive individuals is accompanied by LVM and LVMI increase but reliably only in women.

Yurkiv O.I.

PECULIARITIES OF CLINICAL SYMPTOMS DIGESTIVE DISORDERS IN INFANTS WITH PERINATAL PATHOLOGY HISTORY

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Introduction. Nowadays, one of the most common pathological conditions in children is a disorder of the composition and function of large intestine microflora developing under the influence of various unfavourable factors. In infants dysbiotic disorders occur more frequently than in adults; that is determined by morphological and functional immaturity of the gastrointestinal tract in this age. One perspective suggests that severe clinically significant forms of dysbiotic disorders in the first years of life can be regarded as a prerequisite to the development of inflammatory bowel disease. Contributing background to the development of dysbiotic intestinal disorders in infants with perinatal pathology is connected with changes in the functional state of the liver and biliary tract. Occurrence of unfavourable risk factors even during the labour leads to adaptation disorders of varying severity degrees in newborns; that requires treatment and care of the infant separately from the mother under the supervision of medical personnel.

The aim of the study. The purpose of the scientific work was to study peculiarities of formation of intestinal microecology in infants with perinatal pathology history.

Material and methods. The main study group consisted of 25 infants with perinatal pathology history; the infants had clinical symptoms of gastrointestinal tract disorders; group of comparison numbered 25 infants without these disorders. Statistical processing of the obtained data was performed on a personal computer using the statistical program for medical and biological research "STATGRAPHICS" Plus 5.

Results. The retrospective study of infant development maps at birth showed that in children of the first group in 12 (48%) cases intrauterine growth retardation by hypotrophic type was diagnosed; neonatal encephalopathy was detected in 13 (52.0%) cases. Exploration of pregnancy and delivery peculiar characteristics of mothers in the main group showed that most of them had some complications. In 3 (12.0%) mothers this very pregnancy was third and fourth. 4 (16.0%) children were born by means of cesarean section. Comparative characteristics of peculiar features of clinical symptoms on the part of gastrointestinal tract in children of the second experimental group are: regurgitation was detected in one infant that constitutes 4.0%; arequent symptoms in the infants of this group were flatulence, constipations and abdominal pain, which constitute 7 (28.0%), 8 (32.0%) and 6 (24.0%) cases respectively. Isolated cases of regurgitation, flatulence, poor sucking and constipation were observed in children of the second group.

Examination of all infants in the first group revealed clinical symptoms of abdominal dysfunctions, among which there are: constipation in 8 (32.0%) infants, predisposition to the liquid stool in 4 (16.0%) infants; signs of flatulence with abdominal distension, intestinal colic and characteristic infant pose with adduction of the legs in 7 (28.0%) cases. 5 (20.0%) children had appetite abnormalities (dysorexia); in 1 (4.0%) case regurgitation was observed. Clinical manifestations of jaundice were noted in 1 (4.0%) infant; enlargement of the liver was also observed in 1 (4.0%) case. 4 (16.0%) children experienced nervousness and constant crying.

Severe illnesses were developmental factors concerning disorders of the intestinal functional state in infants, they had suffered from, and with which they were repeatedly admitted for treatment to the pediatric hospitals. Thus, 3 (12.0%) children recovered from acute obstructive bronchitis, 3 (12.0%) suffered from enterocolitis; in 2 (8.0%) cases tracheobronchitis was in past history; 1(4.0%) infant recovered from upper respiratory tract infections (URTI) and in 1 (4.0%) case salmonellosis was revealed in the past history.

Conclusions. Digestive dysbiosis manifestations in infants are a consequence of perinatal pathology in the neonatal period that usually occur in combination with functional disorders of other organs and systems. Early signs of the appearance of digestive tract dysbiosis may be detected by means of diagnostic research complex and prevented by early administration of correcting therapy.

Борейко Л.Д.

ФУНКЦІОНАЛЬНИЙ СТАН СЕРЦЯ ТА АРТЕРІАЛЬНИХ СУДИН У ХВОРИХ НА ЕГ

ІІ СТ.ЗА РІЗНИХ ВАРІАНТІВ ДОБОВОГО РИТМУ АТ.

Кафедра догляду за хворими та вищої медсестринської освіти

Буковинський державний медичний університет

Вступ. У структурі захворювань серцево-судинної системи одне з перших місць займає артеріальна гіпертензія. Як есенційна так і вторинні артеріальні гіпертензії часто ускладнюються ураженнями органів-мішеней: серця, мозку, нирок, судин. Більшість наукових праць присвячені вивченням проблеми морфо-функціональної структури серця, головного мозку та нирок. Недостатня увага надається артеріальним судинам, зміні структури та їх функції які зумовлюють розвиток, прогресування та ускладнення цього захворювання.

Мета дослідження. Вивчити функціональний стан артеріальних судин за величиною швидкості розповсюдження пульсової хвилі, серцеву гемодинаміку у хворих на ЕГ ІІ ст. з різними варіантами добового індексу АТ.