

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.

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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The aim of the study. To evaluate the clinical course of steatohepatitis of various etiologies in patients with concomitant anemia and iron overload syndrome, as well as to determine the effectiveness of differentiated treatment depending on the etiology of the disease.

Material and methods. The retrospective study included patients of Regional municipal noncommercial enterprise “Chernivtsi Emergency Medical Hospital” for 2022-2024 with included patients with steatohepatitis of various etiologies, divided into groups based on the primary cause of the disease (alcoholic, non-alcoholic, metabolic). All patients had concomitant anemia and/or elevated iron levels in the body. The clinical course of the disease was analyzed using biochemical and hematological indicators, as well as instrumental diagnostic methods. Treatment included basic therapy for each group, correction of anemia, and regulation of iron metabolism.

Results. Steatohepatitis was most often associated with metabolic syndrome (50%), alcoholic liver damage (30%), and non-alcoholic fatty liver disease (20%). Patients with alcoholic steatohepatitis frequently had a more severe disease course and marked anemia. All patients showed various forms of anemia (microcytic, normocytic). Iron overload was more common in patients with alcoholic liver disease, which worsened the course of steatohepatitis. Patient treatment included addressing the primary disease, reducing iron levels in the body through iron chelators and specialized diets, and treating anemia according to its type. Patients with alcoholic steatohepatitis received therapy aimed at restoring liver function, while patients with non-alcoholic fatty liver disease required correction of metabolic disorders.

Conclusions. Steatohepatitis of various etiologies is accompanied by different forms of anemia and iron overload syndrome, significantly affecting the severity of the disease. Differentiated treatment, taking into account the etiology and associated iron metabolism disorders, is an important factor in improving patient prognosis.

Antoniv A.A.

THE FEATURES OF THE NONALCOHOLIC STEATOSIS AND STEATOHEPATITIS DEPENDING ON THE PRESENCE OF COMORBID CHRONIC KIDNEY DISEASE AND OBESITY

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Introduction. Nonalcoholic steatohepatitis (NASH) is increasingly recognized as major health concerns due to their growing prevalence in the global population. These conditions are closely linked to metabolic disorders, obesity and chronic kidney disease (CKD), making their management more complex in patients with comorbidities. The coexistence of CKD and obesity significantly affects the progression and prognosis of liver diseases, contributing to a higher risk of fibrosis, liver failure, and cardiovascular complications. Understanding the specific features of NAFLD/NASH in patients with CKD and obesity is crucial for improving diagnosis, treatment strategies, and outcomes in this vulnerable population. Hence, investigating the interplay between these conditions is of paramount importance for clinicians and researchers alike.

The aim of the study. To find out the likely changes in the liver of patients with non-alcoholic liver steatosis and steatohepatitis depending on the presence of comorbid chronic kidney disease and obesity

Material and methods. 384 patients with non-alcoholic fatty liver disease were examined: 84 of them with non-alcoholic fatty liver disease with obesity of the I degree (1 group). This group contained 2 subgroups: 32 patients with non-alcoholic steatosis and 52 patients with non-alcoholic steatohepatitis. Group 2 included 270 patients with non-alcoholic fatty liver disease with comorbid obesity of the I degree and chronic kidney disease I-III stage, 110 of them were with non-alcoholic steatosis and 160 patients with non-alcoholic steatohepatitis. The control group consisted of 90 patients with chronic kidney disease of the I-III stage with normal body weight (group 3). The average age of patients was $(45,8 \pm 3,81)$ years.

Results. The study showed that in the case of patients with chronic kidney disease, the index of steatosis in the liver was 3,5 times higher than in the practically healthy persons ($p < 0,05$),

whereas in patients with NASH it was 4,6 fold higher ($p<0,05$) with the presence of a probable difference between the groups ($p<0,05$). The analysis of the NASH-test indicates that metabolic syndrome with the development of probable (possible) non-alcoholic steatohepatitis (increase in the rate of 2,6 times, $p<0,05$) in patients with non-alcoholic steatosis with chronic kidney disease.

Conclusions. The comorbidity of non-alcoholic steatohepatitis with chronic kidney disease was characterized by a higher degree of liver steatosis (hepatorenal index 1,3 times higher than the group of patients with NASH, $p<0,05$), and the higher diagnostic threshold of values of the hepatotoxic index, which in strong interdependence correlates with the degree of steatosis of the liver, determined by Steato-test ($r=0,87$; $p<0,001$).

Biriuk I. G.

AGE DYNAMICS OF OSCILLATION OF THE HAND BONES IN CHILDREN FROM ONE TO FIVE YEARS OLD

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Introduction. Passport age is known to be less accurate than the age of bones. Precise information about the terms and sequence of appearance of the primary and secondary oscillation centers in the bones of human skeleton are of great, applied importance in estimation of morphogenesis features, age and involution changes in the tissues of the skeletal system. Retardation or acceleration are the most often abnormal forms of oscillation. These defects are caused by the action of exo- and endogenic factors affecting child development (feeding, living conditions, experienced diseases, etc.). Today, X-ray diagnostics is one of the main methods to study normal and pathologic osteology. X-ray osteology is a branch of medicine. The hand skeleton is one of the most convenient part of the skeletal system for examination, since it presents the largest number of parameters.

The aim of the study. To find out the terms, sequence and symmetry of occurrence of oscillation centers in the bones of the right and left hands in children of 1-5 years old.

Materials and methods. The terms of oscillation of the hand bones as a parameter of "bone age" morphological differentiation were determined on 36 radiograms of the hand skeletons in children from 1 to 5 years of age.

Results. Radiograms of the right and left hands of one-year-old children accurately detects shadows of all the carpal bones, phalanges of fingers and distal ends of ulna and radius diaphysis. Oscillation points in the capitate and hamate bones appear in infants from 2 to 6 months of age. During the second year of life oscillation points appear in the distal epiphysis of the radial bone, and the capitate and hamate bones become larger.

During the 3rd year of life, an oscillation point appears in the triquetral bone, in the epiphyses of the carpal bones and phalanges of fingers. At this age, children present enlargement of the capitate and hamate bones, as well as the distal epiphysis of the radial bone. As a rule, at the end of the 4th year of life the oscillation point appears in the semilunar bone. In some cases (4) we observed the oscillation point in the semilunar bone at the end of the 3rd year and at the beginning of the 5th year of life. During the 5th year of life, mainly at the end of the 5th year, oscillation points appear in the scaphoid and trapezoid bones, and the trapezium bone (greater multangular bone). Meanwhile, it should be noted that as a rule the radiograms of five-year-old children detected slightly marked oscillation points in two but not in all the three above wrist bones. In single cases, we observed minor deviations (1-3 months) in the periods of appearance of oscillation points of the above bones in the right and left hands with normal morphogenesis.

Conclusions. The given sequence of the appearance of oscillation points in the hand bones in 1-5 years old children presents a picture of the age-related dynamics of the skeleton ossification in the hand during their normal development. Insignificant asymmetry in the oscillation of bones of the right and left hands is found. It is non-simultaneous appearance (1-3 months in difference) and development of oscillation points of the carpal bones of the right and left hands in children from 1 to 5 years of age. In our opinion, it is a variant of normal development of the hand skeleton.