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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an empty stomach, after 12-15 hours of fasting. The following studies were conducted: time of recalcification of blood plasma - CRP; prothrombin time - PF; thrombin time - TC; antithrombin III; indicators of fibrinolysis (total fibrinolytic activity of blood - SFA, non-enzymatic - NFA and enzymatic - FFA); rheological properties of erythrocytes (index of deformability of erythrocytes - IDE, relative viscosity of erythrocyte suspension - VVES). According to the studies, the following groups were made: 20 people with peptic ulcer disease (PEG) and DPC (group N1), 30 people with PPC and DPC combined with hypertension and T2DM (group N2) and 15 practically healthy people (group N3).

Results. In Table 1. a decrease in coagulation potential in all groups of patients is presented. In particular, the plasma recalcification time decreased by 7.96%, the prothrombin time by 16.22%, and the thrombin time by 22.62% in the group of patients with PVS and CKD with hypertension and T2DM, compared to the group of patients with CKD and CKD , and respectively by 17.02%, 38.78%, and 28.99% in comparison with practically healthy individuals (table).

Table

The total coagulation potential of blood in patients with peptic ulcer disease combined with arterial hypertension and type 2 diabetes

Groups of examinees Indicators	Practically healthy persons (group 1) (n=15)	Patients with PU and PUD (group 2) (n=20)	Patients with PU and DPK with hypertension and T2DM (group 3) (n=30)
Plasma recalcification time	98,65± 7,09	90,40±6,06*	85,03±2,98*
Prothrombin time	25,09±3,89	21,09±1,30*	18,21±0,21
Thrombin time	20,42±1,89	18,90±1,12*	15,67±0,65

Note. * - reliability of differences ($p<0.05$) between indicators in the 1st and 2nd, 1st and 3rd groups;

** - reliability of differences ($p<0.05$) between indicators in the 2nd and 3rd groups

Conclusions. Reduction of blood plasma recalcification time (by 6.96% ($p<0.05$)), prothrombin time (by 15.22% ($p<0.05$)), thrombin time (by 20.62% ($p<0.05$)) indicates a violation of the body's compensatory capabilities and is an important factor for diagnosing the progression of this disease.

Chernetska N.V.

ASSESSMENT OF THE QUALITY OF LIFE OF PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Introduction. Chronic obstructive pulmonary disease (COPD) is one of the most important problems in modern medicine due to its high prevalence and mortality worldwide. Treatment is aimed at reducing symptoms, the frequency and severity of exacerbations, and improving health and endurance.

The aim of the study. To investigate the clinical features of the course of the disease during physical exertion and to evaluate the quality of life of patients with COPD.

Material and methods. 20 patients participated in the examination. The patients were divided into two groups: the main group - 10 patients with COPD and the control group - practically healthy individuals. We assessed tolerance to physical exertion using a 6-minute walk test. The 8-item COPD assessment test (CAT-test) was used to determine the deterioration of health status in COPD. The total number of points ranged from 0 to 40. The interpretation of the results was based on the following scale: from 0 to 10 points – mild impact of COPD on patients' lives; from 11 to 20 points - the average impact of COPD on the lives of patients; from 21 to 30 points – severe impact of COPD on patients' lives; from 31 to 40 points - a very severe impact of COPD on the lives of patients.

Results. Patients with COPD had a lower tolerance to physical activity compared to healthy individuals. When assessing the impact of COPD on the quality of life of patients using the CAT test, a higher total number of points was found in patients with COPD than in practically healthy individuals, but there was no significant difference.

Conclusions. COPD worsens the quality of life of patients and reduces tolerance to physical activity.

Dudka I.V.

CORRECTION OF SYSTEMIC INFLAMMATION IN PATIENTS WITH EXACERBATION OF CHRONIC PANCREATITIS AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Introduction. A significant increase in the incidence of chronic pancreatitis (CP) and its progression against the background of various comorbid conditions indicates the relevance of studying the mechanisms of their mutual burden. CP progresses with the development of exocrine pancreatic insufficiency (EPI), which occurs when the active area of the acinar epithelium decreases as a result of the inflammatory process and fibrosis of the organ. The factors contributing to the pancreas fibrosis in CP under the conditions of chronic obstructive pulmonary disease (COPD) against the background of systemic inflammation are the activation of lipid peroxidation (LPO), oxidative modification of proteins (OMP), processes of apoptosis of pancreatocytes, endogenous intoxication (EI), hyperproduction of pro-inflammatory cytokines: TNF-α, IL-1β and growth factors: TGF-β1, IGF-1, etc.

The aim of the study. To study the features of the systemic inflammatory response and the processes of fibrosis of the pancreas tissue in patients with chronic pancreatitis with comorbidity with chronic obstructive pulmonary disease (COPD).

Material and methods. 153 patients with CP of mixed etiology in the exacerbation phase of moderate severity with comorbid COPD were examined (GOLD 2B, 3E). To determine the effectiveness of treatment, two representative groups of patients were formed randomly. The average age of the patients was 58.3±4.3 years. The comparison group consisted of 30 practically healthy people (PHP) of the appropriate age and sex. The first group (group 1, control) – 78 people, received an adapted 5p diet, detoxification, antispasmodic, polyenzyme, broncholytic therapy for 10 days in the hospital and 20 days at the outpatient stage. The main group (group 2) (75 people), in addition to the above therapy, received Antral (Farmak OAO, Kyiv) 1 tablet (200 mg) 3 times a day for 30 days.

Results. 4 weeks after the start of therapy, a significant inhibition of collagen synthesis was established by the indicator of a decrease in the content of protein-bound oxyproline in the blood: in patients of the 1st group – by 1.2 times, in patients of the 2nd group – by 1.9 times ($p<0.05$). The indicated direction of changes is confirmed by the index of collagen type IV content in the blood, which decreased in comparison with the index in PHP, respectively, in patients of groups 1 and 2 – by 1.2 times, 2.1 times ($p<0.05$). Ultrasonographic indicators of the size of the pancreas did not change equally: in patients of group 2, in 96% of patients, swelling of the pancreas was eliminated both in the area of the head, as well as in the area of the body and tail of the pancreas, while in patients of group 1, swelling and an increase in the head of the pancreas remained in 33.3%, and 62.5% had swelling of the body and tail of the pancreas. Dynamic indicators of α-amylase activity in the blood decreased significantly in both observation groups, however, in patients of group 2, the syndrome of enzyme deviation into the blood was eliminated in 98% of patients, while in group 1 – only in 62.3%. The dynamics of indicators of the inflammatory syndrome in patients with CP (according to the content of C-reactive protein in the blood) indicate its complete elimination in 96.4% of patients of group 2 against 33.2% of patients of group 1.

Conclusions. Complex therapy of patients with CP with the use of Antral led to faster clinical remission of CP, elimination of inflammatory edema of the pancreas, hyperfermentemia,