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
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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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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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,

inflammation, and restoration of pancreatic exocrine secretion, compared to only traditional therapy. The use of Antral in patients with chronic pancreatitis and COPD against the background of complex therapy led to a faster, compared to traditional therapy, clinical remission of CP: abdominal distension (OR=3.06), elimination of inflammatory swelling of the body and tail of the pancreas (OR=2.67), inflammatory activity (decrease in the content of CRP in the blood) (OR=3.22), restoration of pancreatic exocrine secretion (increased elastase-1 content in feces) (OR=3.77), recovery of physical performance (OR=2.67) ($p<0.05$).

Dudka T.V.

FEATURES OF CHANGES IN BILE HOMEOSTASIS IN PATIENTS WITH CHRONIC CHOLECYSTITIS WITH COMORBID PATHOLOGY

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Introduction. The problem of the development and progression of inflammatory and dysmetabolic diseases of the gallbladder – chronic acalculous cholecystitis (CAC), cholelithiasis is currently one of the important problems in modern internal medicine with general medical and social significance.

According to data of different authors, a combined course of bronchial asthma (BA) and diseases of digestive organs occurs in 8-50% of cases, and gastrointestinal diseases occur combined with atopic BA twice as often as with infection-dependant BA.

The aim of the study. To examine biochemical bile content, spectrum of microbial and parasitic antigens in patients with BA and CAC depending on the degree of severity of BA.

Material and methods. The study was conducted on 92 patients: 30 patients with BA of mild and moderate severity of a persisting course (the 1st group), 30 patients with BA of mild and moderate severity of a persisting course with comorbid CAC in exacerbation stage (the 2nd group), 32 patients with CAC in exacerbation stage (the 3rd group), the control group included 30 practically healthy individuals (PHI) of an appropriate age.

Ventilation lung function was studied by means of a computer spirograph. The degree of disturbance in the respiratory function was evaluated through an analysis of spirography findings and a curve «flow-volume» by comparing the findings obtained with the appropriate parameters for a given age, sex, height and weight before and after pharmacological tests with salbutamol. The range of normative parameters was considered 80-120% of appropriate. Ultrasonographic testing of the liver, the gall bladder, and the pancreas was carried out in 100% of patients by means of an ultrasound scanner.

Results. Depending on available comorbidity the biochemical analysis of bile (B portion) in patients with CAC showed a number of changes. For example, the content of total lipids in patients of the 2nd and 3rd groups was 1,8 and 2,5 times higher than those of healthy individuals ($p<0,05$), while among patients of the 1st group it only had a tendency to increasing ($p>0,05$). Cholesterol content in bile in the 2nd and 3rd groups of comparison elevated those of practically healthy people by 1,3 and 2,1 times ($p<0,05$), and in patients of the 1st group it was within the normal limits ($p>0,05$). The content of cholic acid in bile of patients from the 2nd and 3rd groups was lower than that of healthy individuals 9,8% and 20,6% respectively (both $p<0,05$), while in patients of the 1st group it was within the norm ($p>0,05$).

At the same time, in the course of investigation a reliable increase of bilirubin level in bile was found in all the groups – 26,8%, 43,5% and 15,1% as much ($p<0,05$) as compared to practically healthy people.

Conclusions. As the results of the study demonstrate increased content of indirect bilirubin fraction in the blood of patients with BA is associated with increasing coefficient of bile pleiochromia and increased lithogenicity of bile that can be considered risk factors promoting formation of pigment calculi. Since in patients with isolated course of CAC bile is mostly saturated with cholesterol and there is a risk of cholesterol calculi formation, then in patients with BA there is a high probability of formation of mainly mixed or pigment calculi.