

**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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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 spiograph. The degree of disturbance in the respiratory function was evaluated through an analysis of spiography 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.