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
03, 05, 10 лютого 2025 року

Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2025 році №1005249

Чернівці – 2025

УДК 61(063)
М 34

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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ISBN 978-617-519-135-4

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EFFECTIVENESS OF VACCINES DURING THE COVID-19 PANDEMIC

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Introduction. As is well established, vaccination is the main means of prevention and protection against infection. Their main role is to stimulate the immune system against the pathogen. The presence of new variants of the coronavirus infection highlights one of the main problems in diagnosis, treatment, and the development of a vaccine against the virus. Therefore, our main goal is to analyze the effectiveness of vaccines during the COVID-19 pandemic according to the literature.

The aim of the study. To identify that protein subunit vaccines enhance the immune response by promoting the recruitment, activation, and maturation of central immune cells through enhanced antigen presentation and uptake by antigen-presenting cells.

Material and methods. An adenovirus vector-based recombinant SARS-CoV-2 vaccine induces a potent CD8+ T-cell and antibody response. Heterologous adenovirus vector vaccine against SARS-CoV-2, constructed from two vector components, recombinant adenovirus type 26 (rAd26) and recombinant adenovirus type 5 (rAd5), containing as SARS-CoV-2 full-length glycoprotein S gene (rAd26-S and rAd5-S) that cause a long-lasting immune response without the need for an adjuvant after one or two doses of the vaccine. Immunization with mRNA vaccines has been shown to be effective against several viral infections. It is an intermediate messenger that can be easily delivered to host cells and translated into an antigen of interest, which will trigger a protective antigen-specific immune response in the human body. Whole virus vaccines contain a killed pathogen and can be easily stored and transported, with fewer safety concerns because the pathogen cannot revert to its original state and cause disease in immunocompromised individuals. The inactivated vaccine is an inactivated vaccine adjuvant against SARS-CoV-2 (strain CN2) containing aluminum hydroxide (Al (OH)3). When evaluating all vaccine data and the prevalence and mutability of coronavirus infection, it can be concluded that the effectiveness of existing vaccines has not been fully studied.

Results. According to the results of the study, it was found that during the use of the vaccine, the development of neutralizing antibodies was detected. According to some studies, SOTRs may be more often associated with disease outbreaks, despite full vaccination, compared to the general population. Other studies report that most SORTs often develop weak antibody responses against SARS-CoV-2 mRNA vaccines.

Conclusion. The presence of different mutations of the coronavirus infection pushes scientists to better diagnostics and the development of therapeutic agents and vaccines, taking into account the pathogenetic features of the virus.

Honcharuk L.M.

DYSPEPTIC SYNDROME DEPENDING ON THE USE OF NON-STEROIDAL ANTI-INFLAMMATORY DRUGS IN PATIENTS WITH OSTEOARTHRITIS AND CONCOMITANT NON-STEROIDAL GASTRODUODENOPATHIES

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Introduction. The problem of gastroduodenopathies (GDP) caused by nonsteroidal anti-inflammatory drugs (NSAIDs) does not lose its significance. Nonsteroidal GDP are diagnosed in about 70% of patients who systematically use these drugs. It should be especially emphasized that there is no clear connection between subjective (symptomatic) side effects, endoscopically detected ulcers, and severe complications. Moreover, it seems that in patients without symptomatic side effects, ulcerative lesions of the stomach during endoscopy are found with the same frequency or even more often than in patients with these effects.

The aim of study. To study the manifestations of dyspeptic syndrome in GDP caused by NSAIDs in patients with osteoarthritis (OA), depending on the structure of NSAID consumption, the degree of damage to the digestive tract and concomitant Helicobacter pylori.

Material and methods. A total of 126 patients with OA and concomitant NSAID-induced GDP were examined. The patients were divided into groups depending on the presence of Hp and the degree of damage to the alimentary canal (AC): group Ia - 40 patients with Hp-positive NSAID-induced gastritis + duodenitis (GD), group Ib - 30 people with Hp-associated erosive and ulcerative lesions of the stomach and duodenum (EUL) induced by NSAIDs, group IIa - 41 patients with Hp-negative NSAID-induced GD, group IIb - 15 patients examined with NSAID-induced EUL without concomitant Hp infection.

Results of the study. Dyspeptic syndrome manifestations bothered mainly patients taking diclofenac preparations. Heartburn, nausea and vomiting bothered 49 (38.9%), 46 (36.5%) and 7 (5.6%) examined patients, respectively. Heartburn was complained of by 28.4% of patients with HD and 57.8% of those with EUL. Nausea occurred in 30.9% of patients with HD and 46.7% of those with EUL. Belching was complained of by 44 (34.9%) patients, belching of food was observed in 12 people, air - in 22 patients, sour - in 10 examined patients. Belching bothered 32.0% of patients with HD and 40.0% of patients with EUL. Abdominal rumbling was reported by 75 (59.5%) patients, abdominal distension - by 76 (60.3%) of the examined patients. Abdominal rumbling and bloating were characteristic of 55.6% and 56.8% of patients without EUL, respectively. Stool disorders were noted in 52 people, with constipation bothering 36 (28.6%) patients, diarrhea - 16 (12.7%) of the examined patients. Against the background of taking sodium diclofenac, heartburn bothered 79.6% of patients, nausea was complained of by 91.3% of the examined patients, vomiting was observed in 71.4% of patients. When using meloxicam and nimesulide, heartburn, nausea and vomiting bothered 12.2%, 4.3%, 28.6%, 8.2% and 4.3% of patients, respectively. Abdominal rumbling, bloating and stool disorders were complained of by 66.7%, 73.7% and 82.7% of patients receiving sodium diclofenac, 18.6%, 15.8% and 11.5% of those taking meloxicam and 13.3%, 10.5% and 5.8% of those examined who indicated the use of nimesulide. It should be noted that dyspeptic manifestations predominated in EUL caused by NSAIDs in patients with OA, regardless of the presence of Hp.

Conclusions. Thus, the examined patients with OA with concomitant NSAID-induced GDP had dyspeptic syndrome, which depended on the selectivity of NSAIDs. The dyspeptic syndrome was manifested by heartburn, nausea, belching, rumbling in the abdomen, bloating and stool disorders. The obtained data indicate the absence of a clear relationship between complaints and the degree of damage to the digestive tract, as well as the presence of Helicobacter pylori. A high frequency of detection of Helicobacter pylori in erosive and ulcerative lesions of the gastrointestinal tract was established.

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STATE OF THE CYTOKINE SYSTEM ACCORDING TO IL-18 AND IL-10 IN PATIENTS WITH OSTEOARTHRITIS COMBINED WITH CHRONIC PANCREATITIS

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Introduction. Osteoarthritis and chronic pancreatitis, in comorbidity, pose significant clinical and therapeutic challenges, as both conditions exacerbate each other's progression.

The aim of the study. To assess the state of the cytokine system based on IL-18 and IL-10 levels in patients with chronic pancreatitis combined with osteoarthritis, as pro-inflammatory and anti-inflammatory cytokines are expected to balance the immune response.

Materials and methods. A total of 52 patients, aged 37 to 65, were examined, including 38 women and 14 men. The mean duration of chronic pancreatitis was 14.9 years, and of osteoarthritis (OA) was 8.1 years. The practically healthy control group included 10 individuals. The levels of interleukins 10 and 18 were measured using the solid-phase immunoassay Platinum ELISA with corresponding kits (Austria).