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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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).

Results. In patients with chronic pancreatitis (CP), OA exacerbations were predominant. The clinical presentation was characterized by pain during active and passive movements, especially in the morning or after considerable overexertion, limited joint range of motion, and joint deformity due to proliferative changes, indicating OA progression. Analysis of IL-18 levels showed an upward trend in 18 patients, with significantly elevated levels in 34 patients compared to the practically healthy group ($p<0.001$), correlating with malondialdehyde and CRP levels ($r=0.52$; $p<0.05$). IL-10 levels (an anti-inflammatory cytokine) in 18 patients were comparable to those in the practically healthy group, suggesting balanced immune response processes. In the second group, IL-10 levels were significantly elevated compared to the healthy control group ($p<0.001$). Concurrent increases in IL-18 and IL-10 may indicate activation of the cytokine defense system, which can be seen as a compensatory response under chronic systemic inflammation conditions.

Conclusion. The immune system in patients with chronic pancreatitis and osteoarthritis appears to be directed toward compensation, balancing between cytokine activation and protective processes (as indicated by IL-18 and IL-10 levels), thereby sustaining low-grade chronic inflammation.

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THE FUNCTIONAL STATE OF THE GALL BLADDER IN PATIENTS WITH ISCHEMIC HEART DISEASE AND OBESITY BASED ON THERAPEUTIC CORRECTION DUE TO ROSUVASTATIN AND MOSAPRIDE

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Introduction. Cholesterosis is one of the most common diseases of the gallbladder. The frequency of the disease, according to surgeons, varies from 2.4 to 39.0%, according to pathologists – from 2.1 to 46.0%. According to the sonography of the gastrointestinal tract, the frequency of detection of cholesterosis in the gastroenterology clinic is 8.1-40.3%. Cholesterosis is often combined with cholesterol calculi, which gives reason for some authors to consider this disease as a pre-stage of gallstone disease. In some cases, cholesterosis is considered as one of the manifestations of the lipid distress syndrome, that is, a complex of diseases, the pathogenesis of which is based on hyperlipidemia and dyslipoproteinemia. In this regard, cholesterosis is often detected in patients with obesity, which is also a component of the lipid distress syndrome. Recognizing more than a century ago lipid infiltration of the gallbladder wall as the basis of future stones, unfortunately, did not change approaches to the treatment of cholesterosis, and advances in the diagnosis of this pathology did not contribute to significant strategic changes in treatment. Cholesterosis is one of the indications for cholecystectomy. Postcholecystectomy syndrome is a cause of disability. It can be associated with both technical errors of surgical intervention and functional disorders caused by the "loss" of functions of the gastrointestinal tract. Cholesterolemia and postcholecystectomy syndrome lead to a significant decrease in the quality of life of patients and even to disability.

The aim of the study. To detect the effect of rosuvastatin and mosapride on the course of chronic cholecystitis and cholesterosis of the gallbladder in patients with coronary heart disease, cardiosclerosis and obesity, on the functional state of the endothelium, the intensity of oxidative and nitrosative stress, which are factors in the progression of the main and comorbid diseases.

Material and methods. To study the effectiveness of the proposed regimen of pharmacotherapy, studies were conducted on the dynamics of treatment in 60 patients with coronary heart disease (CHD), cardiosclerosis, obesity I-II degree with chronic cholecystitis (CC) (30 patients) and a combination of CHD, cardiosclerosis, obesity I-II degree, CC and cholesterosis of the gallbladder (30 people). 1 group (control) received ursodeoxycholic acid (UDCA) (0,5 g per night), hypolipidemic drug atorvastatin (A) (10 mg 1 time per day) and prokinetic domperidone (10 mg 3 times per day). Group 2 (main) as a comparison received rosuvastatin (R) (10 mg 1 time per day), mosapride (5 mg 3 times per day) for 1 month and UDCA (0,5 g per night).