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.

ISBN 978-617-519-135-4

Material and methods. The dynamics of treatment were studied in 60 patients with NASH with DM2 and stage I-III DKD, among whom 48 patients (80.0%) were diagnosed with NASH of mild activity, and 12 (20.0%) had NASH of moderate activity. A comorbid disease in 100% of NASH patients was type 2 diabetes of moderate severity, among which 15 (25.0%) had diabetes in the stage of compensation, 45 (75.0%) had subcompensated diabetes. All patients with NASH and DM2 had comorbid DKD, in particular, 21 cases of DKD stage I-II (35.0%), 20 people with DKD stage III (33.3%), 19 people with DKD stage IV (31.7%). 15 (25.0%) of the examined persons were diagnosed with secondary arterial hypertension (AH) of renal genesis I-II degree, 11 people (18.3%) were diagnosed with essential hypertension of the I-II stage, I-II degree.

Results. The content of total blood lipids, increased before treatment by 1,5 times ($p<0,05$), under the influence of treatment in group 2 decreased by 1.4 times ($p<0,05$), while in group 1 the decrease was 1.2 times ($p<0,05$) with the presence of a probable difference between indicators after treatment in groups ($p<0,05$). The content of total cholesterol (TC) in the blood, increased by 1.7 times before treatment ($p<0,05$), after treatment in the 2nd group decreased by 27.6% ($p<0,05$), and in the 1st group – by 10.5% ($p<0,05$) from the indicator before treatment, with the presence of a probable difference between the indicators after treatment in the groups ($p<0,05$). The most significant indicator of hyperlipidemia in patients with NASH and a background of DM2 with DKD is a 1.9-fold increase in the content of triacylglycerols (TG) in the blood, which forms the pathomorphological basis of liver steatosis. The maximum decrease in TG content after treatment among the parameters of the blood lipid spectrum was found in patients of group 2 – by 43,6% with normalization of the indicator against a decrease of 11.3% in patients of group 1 ($p<0,05$). The positive effect of Quercetin was also noted by us in relation to the increased 1.8 times ($p<0,05$) before the treatment the content of low-density lipoprotein cholesterol (LDL) in the blood: the decrease after treatment was 1,7 times in the 2nd group ($p<0,05$) in comparison with patients of group 1 (by 1.3 times ($p<0,05$)). Complex therapy with the inclusion of Quercetin contributed to a probable increase in the content of antiatherogenic high-density lipoproteins (HDL) in the blood (by 1.3 times ($p<0,05$)).

Conclusions. Complex therapy with EFL, rosuvastatin, metformin in combination with quercetin in people with comorbid NASH, DM2, and DKD contributes to the optimization of the blood lipid spectrum with a decrease in the content of proatherogenic low-density lipoproteins, cholesterol and triacylglycerols in the blood, and a probable increase in the content of antiatherogenic high-density lipoproteins in the blood.

Kulachek V.T.

BETA-2 MICROGLOBULIN AS A MARKER OF RENAL LESIONS IN RHEUMATOID ARTHRITIS

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Introduction. Over the last years, a growth of the renal morbidity has been observed in patients with rheumatoid arthritis, a need of elaborating approaches to an early diagnosis of these abnormalities has arisen. A lot of studies to date have demonstrated large correlations between measures of renal function and suitable serum levels of beta-2 microglobulin.

The aim of the study. To study beta-2 microglobulin and to detect renal complications in patients with rheumatoid arthritis at early stages.

Materials and methods. The blood and urinary levels of beta-2 microglobulin were evaluated for this purpose. The authors examined 28 patients with rheumatoid arthritis of a diverse duration of the disease. The control group consisted of 10 apparently healthy persons. The gender distribution: 11 persons were men and 17 - women. The age of the subjects ranged from 34 to 62 years (the average age is 48 years). Beta-2 microglobulin in the blood and urine was determined by means of the method of immune-enzyme analysis.

Results. A raised level of the blood level of beta-2 microglobulin was revealed in 17 patients among those examined, 9 of them manifesting its presence in urine. An elevation of beta-2

microglobulin based on bibliographical findings points to a lesion of the renal interstitial tissue. As a result of further thorough examination of these patients, we revealed glomerulonephritis in 8 patients (28,6%), interstitial nephritis – in 3 subjects (10,7%), amyloidosis in 3 persons (10,7%). Primary renal dysfunctions were detected in 3 persons (10,7%). While carrying out conventional research methods, renal pathology could be verified only in 9 patients with rheumatoid arthritis with a prolonged antecedent anamnesis. No dependence of the beta-2 microglobulin level on age and gender was revealed.

Conclusion. Carrying out the above-mentioned studies in patients with rheumatoid arthritis will make it possible to improve an early detection of terrible affections on the part of the kidneys, which will contribute to raising the efficacy of treating patients and prolonging their life span.

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THE ROLE OF B VITAMINS IN THE TREATMENT OF DIGESTIVE DISEASES

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Introduction. In Ukraine, about 90% of the population suffers from a deficiency of various vitamins. Food today is not able to satisfy the human need for vitamins, since the amount of nutrients in them is constantly decreasing, therefore, without taking vitamin complexes, the effectiveness of treating many diseases is significantly reduced. Vitamins are not a plastic material or a source of energy but exhibit their activity as coenzymes of various enzymes, participating in the regulation of carbohydrate, protein, fat and mineral metabolism, as well as in the preservation of cellular structures. With normal functioning of the digestive tract, the synthesis of vitamins in the intestines can cover up to 80% of their daily needs

The aim of the study. To analyze the results of scientific and clinical studies on the effectiveness of using B vitamins in the complex treatment of diseases of the digestive system.

Material and methods. Analysis of scientific sources of the electronic database of medical and biological publications PubMED

Results. The advisability of prescribing B vitamins for liver diseases is due to their deficiency in chronic liver damage of viral and toxic etiology. They improve the metabolism of liver cells, namely the processes of decarboxylation and transamination, hydrogen transport and the formation of adenosine triphosphate (ATP) in mitochondria, and regulate protein metabolism. The protein synthetic function of the liver is stimulated at the level of DNA, RNA and polypeptide chain elongation. They influence carbohydrate and carbohydrate metabolism, promoting ATP synthesis and eliminating hypoxia, which is also accompanied by an increase in the resistance of hepatocytes, acceleration of regenerative processes in the liver parenchyma and improvement of its detoxic function. All of these effects prevent the occurrence and development of fibrosis in the liver parenchyma - an important factor in the progression of liver diseases of any etiology.

With intestinal dysbiosis, associative microbial connections are disrupted, which leads to disruption of the synthesis of B vitamins, which contributes to the clinical manifestations of intestinal diseases accompanied by dysbiosis. The prescription of B vitamins for the successful correction of dysbiosis is due to their participation in the metabolism of intestinal microflora, the biosynthesis of neurotransmitters such as acetylcholine, serotonin and γ-aminobutyric acid (GABA). Bacterial GABA influences the motor-evacuation activity of the colon and the regulation of muscle tone. Reduced production of GABA by microbiota and entry into the nervous tissue of the colon contributes to the development of irritable bowel syndrome (IBS). In addition, at the basis of the development of IBS, as well as in the long-term and severe course of chronic non-ulcerative colitis, psychoasthenic syndrome and psycho-emotional reactions are of great importance, which is difficult to correct when using standard basic therapy (selective intestinal antispasmodics, anti-inflammatory drugs, sedatives).

Conclusion. In the complex treatment of diseases of the digestive system, it is advisable to use B vitamins since they play an important biological role not only as general strengthening factors that promote recovery but also as drugs that have a variety of pharmacodynamic effects. It is