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

perinatal period of human ontogenesis depend on the shape of the sigmoid colon. The shape of the sigmoid colon possesses individual anatomical variability. The 3rd trimester is a critical period, since accelerated growth of the sigmoid colon occurs.

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FEATURES OF RHYTHM AND CONDUCTION DISTURBANCES IN CHRONIC CORONARY SYNDROME, CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND OBESE PATIENTS

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Introduction. The topic of studying rhythm and conduction disorders in patients with chronic coronary syndrome (CCS), chronic obstructive pulmonary disease (COPD) and obesity is important due to the fact that the presence of obesity increases the load on the heart, which is increased by the concomitant presence of chronic hypoxia in COPD, which leads to more frequent and severe rhythm and conduction disturbances in this group of patients.

The aim of our study. To compare the rhythm and conduction in CCS, COPD and obese patients with CCS and obese patients, COPD and normal body weight patients, CCS, COPD with excess body weight patients and investigate the effect of ranolazine in combination with basis therapy on the quality of life of CCS, COPD, and obese patients.

Material and methods. 110 patients were examined depending on the body mass index (BMI), the presence of CCS or COPD. All of them were divided into: group 1 – 22 CCS and obese patients, group 2 – 22 COPD and normal body weight patients, group 3 – 22 CCS, COPD and normal body weight subjects, group 4 – 22 CCS, COPD and overweight and group 5 – 22 CCS, COPD and obese patients. CCS, COPD and obese patients were also divided into two subgroups: control group - 11 patients were prescribed standard therapy, treatment group - 11 patients were given ranolazine in a dose of 500 mg 2 times a day in the basic treatment for 1 month. ECG recording was performed using a 12-channel electrocardiograph YuKARD-200 (UTAS, Ukraine). Verification of the clinical diagnosis of CCS was carried out in accordance with the European Society of Cardiology recommendations 2019. Confirmation of the COPD diagnosis was carried out in accordance with GOLD 2021.

Results. As a result of the analysis of rhythm and conduction disturbances in the experimental groups, it was established that sinus tachycardia was most often found in CCS, COPD and obese patients, while its frequency was 4.5 times ($p<0.05$) higher in this group of patients when compared with a group of COPD and normal body weight participants. A tendency to a higher frequency of ventricular extrasystoles in the group of CCS, COPD and obese patients was also noted. When examining the patients of the main group with rhythm and conduction disorders, positive ECG dynamics were noted (a decrease in the number of supraventricular extrasystoles in 3 patients and ventricular extrasystoles in 4 patients).

Conclusions. Ranolazine is an effective and safe treatment for arrhythmias in CCS, COPD and obese patients, helping to reduce the risk of cardiac complications without worsening the general condition or causing side effects on the respiratory system or metabolism.

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METABOLIC SYNDROME AND ASSOCIATED FACTORS IN PATIENTS WITH PSORIATIC ARTHRITIS

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Introduction. In Ukraine, the prevalence of psoriasis is estimated to be around 2–3% of the population, which aligns with global trends. Given that Ukraine has a population of approximately 40 million people, this suggests that about 1.2 million people in Ukraine are affected by psoriasis. Psoriatic arthritis (PsA) affects between 13.5% and 47% of individuals with psoriasis. PsA can lead to significant issues, such as temporary or permanent disability and a decline in both physical and

psychological well-being. In older patients, additional health complications, such as comorbidities and metabolic conditions like hyperuricemia, may complicate treatment and necessitate a more thorough differential diagnosis.

The aim of the study. The goal of our study was to assess the role of metabolic syndrome in the progression of PsA and identify the association with hyperuricemia.

Material and methods. This study involved 18 patients diagnosed with PsA. The PsA diagnosis was based on the CASPAR Criteria (Classification Criteria for Psoriatic Arthritis, 2006). Clinical examinations of each patient included both general clinical and specialized studies. To evaluate carbohydrate metabolism, laboratory tests were conducted to measure blood glucose and insulin levels. The level of insulin resistance (IR) was calculated using the HOMA-IR formula. Waist circumference was measured using a tape at the navel. Hyperuricemia was defined as a uric acid level exceeding 360 μmol/L. Statistical analysis was conducted using Spearman's correlation to evaluate potentially related factors, and the results were processed using the Statistica 13.0 software.

Results. Increased waist circumference (central obesity) was observed in 55.6% of patients, with waist measurements greater than 80 cm in women and greater than 94 cm in men. According to the World Health Organization (WHO) and other global health sources, central obesity affects approximately 20–25% of the adult population worldwide ($p<0.05$). Elevated serum triglyceride levels (≥1.7 mmol/L) were found in 38.9% of the patients. It is estimated that approximately 25-30% of adults worldwide have elevated serum triglyceride levels ($p<0.05$). Insulin resistance (IR) was observed in 11.2% of patients with PsA, while type 2 diabetes was present in 3.3%. An increase in fasting blood glucose (>5.6 mmol/L) was found in 23.3% of PsA patients ($p<0.05$). Elevated blood pressure (>130/85 mm Hg) and/or the use of antihypertensive therapy was found in 55.6% of patients. Hyperuricemia was strongly associated with obesity, coronary artery disease, and hypertension but showed no correlation with the severity of psoriasis. The odds ratios for coronary artery disease, obesity, and hypertension were as follows: coronary artery disease 5.01 (95% confidence interval: 1.47–16.67), obesity 3.92 (95% confidence interval: 1.00–12.98), and hypertension 2.02 (95% confidence interval: 1.04–3.32).

Conclusions. Hyperuricemia is prevalent in PsA patients, particularly those with a longer disease duration and obesity. The presence of hyperuricemia in PsA is more closely associated with metabolic syndrome than with the severity of skin psoriasis. However, further research is needed to better understand the mechanisms behind this relationship. Effective management of comorbidities may improve treatment outcomes and help achieve better control of PsA.

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EXOCRINE PANCREATIC INSUFFICIENCY: WHAT DO WE NEED TO KNOW

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Introduction. The pancreas plays a critical role in the digestion, absorption, and metabolismof nutrients as a dual function organ that possessesboth exocrine and endocrine components. Pancreatic exocrine insufficiency (EPI) is an important cause of maldigestion and malabsorption. EPI is a disorder caused by the failure of the pancreas to deliver a minimum/threshold level of specific pancreatic digestive enzymes to the intestine, leading to the maldigestion of nutrients and macronutrients, resulting in their variable deficiencies.

The aim of the study. Doctors are well aware of EPI in cystic fibrosis and chronic pancreatitis. At the same time, there are a number of diseases that lead to the development of secondary pancreatic exocrine dysfunction insufficiency, which often remains unrecognized. Once EPI is diagnosed, treatment with pancreatic enzyme replacement therapy (PERT) is required. If EPI is left untreated, it will result in complications related to fat malabsorption and malnutrition, having a negative impact on quality of life (AGA, 2023). The study aimed to investigate the incidence of pancreatic insufficiency in other diseases of internal organs in order to increase physicians' awareness of this problem.