

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ**



МАТЕРІАЛИ

**106-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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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.

Загальна редакція: професор Геруш І.В., професорка Годованець О.І., професор Безрук В.В.

Наукові рецензенти:

професор Батіг В.М.
професор Білоокій В.В.
професор Булик Р.Є.
професор Давиденко І.С.
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професорка Хухліна О.С.
професор Черноус В.О.

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high (HDL), low (LDL) and very low-density lipoproteins (VLDL) was studied. The atherogenic factor was calculated for each patient.

Results. The proinflammatory $\text{IL-1}\beta$ plasma level in patients in the experimental group 55,3% ($p=0,03$) prevailed that in a control group of people. $\text{IL-1}\beta$ content positively correlated with the urea concentration ($r=0,41$, $p=0,04$), AST ($r=0,40$, $p=0,05$) and ALT activities ($r=0,43$, $p=0,04$). In patients with chronic non-calculous cholecystitis and hypothyroidism TNF- α concentration in 4,6 times ($p=0,0005$) prevailed that in healthy individuals and in 23,1% ($p=0,04$) – such in comparison group of patients. A direct correlation between the TNF- α level and AST ($r=0,47$, $p=0,02$), ALT ($r=0,52$, $p=0,01$), alkaline phosphatase ($r=0,60$, $p=0,002$) and GGTP activities ($r=0,52$, $p=0,01$) was studied. The concentration of anti-inflammatory IL-10 in the blood of patients with chronic non-calculous cholecystitis and hypothyroidism was significantly lower compared to that in healthy individuals and patients with chronic cholecystitis at 56,4% ($p=0,05$) and 53,8% ($p=0,04$) respectively. Established inverse correlation between the IL-10 content and GGTP ($r=0,44$, $p=0,04$), ALT activities ($r=0,39$, $p=0,09$), total cholesterol level ($r=0,46$, $p=0,03$), LDL ($r=0,51$, $p=0,01$), VLDL ($r=0,43$, $p=0,04$).

Conclusions. In patients with chronic non-calculous cholecystitis and hypothyroidism, there is a significantly higher concentration of pro-inflammatory tumor necrosis factor- α and a lower level of anti-inflammatory interleukin-10 in blood compared to patients in the comparison group. Correlations were established between the content of interleukin-1 β , tumor necrosis factor- α , interleukin-10 and biochemical markers of cytolysis, cholestasis, intoxication, as well as lipid profile indicators, which indicates the active involvement of the cytokine link of the immune system in the pathogenesis in patients with chronic non-calculous cholecystitis and hypothyroidism.

Rachynska. I.V.

FEATURES OF ULTRASONOGRAPHIC CHANGES IN LIVER TISSUE IN COMORBID COURSE OF METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE AND COMMUNITY-ACQUIRED PNEUMONIA

*Department of Internal Medicine, Clinical Pharmacology and Occupational Diseases
Bukovinian State Medical University*

Introduction. Metabolic dysfunction-associated steatotic liver disease (MASLD) is one of the most common gastrointestinal diseases in the USA and Western Europe, occurring in 25% of the global population. The most common causes of fatty liver disease development are: obesity, diabetes, hyperlipidemia, metabolic syndrome, the use of certain medications (amiodarone, methotrexate, glucocorticosteroids, nonsteroidal anti-inflammatory drugs, tetracycline, etc.), and congenital metabolic abnormalities. Community-acquired pneumonia (CAP) is a fairly common infectious disease affecting the lungs. The relevance of the study of this disease is related to the increasing range of pathogens, their resistance to traditional antibacterial treatments, and the impact of pathological processes on existing diseases in humans.

The aim of the study. The aim of the study was to compare the ultrasonographic patterns of the liver in patients with isolated MASLD and those with comorbid CAP.

Material and methods. The study included 67 patients with MASLD and obesity, among which 32 patients had comorbid CAP of moderate severity (clinical group III) (Group 1), and 35 patients had an isolated course of the disease (Group 2). The patients were randomized by age and degree of obesity. The control group consisted of 25 practically healthy individuals (PHI).

Results. The study showed that patients in both groups experienced hepatomegaly, medium-grained transformation of liver structure, and heterogeneous densification ("patchiness", hyperechogenicity) of the liver parenchyma with dorsal fading of the ultrasonographic signal due to diffuse fatty infiltration. In Group 1 the size of the right and left liver lobes exceeded the PHI values by 1,6 times ($p<0,05$). In Group 2 the size of the right and left liver lobes was increased by 1,5 and 1,4 times respectively ($p<0,05$). In Group 1 the hepatorenal index exceeded the PHI values by 1,6 times ($p<0,05$), while in Group 2 it exceeded by 2,1 times ($p<0,05$).

Conclusions. In patients with MASLD and CAP liver size exceeded that of patients with isolated MASLD. The comorbid course of MASLD with CAP is characterized by a higher degree of liver steatosis (hepatorenal index 1,4 times higher) compared to the group of patients with MASLD ($p<0,05$).

Reva T.V.

**ASSESSMENT OF THE PREVALENCE OF RISK FACTORS
AND THE DEVELOPMENT OF SYMPTOMS OF GASTRO-ESOPHAGEAL REFLUX
DISEASE DEPENDING ON THE TYPE OF REFLUX**

*Department of Internal Medicine, Clinical Pharmacology and Occupational Diseases
Bukovinian State Medical University*

Introduction. Gastroesophageal reflux disease (GERD) is a widespread disease. In the Western world, between 10 and 20% of the population is affected by GERD. It is highly prevalent in North America with 18% to 28% of the population suffering from the condition. Occasional gastroesophageal reflux without troublesome symptoms or complications is even more common. Risk factors include obesity, pregnancy, smoking, hiatal hernia, and taking certain medications. Medications that may cause or worsen the disease include benzodiazepines, calcium channel blockers, tricyclic antidepressants, NSAIDs, and certain asthma medicines.

The aim of the study. To estimate the prevalence and identify risk factors for the development of symptoms of GERD and erosive esophagitis in patients with GERD depending on the type of reflux.

Material and methods. 60 patients with GERD were examined. The mean age was $44,5 \pm 5,3$ years. The main group consisted of 35 patients with GERD with concomitant acid reflux, the comparison group - 25 patients with alkaline reflux. The comprehensive study included a clinical examination, pH-metry, endoscopic, radiological examination.

Results. Among the examined patients with GERD with acid reflux 60% were men, and in the group of patients with alkaline reflux female patients predominated – 76%. With acid reflux disturbed heartburn (85,7%), vomiting (71,4%). In the clinical picture of GERD with alkaline reflux more often noted: the feeling of bitterness in the mouth (80%), the feeling of a lump in the mouth (60%). Patients with GERD with alkaline reflux (40%) were more often diagnosed with concomitant lesions of the pancreatic-biliary system and obesity I-II.

In most of the examined pathological changes of the lower mucous membrane were revealed. In patients with acid reflux the pH in the esophagus was $<4,0$, in the group of patients with alkaline reflux the pH was $>7,5$. Reflux lasting more than 5 minutes was observed in 31,4% of patients with acid reflux, in 36% of patients with alkaline.

The non-erosive form of GERD was more observed in patients with acid reflux - 11 (59,3%). The erosive form of GERD was observed more often with alkaline reflux in 14 patients (66,7%): reflux esophagitis grade A (38,1%), grade B (19,1%), grade C (9,5%) patients.

In GERD with acid reflux, a persistent slowing of gastric evacuation is caused by persistent pilospasm. Slowing of gastric evacuation is more pronounced in patients with GERD with alkaline reflux, which can be explained by slowing of motility of the stomach and the presence of duodenostasis.

Conclusions. Thus, according to the results of the conducted research, it was proven that depending on the type of reflux, the corresponding clinical symptoms develop. Acid reflux is more common in men. Prolonged refluxes are more often noted with alkaline refluxes. Erosive forms of GERD are more characteristic of patients with alkaline reflux (66,7%).