МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

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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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METHODS OF SYMPTOMATIC TREATMENT IN PROGRESSIVE FORMS OF MULTIPLE SCLEROSIS

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Introduction. Multiple sclerosis (MS) is a chronic progressive autoimmune disease of the central nervous system, in which foci of demyelination are formed in the substance of the brain and spinal cord. This leads to a decrease in the speed of nerve impulse conduction and, as a result, the appearance of symptoms in patients from the motor, sensory systems, impaired vision and coordination of movements. The peculiarity of the treatment of patients with a progressive variant of MS is the increasing role of symptomatic treatment against the background of insufficient effect of disease-modifying drugs.

The aim of the study. This research aims to assess the effectiveness of symptomatic treatment of progressive forms of multiple sclerosis.

Materials and methods. A clinical examination of 32 patients with MS was conducted. In 11 patients, a primary-progressive, and in 21 - a secondary-progressive variant of the course of MS was noted.

Results. The most frequent symptom was fatigue, a decrease in physical and/or mental activity, which interferes with the patient's usual activities. We observed this symptom in 100% of patients. The use of scales (FSS, MFIS, etc.) is useful for objectifying fatigue. Correction of fatigue includes the use of psychotherapy (cognitive-behavioral therapy), an active lifestyle, dosed physical activity (aerobic exercises) are extremely useful. Drug treatment of fatigue was not carried out. Depression was detected in approximately 65% of patients with MS, and the appearance of depression is not necessarily associated with the severity of MS. As a therapeutic correction, we used selective serotonin reuptake inhibitors and cognitive-behavioral therapy. Increased muscle tone was observed in more than 70% of patients in the form of spasticity and was assessed using the Ashforth scale. With mild spasticity, we used non-drug methods, in particular stretching. With a more pronounced increase in tone, muscle relaxants with an effect on the GABAergic system and α2-adrenergic system were used. Approximately half of the patients with progressive MS complained of pain. They characterize it as “burning, aching, shooting deep. This type of pain is neuropathic and the most effective way to correct this type of pain is the appointment of antiepileptic drugs. Another variant of pain - musculoskeletal, in the form of painful tonic muscle spasms due to spasticity or paresis, was detected by us in 35% of patients. This pain can also be a consequence of non-physiological load on joints, muscles, ligaments, and incorrect posture. These manifestations were effectively eliminated under the influence of treatment - non-steroidal anti-inflammatory and muscle relaxants, physiotherapy, acupuncture.

Conclusions. We have identified and analyzed the most frequent symptoms in progressive MS. Their correction significantly improves the well-being and quality of life of patients.

Zorii I.A.

NEUROPHYSIOLOGICAL PARAMETERS OF PERIPHERAL NERVES IN PATIENTS WITH TYPE 2 DIABETES COMPLICATED WITH DISTALLY SYMMETRICAL POLYNEUROPATHY DEPENDING ON GENETIC FACTORS

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Introduction. According to WHO, diabetes mellitus (DM) reduces life expectancy and increases mortality by 2-3 times. One of the most severe and common complications of type 2 diabetes mellitus (DM) is diabetic polyneuropathy (DP). DP is currently the subject of intensive genetic research. At the same time, the literature data on the genetics of complications of diabetes in the Ukrainian population, namely the polymorphism of the endothelial NO synthase gene, which may act as a potential modifier of diabetic angiopathies, are few and contradictory.

The aim of the study. This research aims to investigate the relationship between allelic variants of the endothelial NO synthase gene (eNOS) with the G894→T substitution in the 7th exon and electroneuromyographic indicators of diabetic polyneuropathy in patients with type 2 diabetes mellitus.

Material and methods. 110 patients with type 2 diabetes mellitus complicated by DP, who were undergoing treatment at the Chernivtsi Regional Endocrinological Center and 80 PZO, who made up the control group, were examined. All patients underwent a neurological examination using the Neuropathic Symptomatic Calculation (NSC) and Neuropathic Dysfunctional Calculation (NDC) scales. The distribution of patients was carried out according to the severity of PD: 34 patients were diagnosed with mild PD (31.0%), 58 patients with moderate PD (52.7%), and 18 (16.3%) patients with type 2 diabetes were diagnosed with severe disease. Electroneuromyographic (ENMG) examination was performed. DNA was isolated from blood cells. Detection of the G894→T polymorphism in the eNOS gene was performed by the polymerase chain reaction (PCR) method. The significant difference in the distribution of samples was determined by the $\chi 2$ criterion. The value of $p<0.05$ was considered significant.

Results. Genotype analysis showed that in the distribution of allelic variants of the 7th exon of the eNOS gene (G894→T polymorphism), the heterozygous G/T genotype prevailed in both the control and the main groups of patients. Thus, in the control group its frequency was 48.8%, in the main group of patients - 43.6%. Homozygous genotype G/G in the control group was observed in 39.8% and homozygous genotype for the rare allele T/T only in 11.2% of people. Among patients with type 2 diabetes, complicated by DP, the genotypes were distributed as follows: the G/G genotype was established in 40.1% (44 people), heterozygous genotype G/T - in 43.6% (48 people) and homozygous genotype for the rare allele T/T - in 18 people (16.3%).

Features of ENMG parameters in the main group of patients with DP by genotype distribution were revealed. Patients with the homozygous G/G genotype had lower amplitudes and velocities when testing the tibial and peroneal nerves of the lower extremities compared with patients with the heterozygous G/T genotype. The amplitude of the motor response was reduced by 16.9% when stimulating the peroneal nerve and by 14.5% when stimulating the tibial nerve; the conduction velocity of excitation was reduced by 9.4 and 9.1%, respectively, but these values were statistically insignificant. Patients with the homozygous T/T genotype for the rare allele had the lowest amplitudes: a decrease of 26.7% when testing the peroneal nerve and 25.8% - the tibial nerve ($p\leq0.05$); the velocities were reduced by 6.8 and 6.9%, respectively ($p>0.05$).

Conclusion. The genetically determined risk of developing pronounced signs of diabetic polyneuropathy in patients with type 2 diabetes mellitus is probably ($p\leq0.05$) associated with the presence of a homozygous genotype for the rare T/T allele of the endothelial NO synthase gene, since the most significant electroneuromyographic signs of axonopathy were observed in patients with this genotype.

Блажіна І.Ю.

КОМОРБІДНІ ПСИХІЧНІ РОЗЛАДИ ПРИ ЕПІЛЕПСІЇ, ЗАСТОСУВАННЯ МЕТОДІВ НЕФАРМАКОЛОГІЧНОЇ КОРЕКЦІЇ

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Вступ. Епілепсія – хронічне поліетіологічне нервово-психічне захворювання, яке проявляється судомними нападами та психічними еквівалентами, є наслідком органічного ураження головного мозку та призводить до виникнення специфічних характерологічних змін особистості, когнітивних порушень. Частота виявлення епілептичної хвороби зростає прямо пропорційно віку пацієнтів.

Психічні розлади частіше зустрічаються у людей, які страждають на епілепсію, ніж в загальній популяції, незалежно від часу початку нападів, які могли статися до або після появи психічних розладів, що можливо передбачає взаємний зв'язок. (Kanner AM., 2016, 2017). Незважаючи на те, що основним проявом епілепсії є саме епілептичні напади, супутні