

ДЗ «Дніпропетровська медична академія МОЗ України»
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АКТУАЛЬНІ ПИТАННЯ ВНУТРІШНЬОЇ МЕДИЦИНИ. ВІД КЛІНІЧНИХ ДОСЛІДЖЕНЬ ДО КЛІНІЧНОЇ ПРАКТИКИ

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It was found that significantly increases with age those indicators as average pulmonary artery pressure ($21,4 \pm 7$ mmHg in the 1st and $33,2 \pm 4,3$ mmHg in the 3rd group), and frequency of registration changes of aortic root (83,8 % in the 1st and 96 % in the 3rd group). The size of the left atrium significantly increased in accordance with age ($3,8 \pm 0,4$ sm in the 1st and $4,4 \pm 0,4$ sm in the 3rd group) ($p < 0,05$). But, further analyzing hemodynamic showed that they vary differently with age. Thus, the second group of patients in the range of 60–75 years compared with patients of the first group was significantly increased end-systolic volume (LV ESV) to 21,3 % ($p < 0,05$) and end-systolic size (LV ESS) to 41,8 % ($p < 0,05$). However, in the age group over 75 years there were no LV ESV and LV ESS increase registered. Increase in LV ESV and LV ESS may indicate a poor prognosis in the age group of 60 to 75 years.

Conclusion. Significant structural and functional changes of hemodynamics were found in patients with CHF and preserved ejection fraction depending on age which may indicate a poor prognosis in patients of this category.

RISK AND PREDICTORS OF THE DEVELOPMENT OF PROTEINURIA IN PATIENTS WITH SYSTEMIC SCLEROSIS IN THE FIVE-YEAR OBSERVATION

Semenov V.¹, Kuryata O.¹, Lysunets T.²

¹State Establishment «Dnipropetrovsk Medical Academy of Health Ministry of Ukraine»

²Municipal institution «Mechnikov Dnipropetrovsk regional clinic»

Introduction and aims. Systemic sclerosis (SSc) is a disease of connective tissue, accompanied by increased accumulation of collagen, immune and vascular disorders. Proteinuria has shown to be a useful marker of vascular damage and a powerful predictor of mortality in patients with SSc. The Aim. To investigate risk and predictors of development of proteinuria in patients with SSc.

Methods. We have performed five-year long prospective study of patients with SSc who are in the local registry. 67 patients were enrolled to the study (3 men and 64 women, mean age – $43,5 \pm 1,1$ years). Patients met ACR (1980) and ACR/EULAR (2013) Classification criteria for Scleroderma and were treated according to EULAR and local standards. To define risk and predictors of development of proteinuria we used Kaplan-Meier procedure and Cox univariate regression model. We have investigated influence of several factors on the risk of development of proteinuria. These factors were: diffuse cutaneous subset of SSc (compared to limited cutaneous subset of SSc), presence of Raynaud phenomenon, tightness of the skin of the hands, arthritis, pulmonary fibrosis, arterial hypertension, anemia, erythrocyte sedimentation rate > 25 mm/h, C-reactive protein (CRP) > 5 mg/l, rheumatoid factor (RF) > 14 IU/ml. To investigate influence of age on the risk of AH appearance patients were dichotomized by the mean age of 43,7 years.

Results. The five-year risk of development of proteinuria was 35,6 %. The most statistically reliable predictors of development of proteinuria in SSc patients in five years are shown in the table below.

Predictor	Hazard ratio	Confidence interval	p
Age>43,7 years	0,56	0,21–1,51	0,25
Pulmonary fibrosis	2,33	0,85–6,44	0,10
Anemia	0,40	0,13–1,25	0,11
CRP>5 mg/l	0,39	0,13–1,18	0,10
RF>14 IU/ml	2,29	0,73–7,20	0,16

Influence of indicators of inflammatory activity (CRP, RF) was contradictory. None of the predictors has reached the critical value of $p<0,05$.

Conclusions. The five-year risk of development of proteinuria was 35,6 %. The strongest predictors of development of proteinuria were pulmonary fibrosis, CRP>5 mg/l and RF>14 IU/ml. Further investigation on larger sample is needed.

THE CHANGES OF THE IMMUNE SYSTEM HUMORAL LINK IN THE PATIENTS WITH NONALCOHOLIC FATTY LEAVER DEASE IN COMBINATION WITH THE OBESITY AND CONCOMITANT PATHOLOGY OF BILIARY TRACT

Filippova A.Yu.

SE «Dnipropetrovsk medical academy of Health Ministry of Ukraine», Dnipro

The study of the humoral component of the immune system in patients at different stages of non-alcoholic fatty liver disease (NAFLD) has not been conducted and the mechanisms responsible for the development and progression of NAFLD with concomitant obesity (OB) and biliary tract (BT) pathology are not fully understood. There is a need in more detailed study of changes in the humoral immune system caused by immunoregulatory disorders and concomitant NAFLD to improve the efficiency of diagnosing the disease.

The objective of the research was to study the features of the indicators of the humoral component of the immune system depending on the body mass index in patients with non-alcoholic hepatic steatosis, non-alcoholic steatohepatitis, concomitant OB and BT pathology.

Material and methods. 200 patients with NAFLD, concomitant OB and BT pathology including 100 patients with non-alcoholic hepatic steatosis and 100 with non-alcoholic steatohepatitis were examined. 70 out of 100 patients with non-alcoholic steatohepatitis had the minimum level of alanine transaminase activity and 30 patients had a moderate alanine transaminase activity. The control group included 30 apparently healthy persons. The body mass index was determined using the Quetelet formula. All the patients with non-alcoholic hepatic steatosis and non-alcoholic