

ДЗ «Дніпропетровська медична академія МОЗ України»
ГО «Придніпровська асоціація лікарів інтерністів»
Департамент охорони здоров'я
Дніпропетровської обласної державної адміністрації

АКТУАЛЬНІ ПИТАННЯ ВНУТРІШНЬОЇ МЕДИЦИНИ. ВІД КЛІНІЧНИХ ДОСЛІДЖЕНЬ ДО КЛІНІЧНОЇ ПРАКТИКИ

тези наукових доповідей
науково-практичної конференції

присвяченої
пам'яті академіка НАМН України Г.В. Дзяка

17–18 травня 2017 р.
м. Дніпро

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

steatohepatitis were divided into three groups depending on the increase in the body mass index and the presence of biliary tract pathology. The humoral immune system state was evaluated by the levels of immunoglobulins A, M and G and the content of circulating immune complexes.

Results. In patients with non-alcoholic hepatic steatosis and non-alcoholic steatohepatitis, concomitant obesity and biliary tract pathology, there were observed abnormalities in the humoral component of the immune system with possible increase in the levels of major immunoglobulin classes as well as in the content of circulating immune complexes being more pronounced in patients with non-alcoholic steatohepatitis compared to patients with non-alcoholic hepatic steatosis ($p < 0,05$) and apparently healthy persons ($p < 0,001$). The increase in the body mass index led to a significant increase in the levels of Ig A, M, G and the activation of circulating immune complexes. More significant changes in humoral indices were observed in patients with chronic non-calculous and calculous cholecystitis in the presence of inflammatory BT changes during the exacerbation of the pathology compared to patients who underwent cholecystectomy on the background of the aggravation of postcholecystectomy syndrome.

Conclusions. The obtained data indicated that one of the elements in the pathogenesis of non-alcoholic fatty liver disease with concomitant OB and BT pathology is a significant change in the indicators of humoral immunity, namely the increase in the levels of Ig (A, M, G) and circulating immune complexes which depend on the clinical form (non-alcoholic hepatic steatosis or non-alcoholic steatohepatitis), increase in the body mass index and the presence of BT comorbidity.

THE EFFICIENCY OF MELDONIUM IN ELDERLY PATIENTS WITH CHRONIC HEART FAILURE AND AORTIC STENOSIS

Kushnir Y.S.¹, Mytrokhina O.S.¹, Dibrova M.S.², Habarlack S.V.², Chvora D.L.²

¹SE «Dnipropetrovsk Medical Academy of Health Ministry of Ukraine», Dnipro

²I.I. Mechnikov Dnipropetrovsk Regional Clinical Hospital, Dnipro

Aortic valve stenosis (AS) is the most common form of valvular heart disease in the elderly population and frequently occurs in conjunction with coronary artery disease and chronic heart failure (CHF). Meldonium had shown myocardial cytoprotection effect, however the role of meldonium in the elderly pts with CHF and AS disease remains debatable.

Objectives: we aimed to evaluate the effects of meldonium in elderly patients with CHF with preserved ejection fraction and AS.

Methods: 51 pts (31 M, 20 F, mean age – 74,97±2,75 years) with CHF NYHA I–III class and AS were enrolled. 26 (51 %) pts received the standard treatment and meldonium 500 mg/day (1 group), while 25 (49 %) (2 group) – received only the standard treatment for 12 weeks. Echocardiographic parameters, 6 min walk test were performed in all pts at baseline and at the end of the study. Aortic valve area (AVA) was calculated by the Doppler echocardiography in all pts.