

## CONCLUSIONS

1. It is proved that patients with a combination of GERD and CAD have a significant decrease in the level of M, which adversely affects the severity of morphological manifestations of GERD. The relationship between the level of M metabolite – 6-COM and the form of GERD (not erosive or erosive) and endoscopic stage of erosive GERD was stated.

2. The relationship between M levels and the severity of OSA was identified. The formulated non-invasive method for the diagnosis of endoscopic form of GERD was developed and can be used as an alternative to invasive endoscopic technique for assessing and monitoring the severity of GERD for patients with concomitant CAD.



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## ETIOLOGY OF COMMUNITY-ACQUIRED PNEUMONIA IN COMBINATION WITH HEPATIC STEATOSIS

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Etiology monitoring of community-acquired pneumonia (CAP) with consideration of modifying factors as a background of chronic pathology. It gives us a possibility to predict the probable causative agent and the prescription of rational antibiotic therapy.

266 patients were examined with CAP (men - 142, women - 124) aged 18-55 years. Moderate severity of CAP has been in 182 patients (68.4%), severe in 84 (31.6%). All patients were divided into two representative groups: group I (164 patients) in which the CAP was combined with hepatic steatosis (HS), group II (102 patients) without chronic liver disease.

Microbial etiology of CAP was confirmed in 88 patients (53.7%) group I and 52 (51%) group II. The dominant etiological factor of CAP, combined with HS were *Str. pneumoniae* and *H. Influenza*, which were identified in 50 and 29 patients, it is 29.4% and 17.1% concerning to total amount of diagnosis of pathogenic factors of CAP. *M. pneumoniae* was identified in 21 patients (12.4%) in I group and 7 patients (9.0%) in II group, *Chlamydo-phila-pneumoniae* - in 10 (5.9%) and 5 (6.4%) patients, *S.*

*aureus* - in 17 patients (10%) in group I and 7 patients (9.0%) in group II. Gram-negative infection *Enterobacterium* family was registered in 25 patients (14.7%) in group I and 10 patients (12.8%) in group II.

In I group pathogens monoculture identified in 37 patients (42.0%), in 51 patients (58.0%) agents of CAP were microbial association (MA), which was more often in 1.38 times ( $p < 0.05$ ). The II group, and vice versa, CAP pathogens monoculture was detected in 1,89 times ( $p < 0.05$ ) more often than MA about 34 (65.4%) and 18 (34.6%) patients. In the intergroup comparison the patients from I group in 1.7 times more often were identified MA.

It was established that the MA included representatives of two-four types of bacteria, with a general predominance of two-component associations that were isolated in 29 patients (56.9%) in group I, and 12 patients (66.7%) in group II. Three- and four-component associations of pathogens of CAP were found in 13 (25.5%), and 9 (17.6%) patients in group I, 4 (22.2%) and 2 (11.1%) patients in group II, in what pneumonia proceeded like mixed infection. Significantly, that microbial associations were identified mainly in patients with CAP, in

which the zone of pneumonic infiltration was widespread and covered two lobes in one lung, or there was a polysegmental injury of both lungs.

In the presence of three- and four-component associations of pathogens of CAP, which were represented by combinations of mainly atypical bacterial agents with non-pneumococcal, atypical and gram-negative enterobacteria, in patients there was a complicated flow of CAP due to the development of exudative pleurisy, abscess pulmonary tissue or periscissuritis.

Thus, the results of the investigation of the infectious etiology of CAP which course on the background of chronic liver injury (HS) coincide

with the current contemporary notions of the negative effects of modifying factors, such as the presence of concomitant pathology and lesions of other organs and systems, other than respiratory in these patients, on composition of pathogens of CAP.

When choosing antibacterial therapy for patients with CAP that occurred the background of HS, we should take into account the prevalence among the etiological factors of the acute inflammatory process in the bronchopulmonary system of microbial associations, which included representatives of two or four species of bacteria, with the general predominance of two-component associations.

