



0,002), the indicators of the latter do not exceed the reference value, additionally confirms the possible presence of inactive inflammation. Changing the primary hemostasis indexes considering the type of NAFLD has demonstrated the higher level of FGA by 56,71 % ($p = 0,008$) and leukocytes – by 20,25 % ($p = 0,021$) in patients with steatohepatitis than in patients with steatohepatosis.

Changes in coagulation potential in patients with NAFLD, EAH and AO are accompanied by longer periods of thrombogenesis by 9,94 %, of fibrinogenesis by 2,31 times (especially in patients with obesity of the 1st degree), by a decrease in blood coagulation ability at the 2nd and compensatory growth at the 3rd hemocoagulation phases, without significant deviations in the formation of thrombin complex at the first phase of platelet-vascular hemostasis.

Changes of primary hemostasis indicators in patients with steatohepatitis, EAH and AO associate with the amplification of fibrynogenesis and the presence of mesenchymal-inflammatory syndrome in the liver.

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BLOOD CYTOKINES PROFILE AT THE PATIENTS WITH THE CHRONIC OBSTRUCTIVE PULMONARY DISEASE COMBINED WITH THE CHRONIC PANKREATITIS

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It was established that the exacerbation of the chronic obstructive pulmonary disease is accompanied by the activation of the local inflammation in pulmonary tissue, and also is accompanied by a rise of the cytokines in the peripheral blood. This is a sign that COPD exacerbation is associated with the systemic inflammatory response.

The aim of our study was to analyze the level of some circulating pro-and anti-inflammatory cytokines, such as C-reactive protein (C-RP), interleukin - 6 (IL-6), tumor necrosis factor alpha (TNF- α), interleukin - 10 (IL - 10) in patients with COPD combined with chronic pancreatitis (CP). 27 people suffering from COPD formed group I, 25 COPD patients with concomitant CP made the second group, and 7 healthy persons made the group of comparison. Patients of I and II groups revealed high concentrations of IL-6 ($p < 0.05$), TNF- α ($p < 0.05$), CRP ($p < 0.05$) and IL-10 comparing with a group of healthy individuals. However, the level of IL-6 and IL-10 in the second group was lower than in patients of group I (in 1.3 times, $p < 0.05$), TNF- α (in 4.6 times, $p < 0.05$), CRP (in 2.4 times, $p < 0.05$).

Expressed cytokine's disintegration in patients with COPD, combined with CP, on the background of the increased level of the inflammatory cytokines inadequate to the level of the anti-inflammatory IL-10 and almost no response to TNF- α , may prove the exhaustion of the anti-inflammatory factors resistance and the spread of the inflammatory response beyond the bronchopulmonary system.

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THE MAIN FEATURES OF IMPAIRED FIBRINOLYTIC AND PROTEOLYTIC ACTIVITY OF BLOOD PLASMA IN PATIENTS WITH OSTEOARTHRITIS DEPENDING ON THEIR COMORBIDITY

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Osteoarthritis – is one of the most common age-dependent diseases, which degenerate the joints, with an inflammatory component, which is characterized by high level of poly- and comorbidity. Among them the most common are diseases of the cardiovascular system and digestive tract that cause high levels of cardiovascular and gastrointestinal risks, especially in connection with the use of anti-rheumatic drugs. Comorbidity and high cardiovascular risk are now recognized as a key issue in modern medicine.

To study the features of impaired fibrinolytic and proteolytic activity of blood plasma in patients with osteoarthritis, depending on the age rates of comorbidity. We have studied clinically the age features of comorbid processes in 120 patients with osteoarthritis, using biochemical methods, we also studied the fibrinolytic and proteolytic activity of blood, levels of fibrinogen and C-reactive protein.

It was established that comorbidity in patients with osteoarthritis aged under 50 is low, it increases to a high level at the age of 51-60, after 60 years the phenomenon of comorbidity is deeper by frequency and severity. The lesions of the cardiovascular system dominated, including metabolic syndrome, diseases of the digestive tract and kidneys were less frequent. After the age of 50 years levels of cardiovascular risk were high, gastrointestinal risks were less frequent. In patients with low comorbidity the minor disorders in fibrinolysis were observed, after 50 (especially 60 years) on the background of high levels of comorbidity the fibrinolytic and proteolytic activity of blood deteriorated progressively as a part of high cardiovascular risk, the level of fibrinogen and C-reactive protein increased.

In patients with osteoarthritis the disease severity and level of comorbidity as well as the level of cardiovascular risk increase with the age. These phenomena are accompanied by progressive disorders in fibrinolytic and proteolytic activity of the blood, increased levels of fibrinogen and C-reactive protein, as one of the components of cardiovascular risk.