determined by the content of NO stable metabolites-nitrites and nitrates (with Yriess reagents) in the blood. The systems of lipid peroxide oxidation (concentration of malonic dialdehyde in blood plasma), anticoagulation activity of the endothelium (plasminogen activity, antithrombin III content, total activity), fibrinolytic activity (enzymatic and non-enzymatic) were examined by means of reagent set by "Danush Ltd" firm, Lviv. The patients underwent ultrasound diagnostics of the gallbladder to find chronic non-calculous cholecystitis, the main signs of which are thickening of the wall, irregularity and outline doubling , presens of small (bloating) concrements inside the gallbladder.

Increased content of NO in blood plasma ($P<0,05$) was found in patients with chronic non-calculous cholecystitis. Reliable increase of NO in the blood of patients with vegetal-vascular dystonia was found (on 87%), while in patients without vegetal-vascular dystonia with accompanying pathology of the gallbladder – only on 23%. Changes in the system of coagulation hemostasis factors and lipid peroxide oxidation were also found: decrease of antithrombin III content in blood of the I group – 34,5 ($P<0,05$), in the II group – on 21,3 ($P<0,05$), decrease of fibrinolytic activity (I group – 28%, II group – 17 %), decrease of malonic dialdehyde concentration (I group – 19 %, II group – 14 %), which is indicative of progressing development of vegetal-vascular dystonia in case of chronic non-calculous cholecystitis.

Thus, results of the research are indicative of interrelations between disorders of endothelial condition in patients with chronic non-calculous cholecystitis and development of vegetal-vascular dystonia.

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THE FEATURES OF THE FUNCTIONAL STATUS OF THE GALLBLADDER IN PATIENTS WITH COMBINED COURSE OF CHRONIC ACALCULOUS CHOLECYSTITIS AND VEGETATIVE-VASCULAR DYSTONIA

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Functional disorders of the biliary tract are a clinical complex of symptoms that develop due to motor tonic abnormalities of the gallbladder (GB), biliary tract and sphincteric apparatus without signs of its organic lesion (inflammation, calculi) and is the most widespread pathology of the digestive system: functional disorders stand second after gastritis and duodenitis. The state of the gallbladder, biliary tract (BT) and peripheral vessels are regulated by the bunch of commune neurohumoral mechanisms, that is why there is an interdependence between gallbladder dyskinesia and development of different forms of vegetative-vascular dystonia (VVD). Despite the widespread VVD and existence of different reviews dedicated to this particular problem, the role of pathogenic mechanisms of its incidence and progress in patients with hepatobiliary pathology, chronic acalculous cholecystitis (CAC) in particular, is not studied enough yet.

The aim of the study was to detect the functional state of the gallbladder in patients with chronic acalculous cholecystitis depending on the features of vegetative-vascular dystonia course.

The anamnesis data, results of clinical examination of the patients with VVD and CAC in the exacerbation phase were analyzed according to the standard A.M. Vein questionnaire; the diagnosis of VVD was verified by the combination of clinical, electrocardiographic and ultrasound examination. The diagnoses of CAC and GB, BT dyskinesias were verified by clinical and ultrasound examination, pH probe monitoring. Depending on VVD variant, 78 patients with CAC were divided into three groups: the Ist one – 15 patients with CAC, VVD of hypertensive type; the IInd– 30 patients with CAC and VVD of hypotensive type; the IIIrd–26 patients with CAC,VVD of cardiac type. An average age of the patients was 31±5,8. The control group – 30 practically healthy individuals of the corresponding age.

In 77% of patients with VVD hypotensive type of chronic acalculous cholecystitis was accompanied by the hyperkinetic gallbladder dyskinesia and in 65% of patients with biliary-type sphincter of Oddi hyperkinetic dyskinesia. In patients with hypertensive and cardiac type of VVD the leading is hypokinetic type of gallbladder dyskinesia (78%) in the combination with hypertonic – with hypotonus of the sphincter of Oddi and in cardiac – with hypertonus of the sphincter of Oddi of pancreatic type (57%).

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THE EFFECTS OF OBESITY ON CHRONIC KIDNEY DISEASE

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Obesity is a widespread promoting factor to the growth of chronic kidney disease (CKD). Obesity involved in the evolution of CKD. Therefore, there is a greater necessity for a better understanding of the influence of the obesity on kidney

Objective - to study the specifics of the progress of chronic kidney disease in patients with and without concomitant obesity.

The study involved 60 patients with stage 2 chronic kidney disease (GFR 60-89 ml/min/1.73m^2), who were hospitalized in the Nephrology department of "Chernivtsi regional clinical hospital." The middle age of the patients was from 39 to 65 years. CKD was caused by: chronic pyelonephritis in 21 patients, chronic glomerulonephritis in 16 patients, diabetic nephropathy in 23 patients. CKD duration ranged from 5 to 12 years.

According to the presence of obesity and chronic kidney disease all patients were divided into three groups. The first group comprised of patients with 2 stage CKD without concomitant obesity (17 persons), The second group included stage 1 obese patients with stage 2 CKD (24 persons), group 3 consisted of 19 patients with stage 2 CKD and stage 2 concomitant obesity. Body mass index (BMI) was calculated by the formula: BMI = body weight in kg / (height in meters ^{2}). The control group consisted of 20 practically healthy individuals. Statistical analysis of the material was performed by the methods of variation statistics with the definition of averages (M), the average error (m). By taking a probable difference parameters at $p<0.05$.

Analysis of the results of the study showed that the renal function in the evaluation of patients with the second degree CKD and without concomitant obesity as compared with the healthy subjects showed the presence of proteinuria and deterioration of glomerular filtration rate ($p<0.05$). However, in the groups of patients with obesity these figures as compared with the patients without concomitant obesity were reliably lower ($p<0.05$) and were dependent on the degree of obesity.

So, the analysis of clinical and laboratory parameters revealed the presence of an imbalance in fat metabolism in obese and non-obese patients with chronic kidney disease. However, the changes in patients with II degree obesity were more significant. In this same group the patients showed a more pronounced impairment of renal function, indicating a more severe course of disease in obese patients. It means that this variant of the disease is more unfavorable.

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FAMILY *ENTEROBACTERIACEAE SPP.* ANTIBIOTIC RESISTANCE AS THE MAIN PATHOGEN OF THE URINARY TRACT INFECTIONS AMONG ADULTS

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A growing antibiotic resistance among the pathogens of infectious and inflammatory diseases is an extremely serious problem in medicine and nephrology, in particular. Awareness on regional bacterial resistance of pathogens of urinary tract infections is the «basis» of a differentiated approach to empirical antibacterial treatment, as a pathogenetic treatment of this pathology.

The aim of the article is to set the range and dynamics of the family *Enterobacteriaceae* antibiotic resistance as dominant among different groups of pathogens of the urinary tract infections in the adult women of the Chernivtsi region. A retrospective analysis of the bacteriological examination of 396 urine samples of the adult women of the Chernivtsi region (2009–2013) was conducted with the purpose of verification of the diagnosis «Urinary Tract Infections» (UTI).

99 strains of the family *Enterobacteriaceae* (except Proteus) were extracted in etiologically significant quantities. Dynamics (2009–2013) of the *Enterobacteriaceae* family strains resistance (except Proteus) as the main pathogen of the urinary tract infections in women (89 strains of the family *Enterobacteriaceae* (except Proteus)) living in Chernivtsi region was largely dependent on the group of antibacterials and mostly characterized by «undulatory» varied nature.

Results of the study show that uropathogen *E.coli* extracted from the women living in this region retains sensitivity to penicillin series antibiotics ($\chi^2 = 3.89$; $p<0.05$), fluoroquinolones ($\chi^2 = 9.15$; $p<0.01$) and chloramphenicol ($\chi^2 = 5.37$; $p<0.05$). A clear tendency to reduce antibiotic resistance strains of *E.coli* to cephalosporins of the 1st generation and presence of «undulating curve» resistance to cephalosporins of the 3rd generation is traced as well.

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THE WAYS OF THERAPEUTIC OPTIMIZATION IN PATIENTS WITH GOUT

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The topicality of medical treatment of gout is high due to increasing incidents in recent decades. Administration of the hypouricemic drug Allopurinol is often accompanied by severe side effects. Therefore, it is necessary to search for new drugs that have a positive impact on gout including extra-articular symptoms.

The aim of the study was to enhance the efficacy of treatment in patients with gout in exacerbation stage and concomitant disorders of the hepatobiliary system by means of herbal medicine – Urocholum.

50 patients with goat in exacerbation stage of arthritis and concomitant disorders of the hepatobiliary system were examined. The age of the investigated persons was 53,4±1,10. The patients of the control group took a basic complex (diet №6, ibuprofen, local anti-inflammatory therapy). 30 persons were included into the research group. They took a basic complex with the additional medicine Urocholum in the dosage 20 drops three times a day 30 minutes before meals for 15-18 days.

Administration of the remedy investigated promoted a rapid regression of clinical symptoms of hepatobiliary disorders (painful feeling during palpation in the right upper quadrant of the abdomen, bloating, bitterness and dryness in the mouth), normalization of the bilirubin concentration, uric acid, urea, liver enzymes activity as compared to patients of the control group. Urocholum affected diuretic indices. The concentration of uric acid in the urine increased