Pavlovych L.B.

COGNITIVE AND EMOTIONAL PERSONALITY CHARACTERISTICS OF PATIENTS WITH ENDOCRINE PATHOLOGY

Department of Clinical Immunology, Allergology and Endocrinology
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»

The role of thyroid hormones deficiency in the development of neurological pathology is well-known. Neurological disorders make up a clinical picture for virtually all thyroid diseases, and in some cases they form a syndromic nucleus, being significantly ahead of other manifestations of the disease. However, not enough attention is paid to the issues of the connection between the two systems in the clinical picture.

The purpose of the work is to improve the effectiveness of medical care for patients with neurological disorders in those with endocrine pathology by studying pathogenetic mechanisms and clinical features in patients with thyroid gland dysfunction, taking into account non-psychotic mental disorders.

The study involved 26 patients with hypothyroidism as a result of AIT (autoimmune thyroiditis) and 20 patients with hypothyroidism without AIT. The control group consisted of 20 practically healthy individuals. 34 (73,9%) of patients were on synthetic derivatives of levothyroxine substitution therapy, and 12 (26,1%) patients had subclinical hypothyroidism. Cognitive impairment was noted in 74,8% of the patients. No one of these patients had severe cognitive impairments leading to a violation of social adaptation. In most patients (64,9%) cognitive impairments were mild. Patients complained of a slight decrease in memory, absent-mindedness, which did not reduce their working capacity and did not lead to a social maladaptation. Among patients with hypothyroidism secondary to AIT and with hypothyroidism without AIT, the incidence of cognitive impairments was practically the same. For instance, in patients with AIT, impaired attention and memory were noted in 75,7% of cases, and in patients with hypothyroidism without AIT in 72,4% of individuals. There were no significant differences in the severity of cognitive impairment in patients of both groups either. Among patients with subclinical and clinical hypothyroidism, there were no significant differences in the incidence or the severity of cognitive impairment. Disturbances in memory and attention were noted in 75,9% of patients with subclinical hypothyroidism. Among patients with clinical hypothyroidism, these disorders were found in 75%. Neurosis-like syndrome in patients with primary hypothyroidism was practically obligatory. Patients in most cases complained of mild irritability, tearfulness, emotional lability. In the majority of patients with primary hypothyroidism, regardless of its cause and severity, there was a high personal anxiety, and the reactive one was moderate. One of the features of neurosis-like syndrome in primary hypothyroidism is the prevalence of its manifestations in patients with autoimmune thyroiditis and in patients with subclinical hypothyroidism.

Tsaryk I.O.

CASE REPORT: LATENT AUTOIMMUNE DIABETES IN ADULT

Department of Clinical Immunology, Allergology and Endocrinology
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»

Latent autoimmune diabetes in adult (LADA) is a slowly progressing form of autoimmune diabetes that develops in adulthood, which does not require insulin therapy for some time after diagnosis, and is a trait for both type 1 and type 2 diabetes. This combination often causes diagnostic errors and, as a consequence, improper treatment of these patients, which can make it impossible to achieve disease compensation and early development of complications (Pieralise S., 2018).

We present a case of LADA-diabetes that was not diagnosed in time. Patient B., 35 years old, had diabetes mellitus for 2 years. At the time of diagnosis, he complained of excess body weight, periodic dry mouth, general weakness. At that time, 13,2mmol / L hyperglycemia was

detected. BMI – 29 kg/m^2. C-peptide – 1,4 ng/ml, glycated hemoglobin (HbA1c) – 6,73%, insulin level – 16,8 μU/ml, HOMA index – 7,3, which showed the presence of insulin resistance. Data from additional survey methods showed no abnormality. On the basis of the obtained results the diagnosis was made: Diabetes mellitus, type 2, moderate, decompensated, firstly detected. Metformin 2000 mg/day (later on – 3000 mg/day) and glimepiride 2 mg/day were administered.

Despite lifestyle modification and maximum doses of metformin, the patient's condition did not improve and compensation was not reached, carbohydrate metabolism rates deteriorated (HbA1c – 8,2%). The patient lost weight, 2 years after the onset of the disease, the patient developed diabetic retinopathy and microangiopathy of the feet. In regarding to this, it was decided to determine the antibodies to glutamic acid decarboxylase (GADA). The GADA level was 195,4 IU/ml (N<10 IU/ml), indicating the presence of autoimmune diabetes. Based on the results obtained, a diagnosis of LADA-diabetes has been established, which, in addition to insulin sensitizers, requires the use of replacement insulin therapy.

Due to the negative effect on β-cell function and their rapid depletion (Maruyama T., 2008), glimepiride was abolished. Insulin therapy according to the basic-bolus scheme was added to the treatment. After correction of the treatment for 3 months, the patient reached stable compensation (HbA1C level – 6,9%).

Thus, patients with diabetes onset over 30 years of age, overweight, low level of C-peptide, and those who do not require insulin therapy at the initial stages of the disease require the antibodies to glutamic acid decarboxylase and insulin resistance (HOMA) measurements to establish LADA appointment personalized treatment for effective compensation and prevention of complications.

Каспрук Н.М.

ОСОБЛИВОСТІ АЛЕРГІЧНИХ ЗАХВОРЮВАНЬ У ВАГІТНИХ

Кафедра клінічної імунології, алергології та ендокринології
Вищий державний навчальний заклад України
«Буковинський державний медичний університет»

Актуальність проблеми алергічних захворювань (АЗ) на тлі вагітності, в першу чергу, полягає, в цілому, у відсутності чітких рекомендацій щодо лікування даної групи захворювань у вагітних.

Метою роботи було вивчення структури алергічних захворювань у вагітних жінок. Дослідження проведені у вагітних жінок з підозрою на АЗ на кафедрі клінічної імунології, алергології та ендокринології за 2016-2019 рр. Пацієнтки відбиралися згідно з даними анкетування, спрямованого на виявлення алергічного синдрому за даними анамнезу. За 4 роки досліджень нами обстежено 95 пацієнток у віці від 18 до 40 років на термінах вагітності 8-38 тижнів. У І триместрі вагітності перебували 35 (33,3%) пацієнток, у ІІ –40 (38%), в ІІІ – 17 (16,2%). У всіх хворих збирався анамнез, оцінювався оториноларингологічний статус, аналізувалися дані клінічного аналізу крові, алерготестів, бактеріологічного дослідження мазків з ротоглотки і порожнини носа, спірометрії. Визначали загальний вміст IgE та титри специфічних IgE.

Незважаючи на те, що алергічний генез за даними анамнезу був запідозрений у всіх обстежених, нам вдалося підтвердити його IgE–залежний механізм лише у 12,1% вагітних жінок. При визначенні загального IgE рівень вище нормативних значень виявлявся в 20,9% випадків. Найвища частота гіперімуноглобулінемії Е виявлена у жінок з одноразовими алергічними проявами (42,9%). При визначені алергенспецифічних IgE-антитіл у вагітних жінок було виявлено сенсибілізацію у 63 жінок (70% випадків). Зокрема, до побутових (до домашнього пилу – 67,7%), пилкових алергенів (43,0%), медикаментозних (30%), харчових алергенів (16,2), епідермальних – 10%.

У 67% жінок з алергодерматозами спостерігалося погіршення перебігу або дебют шкірного захворювання на тлі вагітності, поліпшення відзначили 14%, а 16,2% – не помітили будь-якої динаміки захворювання. У 50% жінок з БА та алергічним ринітом спостерігалося