

complications. Infrared thermometry was performed in all patients after 15 minutes of acclimatization to room temperature ($23 \pm 1.0^{\circ}\text{C}$), in standard clothing, at rest. Absolute local indicators were translated into relative by dividing by the indicator of the total body temperature and compared with each other in the dynamics of treatment. The temperature difference in different areas was calculated - $^{\circ}$.

When comparing the temperature gradients of the lower extremities, there was a significant increase in the gradient in patients of the second group, with the maximum increase in the temperature difference on the plantar surface of the foot ($p < 0.05$). In patients of the first group, the temperature difference in the lower extremities was greater than between the upper extremities, but not so significant ($p > 0.05$). The skin temperature of the plantar surface of the foot was probably lower in the second group of patients with diabetes mellitus ($30.9 \pm 0.49^{\circ}\text{C}$) compared to the first group ($33.0 \pm 0.46^{\circ}\text{C}$) ($p < 0.05$). Significant changes in limb skin temperature were often correlated with the presence of diabetic retinopathy ($r = 0.36$, $p < 0.05$) and the severity of diabetic nephropathy ($r = 0.76$, $p < 0.05$). To a lesser extent, the temperature gradient correlated with a healthy lifestyle ($r = -0.54$, $p < 0.05$), adherence to dietary norms ($r = -0.56$, $p < 0.05$), sufficient physical activity ($r = -0.59$, $p < 0.05$). The occurrence of angiopathies of the extremities led to a decrease in the intensity of blood flow, a decrease in metabolic activity of tissues and, accordingly, to a lower temperature of the distal parts of the legs. The body responded by raising blood pressure.

Thus, infrared thermometry is an affordable and sensitive method for early diagnosis of circulatory disorders of the lower extremities and detection of the risk of severe diabetic foot. The criterion for such a risk can be considered a temperature gradient of more than 10%. According to the results of infrared thermometry, it was found that the skin temperature of the plantar surface of the foot in patients with purulent - necrotic complications was significantly lower ($30.9 \pm 0.49^{\circ}\text{C}$) compared with patients with diabetic foot syndrome, which currently did not require surgical treatment ($33.0 \pm 0.46^{\circ}\text{C}$).

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THE INFLUENCE OF THE RATE OF ACETYLTATION ON THE STATE OF THE BEHAVIORAL RESPONSES OF RATS IN CONDITIONS OF LEAD INTOXICATION

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There is speculation that the marker predisposition to action of the unfavorable factors of the environment, including the salts of heavy metals, is the type of acetylation. However, the role of individual genetic predisposition as the reasons for the sensitivity of the organism to the effects of toxic chemicals, including heavy metals, today was studied not enough.

Objective: to study the changes of behavioral reactions in rats with different types of acetylation in the conditions of acute intoxication of lead acetate.

Experimental studies were conducted on white conventional outbred sexually mature male rats, which were divided into two groups: with «quick» and «slow» type of acetylation by the test with amidopyrin. Subacute intoxication was modeled by means of intraperitoneal injection of lead acetate to experimental animals at doses of 2,5 mg/kg (1/100 DL50) and 15,5 mg/kg (1/16 DL50) for 28 days. Isotonic solution of sodium chloride (intraperitoneally) was injected to control groups of animals instead of lead acetate. In the dynamics of intoxication were studied behavioral reactions in rats: horizontal and vertical motor activity, mink reflex, emotional reactivity and integrated behavioral activity.

It is established that the introduction of rats lead acetate in the dose of 2,5 mg/kg (1/100 DL 50) accompanied by inhibition of indicators of behavioral reactions with 14 days of the experiment, the «slow» and «quick» acetylation to achieve maximum to the end of the experiment. Increasing the dose of the toxicant to 1/16 DL 50 causes early behavioral changes: with 7 days of the experiment, the «fast» acetylation. More expressive changes in indicators of behavioral reactions of the toxicity of lead acetate in doses 1/100 DL 50 and 1/16 DL 50 to the end of the experiment observed in the «quick» acetylation.

The «quick» type of acetylation is a susceptibility marker to lead acetate toxic action under conditions of subacute experiment on mature rats.

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