

Conclusion. Most patients with latent autoimmune diabetes in adults have vitamin D deficiency, which is associated with a higher degree of autoimmunity, loss of beta-cell function and poorer compensation of the disease, which may indicate its role in the development and progression of this variant of diabetes.

PREVALENCE OF THE COMPONENTS OF METABOLIC SYNDROME IN PATIENTS WITH DIFFERENT PHENOTYPES OF LATENT AUTOIMMUNE DIABETES IN ADULTS

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Introduction. Latent autoimmune diabetes in adults (LADA) is a specific type of diabetes mellitus (DM), the prevalence of which varies from 4% to 14%. Although LADA combines the pathogenetic and clinical features of both type 1 (T1DM) and type 2 diabetes mellitus (T2DM), the latest recommendations of the American Diabetes Association refer it to T1DM (ADA, 2021). Given that this variant of diabetes is also similar to type 2 diabetes mellitus, the risk of metabolic syndrome (MS) in this category of patients is particularly relevant. At the same time, the existing results of research in this area are quite contradictory, which is obviously due to population differences, different methodological approaches and significant heterogeneity of LADA.

The aim of this study was to determine the prevalence of metabolic syndrome and its components in LADA depending on the phenotype of the underlying disease.

Materials and methods. 45 patients with LADA were examined, the comparison group consisted of patients with T1DM (26 patients) and T2DM (35 patients). The average age was 46.2 years. Patients with LADA according to the main phenotypes were divided into 2 groups: LADA 1 (22 individuals) with high antibody titers (≥ 180 U / ml) to glutamic acid decarboxylase (antiGAD) and LADA 2 (23 individuals) with low antibody titers (18 -180 U / ml). The phenotypic features of the prevalence of MS and its components in LADA were studied in accordance with the criteria of the International Diabetes Federation (IDF, 2009). In establishing LADA, we were guided by the recommendations of the Immunology of Diabetes Society (IDS, 2005).

Results. The prevalence of MS in LADA was 55.6% and exceeded that in T1DM (19%), but was lower compared with T2DM (71.4%). In addition to hyperglycemia, abdominal obesity (62.2% of patients), hypertension (77.8%), and dyslipidemia (55.6%) were the most common components of MS in LADA. The highest prevalence of MS was found in patients with LADA 2 phenotype (69.6%), which was close to that in T2DM. At the same time, it was lower (40.9%) in LADA 1, but twice as high as in T1DM. Negative correlations were found between body mass index, waist circumference and antiGAD titers in patients with LADA ($p < 0.05$).

Conclusion. Metabolic syndrome was found in 55.6% of patients with LADA. The prevalence of metabolic syndrome depends on the phenotype of the disease and was highest in LADA 2 (69.6%), which indicates that patients with this phenotype belong to the group of high cardiovascular risk.

THE FEATURES OF NONALCOHOLIC STEATOHEPATITIS COURSE WITH OBESITY AND CHRONIC KIDNEY DISEASE

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Introduction. The prevalence of non-alcoholic steatohepatitis (NASH) is globalized among the population of economically developed countries with a growing trend in Ukraine. The frequency of NASH, according to various authors, ranges from 20% to 35%, which directly affects the quality of life of patients, promotes the progression of disorders of all types of exchange and development of liver and cellular insufficiency.

The purpose of the study was to determine the pathogenetic role of the bacterial endotoxin content in the blood on the hepatocytes damage markers, the degree of steatosis and liver fibrosis in patients with non-alcoholic steatohepatitis with obesity, depending on the form and stage of chronic kidney disease and their progression.

Materials and methods. To realize this goal 170 patients with non-alcoholic steatohepatitis aged 40-55 years were examined. All patients were distributed as follows. Group 1 consisted of 70 patients with non-alcoholic steatohepatitis with concomitant obesity 1st degree. Group 2 consisted of 100 patients with non-alcoholic steatohepatitis and obesity 1st degree with a comorbid chronic kidney disease of I-II st. (chronic pyelonephritis). We examined 30 practically healthy persons (PHPs), which by age and sex were not statistically significantly different from the main group and the comparison group.

Results of the research and their discussion. The article presents the theoretical generalization of the features of the microbial state of the colon cavity (MSCC) during the comorbid flow of non-alcoholic steatohepatitis with obesity and chronic kidney disease of the I-III stages, which is characterized by the development of deep dysbiosis (II-III st.). with the appearance and prevalence of pathogenic microflora, an increase in the number of opportunistic bacteria and yeast fungi of the genus *Candida*, a probable deficiency of representatives of normal microbiota: lactobacilli, bifidobacteria, bacteroids.

Conclusion. As a result of the study, it was found that the bacterial endotoxin content in the blood has a high predictive value as a marker for the progression of non-alcoholic steatohepatitis on the background of chronic kidney disease and obesity with a growth above 0.23 EO / ml (sensitivity 87.1%, specificity 91.6%).