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## **THE EFFECT OF L-GLUTATHIONE ON GASTRIC MUCOSA AFTER H. PYLORI ERADICATION IN PATIENTS WITH NONALCOHOLIC STEATOHEPATITIS**

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Non-alcoholic fatty liver disease is considered to be the hepatic display of a metabolic syndrome and diabetes mellitus type 2. In such cases, the gastrointestinal tract is often affected. That is why it is important to get an early identification and a proper treatment of gastrointestinal complications for improving both a diabetic care and a quality of patient's life.

Aim of the study: to study the effect of L-glutathione on gastric mucosa in patients with nonalcoholic steatohepatitis (NASH) and diabetes mellitus type 2 after Helicobacter (H.) pylori eradication.

This study was conducted on 54 patients with NASH and diabetes mellitus type 2 (29 men and 25 women) with a middle age of  $53,8 \pm 7,6$  years. The diagnosis of H. pylori infection in each patient was carried out using 2 methods: a rapid urease test and the determination of H.pylori antigen in feces. An antigelicobacter therapy was being performed by a 4-component scheme during 2 weeks. After the eradication therapy, patients were divided into two groups: twice a day 27 patients were prescribed to get injections of L-glutathione, 2 capsules at once in addition to a basic therapy (group 1) for six weeks, whereas other 27 patients were treated only with the basic therapy (group 2). The upper endoscopy, morphological evaluation of gastric biopsy specimens, liver sonography, liver enzymes (ALT, alanine aminotransferase; AST, aspartate aminotransferase) were evaluated before and after the treatment period.

In both groups, the successful eradication of H.pylori led to the reduction of endoscopic signs of inflammation, stomach and duodenal ulcers healing, epithelialization of gastroduodenal erosions, to the improvement of gastric mucosa histology and the reduction of gastritis activity level. However, the basic group 1 showed more significant clinical improvement, comparing with the group 2, in which dispepsia (nausea, early satiety, the feeling of heaviness in the epigastrium after eating, eructation, regurgitation) were still present in 29.6% patients by the end of the treatment unlike in group 1, where the indicator is 14.8% ( $p < 0.001$ ). In both of the groups, a significant ( $p < 0.001$ ) reduction of inflammatory cell infiltration was noticed. However, better results were found in group 1 as the level of polymorphonuclear infiltration decreased by 63.9%, mononuclear infiltration - by 66.7% ( $p < 0.001$ ) whereas in the comparative group 2 these indicators reduces to 44.1% and 47.4% ( $p < 0.001$ ). In addition, a half of the group 2, had degenerative and necrotic changes of epithelial cells with multiple cases of gastroduodenal erosion after 6 weeks of treatment. The display of atrophic changes in the mucous membrane of stomach, intestinal metaplasia, microvasculature condition were not statistically different before and after treatment in both groups. At the same time, there was a significant decrease on the matter of liver enzymes indicators in the main group 1 till the norm is reached after 6 weeks of the L-glutathione therapy. In the comparing group, the same indicators remained above the norm and significantly ( $p < 0.05$ ) differed from those achieved in the main group ( $p < 0.05$ ).

The L-glutathione prescription after the anti-gelicobacter therapy allowed to optimize the course of therapy in general. According to the results of the study, L-glutathione contributed to more rapid regression of gastroduodenal mucosa inflammatory infiltration and showed cell protective effects.

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## **QUALITY OF LIFE IN PATIENTS WITH CHRONIC HEART FAILURE AND DIABETES MELLITUS TYPE 2**

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Diabetes mellitus (DM) is one of the leading medical-social problems of the modern society due to its high incidence, frequent comorbidity, increased mortality, high risk of chronic vessel complications.

The aim of the research was to determine the impact of chronic heart failure and diabetes mellitus type 2 on the quality of life of elderly and senile patients.

A comprehensive survey of 108 patients with chronic heart failure (HF) of ischemic origin and DM type 2 was conducted. The average age of the patients was  $76,04 \pm 1,84$  years. All examined patients according to their comorbidities were randomized into the following subgroups: I patients with HF without DM type 2 ( $n=32$ ), II patients with HF, complicated by comorbid DM type 2 ( $n=76$ ). The control group for comparative studies comprised 24 people without HF and DM type 2, whose age was not significantly different from the average age of the patients of the experimental groups. Quality of life was determined by Mezzich J. E., Cohen M., Ruiperez N. et al. questionnaire.

The level of physical welfare was the highest in the patients of the control group ( $6,2 \pm 0,56$  points) dominating over the corresponding figure in the group of patients with chronic HF up to 1,37 times ( $4,5 \pm 0,48$  points,  $p < 0,05$ ), and up to 2.82 times ( $2,2 \pm 0,11$  points,  $p < 0,05$ ) in patients with chronic HF and DM type 2. Value of the index of psychological and emotional welfare in the patients of the control group was 57% more than in the patients with heart