МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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method with edible gelatin followed by preparation under the microscope МБС-10 and radiologic examination after their injection with radiopaque substances.

Results and discussion. The superior mesenteric artery in fetuses arises from the anterior semicircle of the abdominal part of the aorta at the level of XI-XII thoracic vertebrae, and in neonates – on I lumbar vertebra. It is determined 4,0-10,0 mm lower than that of the branching of the abdominal trunk, and 6,8-14,4 mm higher than that of the inferior mesenteric artery.

On our material, we observed branching of the superior mesenteric artery by an independent trunk on 77 specimens. The main branches were the lower pancreaticoduodenal, small and large intestinal arteries.

11-12 small intestinal arteries arise from the left semicircle of the superior mesenteric artery. Their dimensions (diameter and length) were the largest from the 4^{th} to the 6^{th} arteries, the values of these parameters decreased in the cranial and caudal directions. A characteristic feature of the arteries supplying blood to the loops of the small and large intestines in the presence of arcades – arc-shaped anastomoses between the branches of the intestinal arteries.

On 26 specimens, the origin of the right additional colonic artery supplying blood to the right curve of the colon was found. In three specimens (fetuses of 325,5 mm; 340,0 mm and 363 mm of PCL), the superior mesenteric artery joined the abdominal trunk at the level of the first lumbar vertebra, forming the common trunk. The junctions of the trunks of the superior and inferior mesenteric arteries was found in fetuses of 397,5 mm and 480,0 mm of PCL. Their common trunk supplied blood to the small (except for the initial part of the duodenum) and large intestines. In five neonates, independent emerging of the branches of the superior mesenteric artery from the anterior semicircle of the abdominal part of the aorta was found. On nine specimens, the branching of the superior mesenteric artery was atypical: а) in 4 observations, the connection of the most cranial branches with the abdominal trunk occurred; б) in two fetuses and three neonates the caudal branches of the superior mesenteric artery were connected to the cranial branches of the inferior mesenteric artery.

Conclusion. Summarizing the above and considering the literary data available, and the results of our own observations, we can suggest the following topographic-anatomical classification of variants of the superior mesenteric artery: 1. Independent emerge of the superior mesenteric artery. 2. Connection of the of the superior mesenteric artery trunk with the abdominal trunk. 3. Connection of the of the superior mesenteric artery trunk with the inferior mesenteric artery. 4. Independent emerge of the superior mesenteric artery branches. 5. Mixed forms of branching of the superior mesenteric artery.

Bukach O.P.

TREATMENT TACTICS OF PATIENTS WITH RHEUMATOID ARTHRITIS TAKING INTO ACCOUNT COMORBIDITY

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Introduction.The modern concept of treatment of rheumatoid arthritis (RA) is to slow down the progression and achieve long-term remission of the disease by using disease-modifying antirheumatic therapy. However, arterial hypertension (AH), abdominal obesity (AO) and diabetes mellitus type 2 (DM 2) mutually aggravated the course of RA and minimized the possibility of using the entire medicinal arsenal.

The aim of the study. To determine the effectiveness of the use of L-arginine, telmisartan and rosuvastatin against the background of basic therapy in patients with RA in combination with AH, AO and DM2, depending on the T-786C eNOS gene polymorphism.

Material and methods. In the course of the study, 80 patients with RA were examined (20 patients with isolated RA, 20 patients with RA with hypertension, 20 patients with RA with hypertension and AO, 20 patients with RA with hypertension, AO and type 2 diabetes and 20 practically healthy individuals. They were evaluated the intensity of the pain syndrome using a 100-

mm visual analog scale (VAS). The degree of activity of the inflammatory process in RA was assessed by the disease activity index DAS28.

Results. We carried out a 30-day basic treatment of RA in the form of methotrexate 10 mg/week, folic acid 5 mg/week, methylprednisolone 20 mg/day and treatment of comorbid pathology by using rosuvastatin at a dose of 10 mg per day, telmisartan at a dose of 80 mg per day and L-arginine aspartate in a dose of 5 ml 3 times a day. The intensity of the pain syndrome, according to VAS, was evidenced by the presence of severe pain in the joints, which did not have a clear dependence on comorbid pathology. However, severe joint pain (≥60 mm) occurred in 100.0% of patients with RA with hypertension, AO, and DM 2, and DAS28≥5.1 units in 77.3% ($p<0,05$). Analysis of the pain syndrome intensity according to VAS depending on the polymorphic variants of the eNOS gene (rs 2070744) proved the presence of severe joint pain in 49 patients (81.67%). DAS28≥5.1 units was observed in 87.5% of carriers of the CC genotype of the T-786C eNOS gene polymorphism. The effectiveness of the prescribed treatment is confirmed by a decrease in the DAS28 index: 1.54 times ($p<0.05$) – for RA and AH, 1.49 times – for RA, AH and AO and 1.38 times ($p<0.05$) - for RA, AH, AO and DM 2. RA activity decreased in 78.57% of patients (according to ACR20) and in 5.71% of patients (according to ACR50) ($p<0.05$). At the same time, it should be noted a decrease in disease activity in 100% of RA patients with the TT genotype, 66.67% with the TC genotype, and 33.33% with the CC genotype.

Conclusions. Therefore, the addition of angiotensin-II receptor antagonists, statins, and nitric oxide donors to the complex of treatment (with the correction of their dose in carriers of the CC genotype) is appropriate and effective in patients with rheumatoid arthritis in combination with arterial hypertension, abdominal obesity, and type 2 diabetes.

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ENDOTHELIAL DYSFUNCTION IN PEPTIC ULCERS OF THE STOMACH AND DUODENUM IN COMBINATION WITH ARTERIAL HYPERTENSION AND TYPE 2 DIABETES MELLITUS

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Iintroduction. Endothelial dysfunction remains one of the diagnostic criteria for vascular endothelial pathology. Comorbidity of pathologies leads to the development of endothelial dysfunction, especially in the presence of peptic ulcers of the stomach (PS) and duodenum (PD) with diabetes mellitus (DM) and arterial hypertension (AH).

The aim of the study. To study the state of endothelial dysfunction in patients with peptic ulcer of the stomach and duodenum in combination with arterial hypertension and diabetes mellitus type 2.

Material and methods. 108 patients were examined, of which 28 patients with PS and duodenum in the presence of toxigenic strains CagA+VacA+ (group 1), 20 patients with PS and duodenum in the presence of a combination of strains CagA+VacA-/CagA-VacA+ (group 2), 22 patients with PS and duodenum in the presence of toxigenic strains CagA+VacA+ in combination with hypertension and T2DM (group 3), 38 patients with PS and PD in the presence of a combination of strains CagA+VacA-/CagA-VacA+ in combination with hypertension and T2DM (4 group) and 30 practically healthy individuals (PHI) (group 5). Assessment of vascular endothelial dysfunction was carried out by determining ET-1 with a set of reagents from Bender MedSystems GmbH (Austria), sVCAM-1 - Bender MedSystems GmbH (Austria).

Results. Investigating the state of endothelial dysfunction in the blood, it was found that in patients with PS and duodenum with hypertension and T2DM, the level of nitrates/nitrites is the highest in the group of patients with PS and duodenum CagA+VacA+ in combination with hypertension and T2DM. Assessing the content of the adhesion molecule (sVCAM-1) in patients without concomitant pathology, it was found that in patients with PS and duodenum CagA+VacA+ the indicator was (1802.96±221.31), which was 3.83 times higher than the content in the PS group (483 .87±109.72) ($p<0.001$), and in patients with PS and duodenum CagA+VacA-/CagA-VacA+ -