

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
присвяченої 80-річчю БДМУ
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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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predominated in the I group, the addition of arterial hypertension led to an increase in the percentage of patients with a severe course of OA in the II group. However, an extremely severe course of OA was found in 58.9% of IV group patients. With the increase in body weight, there was an increase in the proportion of patients with very severe and extremely severe OA. For patients with OA, hypertension, abdominal obesity with the addition of type 2 diabetes, an increase in the intensity of arthralgic pain was characteristic, especially night pain, mobility impairment with significant impairment of daily activities.

Conclusion. The combined course of osteoarthritis, hypertension, obesity and type 2 diabetes is accompanied by an increase in the intensity of pain in the joints, impaired motor function and daily activities of patients.

Voloshyna L.O.

VITAMIN D3 DEFICIENCY IS A HIDDEN INTERDISCIPLINARY PROBLEM OF MODERN MEDICINE: CLINICAL AND LABORATORY DIAGNOSTICS, TREATMENT, PREVENTIVE MEASURES, PECULIARITIES OF TEACHING THE MATERIAL TO THE SIXTH YEAR STUDENTS

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Introduction. Vitamin D deficiency is now recognized as a pandemic with pronounced clinical effects. Subnormal levels of vitamin D in the general population are reported in almost all regions of the world. Traditionally, vitamin D was considered a regulator of mineral metabolism, but new scientific advances have expanded the understanding of the physiological role of this vitamin. In its metabolically active form, 1,25(OH)₂D is a steroid hormone produced by hydroxylation in the liver and kidneys. Its precursors can be obtained from food, as well as from non-enzymatic reactions in the skin under the influence of ultraviolet irradiation. Unfortunately, most people at the present stage of human existence are chained indoors to TV, various gadgets, computers and spend little time in the sun, consume food mainly enriched with carbohydrates, depleted in vegetable fats, containing numerous food and other additives, animal growth stimulants with hormone-like effects that cause metabolic disorders, diseases of the hepatobiliary system and intestines, which are directly related to the absorption of vitamin D from the intestines, consume many drugs that accelerate the metabolism and excretion of vitamin D from the body.

The aim of the study. It is to highlight the main principles of diagnosis, treatment and prevention of vitamin D deficiency in clinical practice and the experience of teaching in the educational process with sixth-year students.

Material and methods. The analysis of printed and electronic literature sources, other search databases was carried out, our own experience of presenting these data in the educational process with sixth-year students was presented.

Results. According to the literature, vitamin D deficiency is quite common in the world and Ukraine, but its slight decrease has no specific clinical manifestations. Only with a significant and prolonged deficiency of this vitamin, such manifestations as osteoporosis, diabetes mellitus of both types, obesity are formed; vitamin D deficiency should be considered in the presence of hypothyroidism, irritable bowel syndrome with diarrheal phenomena, dysbiosis, metabolic syndrome, immunodeficiency states, prolonged subfebrile condition, myalgia, osalgia, chronic fatigue syndrome. The students' attention is focused on the fact that in all these cases, in the complex examination of patients, it is advisable to determine the concentration of 25(OH)D in the blood by enzyme-linked immunosorbent assay. Such studies are now available in modern laboratories of cities and even district centers. Only knowledge of this problem and referral of the patient to such laboratories and subsequent evaluation of the results are required. The teacher notes that for therapeutic purposes, there are high-dose vitamin D drugs - 10,000-20,000 IU (Decristol), and for prophylactic purposes, to correct a slight deficiency of vitamin D, modern pharmaceutical companies produce various dietary supplements, which contain prophylactic doses of vitamin D - 200-800 IU. For example, in case of hypothyroidism there is a dietary supplement TYREOMIN: it

contains tyrosine, Zn, Se, vitamins E and D; in case of intestinal dysbiosis - inulin, bifidobacteria and lactobacilli and vitamin D, etc. It is also discussed that a number of drugs used in the treatment of other diseases can cause metabolic inactivation of vitamin D (corticosteroids, barbiturates, anticonvulsants, rifampicin, isoniazid) or reduce its absorption in the intestine (antacids, laxatives, orlistat). Cytotoxic and antifungal agents reduce the activity of vitamin D, etc.

Conclusions. Vitamin D deficiency is a fairly common, mostly hidden, interdisciplinary problem of medicine, which is becoming increasingly widespread. Modern young doctors, starting from their student years, should be familiar with the methods of clinical and laboratory diagnosis of this pathology, as well as methods of dietary prevention and treatment of vitamin D deficiency manifestation.

Zub L.O.

CHANGES IN ULTRASONOGRAPHIC INDICATORS OF THE KIDNEYS IN PATIENTS WITH DIABETIC NEPHROPATHY

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Introduction. Diabetes mellitus continues to be one of the most complex medical and social problems. Statistics show that every minute in the world 6 people die from diabetes. The main cause of mortality is a variety of vascular complications, the most dangerous of which is diabetic nephropathy, which occurs as a result of microangiopathy of the vessels of the renal glomeruli. The frequency of development of diabetic nephropathy is 30-50% in type 1 diabetes, and 15-30% in type 2 diabetes.

The aim of the study. It was to characterize the sonographic pattern of kidneys in patients with diabetic nephropathy with II degree arterial hypertension.

Material and methods. 74 patients with chronic kidney disease I-II stage, diabetic nephropathy IV stage, and arterial hypertension II degree were examined and treated in the endocrinological dispensary and nephrology department of the regional clinical hospital in Chernivtsi city. Patients were divided into 2 groups: I - with type 1 diabetes (28 people); II - with type 2 diabetes (46 people), as well as 20 healthy people. Blood pressure was within the following limits: systolic – 169.0 ± 8.15 mmHg, diastolic – 105.5 ± 5.20 mmHg. The control group consisted of 35 patients with diabetic nephropathy with 1st stage hypertension.

Results. The average total kidney volume was calculated on the basis of sonographically determined sizes in patients with diabetic nephropathy IV and arterial hypertension of the II stage turned out to be significantly greater than in patients of the control group, respectively 257.90 ± 6.11 cm³ versus 216.12 ± 7.20 cm³ in healthy ($p < 0.05$) and patients in the control group – 225.20 ± 7.25 cm³ ($p < 0.05$). No difference was found in the total average volumes of kidneys in patients with diabetic nephropathy with type 1 and type 2 diabetes (respectively, with type 1 diabetes 255.20 ± 8.3 cm³ and type 2 diabetes 259.80 ± 7.13 cm³ ($p > 0.05$)).

Conclusions. In patients with diabetic nephropathy, regardless of the type of diabetes, the average total volume of kidneys is significantly larger than in healthy individuals. No significant difference was found in the kidney volumes of patients with type 1 and type 2 diabetes. The development of arterial hypertension with renomegaly has an unfavorable prognostic value and is associated with faster rates of progression of chronic kidney disease.

Андрієць М.М.,

ТІМБЛДІНГ НА ПРИКЛАДІ ФУТБОЛЬНОЇ КОМАНДИ СТУДЕНТІВ.

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Вступ. Тімблдинг - це сукупність заходів, спрямованих на згуртування колективу, формування сильної команди для досягнення спільних цілей. У ХХІ столітті цей термін здебільшого використовується у великих компаніях з метою покращення рівня взаємодії та підвищення довіри для ефективнішої роботи команди. Ідея командних методів роботи