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
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
присвяченої 80-річчю БДМУ
05, 07, 12 лютого 2024 року

Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2024 році № 3700679

Чернівці – 2024

УДК 001:378.12(477.85)
ББК 72:74.58
М 34

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.

ББК 72:74.58

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.

ISBN 978-617-519-077-7

increased incidence of hypertension, which rises the risk of cardiovascular disease and stroke. Epidemiological studies show that hypertension onset is strongly associated with salt consumption: there is a close relationship between average sodium salt intake and the incidence of hypertension, and restriction of sodium intake substantially decreases blood pressure. The link between dietary sodium and hypertension is well established and dietary modification is a primary step in hypertension risk reduction. Standard clinical advice for the prevention and treatment of hypertension includes limitation of salt intake. Yet, in spite of extensive public health education campaigns, sodium consumption exceeds recommendations. Because sodium is believed to be the ligand for salty taste, a more comprehensive understanding of the factors that drive salt consumption is needed to help develop effective and successful strategies to reduce sodium intake.

The aim of the study was examination of school-age children salty taste oral sensation in association with resting blood pressure.

Material and methods. In total 155 healthy children (ages 10-17 years, mean age - 13.8 years) were examined in schools during screening for elevated blood pressure. The study included assessment of resting blood pressure, salt taste sensitivities, structure and quality of nutrition, food preferences and children quality of life. To obtain the resting blood pressure three measurements were recorded at approximately 3 minute intervals, data from average were used.

Results. Hypertension was defined as a systolic blood pressure over 95 gender/age/height dependent percentile. Salt taste sensitivity to minimal concentrations (0.04%-0.08% of NaCl) was registered in 114 children (73.5%). The group of children with low sensitivity consisted of 41 persons. In some children was registered deviation in taste (disgeusia). Difference between males and females in salt sensitivities level was not established. The association between level of systolic blood pressure and the salt taste sensitivities was shown in regression model with inclusion of some anthropometric data and salt sensitivity.

Conclusions. The taste deviation poses a significant challenge for the health care of children population. Compared with the group of children with normal salt sensitivity persons with low salt sensitivity have higher risk of salt overconsumption and hypertension, they also reported greater liking of food with higher salt levels comparable to regular-sodium products.

Lastivka I.V.

MEDICAL-GENETIC COUNSELING IN NEPHROLOGY

Department of Pediatrics and Medical Genetics
Bukovinian State Medical University

Introduction. Monogenic diseases account for 70% and 10-15% of the prevalence of terminal stage renal failure in children and adults, respectively. Early identification of a monogenic cause of chronic kidney diseases may have important implications for patients and their families regarding treatment, prognosis, genetic counseling, and screening for risk groups among family members. Despite evidence of the diagnostic utility of massively parallel sequencing (MPS) methods, genetic testing is rarely used as a diagnostic tool in routine clinical practice, due to genetic illiteracy, lack of predictable benefit, difficulty in determining the best diagnostic test for a particular patient, difficulty in interpreting results, material costs and the need for post-test counseling.

The aim of the study. The purpose of this study is to acquaint nephrologists with modern methods of genetic research and encourage them to implement genetic testing in their daily practice.

Material and methods. Today, there are numerous methods of genetic studies of patients with kidney diseases: Sanger sequencing, comparative genomic hybridization (CGH), single nucleotide polymorphism (SNP) arrays, multiplex ligation-dependent probe amplification (MLPA), massively parallel sequencing, targeted sequencing, targeted gene panel sequencing, exome sequencing (ES), genome sequencing (GS). Today, most laboratories prefer to use panels of genes associated with the phenotype, which are based on exomes. In cases of unexplained renal failure, the preferred first-tier test is a targeted ES with a second-tier option of whole-exome analysis. CGH, SNP, GS or MLPA are used for copy number (CNV) diagnosis.

Results. Genetic testing is recommended for tubulopathies, renal ciliopathies, disorders of the complement system, chronic kidney diseases of unknown origin, etc.

Diagnostic genetic testing should be accompanied by thorough medical and genetic counseling before and after it. Adequate pretest counseling about the possibilities, limitations, and possible outcomes of genetic testing will allow patients/parents of the child to make an informed decision about undergoing it and understand the potential results of the test.

The complete clinical phenotype, family history, and clinical test results are important for interpreting MPS data. In the case of probable pathogenic variants, information about comorbidity, prognosis, and possible changes in treatment should be provided. The genetic counseling process should provide advice on screening for family members and family planning options, including gamete donation, prenatal diagnosis, and preimplantation genetic testing.

Conclusions. For many patients with kidney disease, MPS-based gene panel testing can provide accurate diagnosis, prognosis, individualized treatment, including nephroprotection and kidney transplantation. An accurate diagnosis is crucial for genetic counseling and family planning.

Lozyuk I.Ya.

ASSESSMENT OF THE EFFECTIVENESS OF DIFFERENT APPROACHES TO THE TREATMENT OF H. PYLORI-ASSOCIATED IDUGIT IN COMBINATION WITH FOOD ALLERGY IN CHILDREN

Department of Pediatrics and Medical Genetics
Bukovinian State Medical University

Introduction. The leading place in the formation of inflammatory diseases of upper gastrointestinal tract is H.pylory infection, which persistence disrupts the balance between the factors of aggression and defense, has a direct damaging effect on the mucous membrane (MM) of the stomach and small intestine and contributes to chronic inflammation.

The aim of the study. The goal was to evaluate the effectiveness of different approaches to treatment IDUGIT, in combination with food allergy (FA) associated with Cag A+ and Cag A- H.pylory.

Material and methods. On the basis of the gastroenterology department, 72 children, aged 7-18 years, with H.pylori-associated IDUGIT and FA were examined, who were divided into two clinical groups: I group (44 people) - patients with H. pylori Cag A+ IDUGIT, II group (28 people) – patients with H. pylori Cag A+ IDUGIT. Patients of groups I and II are divided into 4 treatment subgroups:1a (22 person) – patiets with *H. pylori CagA(+),*who received an elimination diet, eradication therapy, antihistamines, an immunocorrective drug, and sorbents; 1б (22 people) – with з *H. pylori CagA(+),*who received an elimination diet, eradication therapy (AHBT), antihistamines, sorbents; 2a (14 people) – patients with *H. pylori CagA(-),*who received an elimination diet, AHBT, antihistamines, cytoprotectors, sorbents; 2б (14 осіб) – діти з *H. pylori CagA(-),*who received an elimination diet, antihistamines, cytoprotectors, sorbents. A comparative analysis of the therapy effectiveness was carried out in pairs of patients of subgroups 1a-1b and 2a-2b.

Results. The control of the effectiveness of the therapy was evaluated on the 10th day of treatment, on the 4th week after AHBT and in a one-year catamnesis with intermediate points of 3 and 6 months.

A more rapid regression of pain, dyspeptic and asthenovegetative syndromes was established in children who received complex treatment (1a and 2a subgroups), as well as with regard to extra-gastrointestinal manifestations of FA. After treatment, the disappearance of skin manifestations of FA was noted in 72.7% of children of 1a and 42.9% of people of 2a subgroups who received complex therapy, and in children of 1b – 22.7% and 2b – 7.1% of subgroups. The SCORAD index decreased by three times in children of 1a and by two times in children of 2a subgroups and amounted to 18.92 ± 7.43 um. unit and 19.13 ± 6.31 unit respectively, while in children who received standard therapy, a probable decrease in the indicator was not established (2a subgroup 38.82 ± 9.32 um. units, 2b subgroup 33.43 ± 7.15 units).