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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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.

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

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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).

In 4 weeks after treatment, signs of inflammation of CO were diagnosed in only 9.1% of patients of 1a and 14.3% of patients of 2a subgroups, against 45.5% of patients of 1b and 42.8% of patients of 2b subgroup, respectively. Complete eradication of H. pylori was not achieved in any treatment subgroup, but we noted a better effect in children who received complex treatment (in subgroup 1a – 90.9%, 1b 68.2%; 2a – 85.7%, 2b – 64 .3 %).

Conclusions. Therefore, under the conditions of using AHBT with the inclusion of an immunocorrective agent as an adjuvant component in children with H. pylori CagA(+), the relative risk of relapse will decrease by 2.33 times with the number of patients who need to be treated (PNT) 1.57 compared using only protocol therapy. The inclusion of AHBT in the protocol treatment of children with IDUGIT with CagA(-) H. pylori will reduce the relative risk of relapse by 5.33 times at PNT 1.32.

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CONTENT OF INTERLEUKINS IN THE BLOOD OF CHILDREN SICK WITH STOMACH AND DUODENAL ULCER DISEASE

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Introduction. Ulcer disease is a higher manifestation of a chronic inflammatory process with destruction of the mucous membrane of the stomach and duodenum. Inflammation is a universal protective and adaptive reaction of the body in response to any damage, one of the manifestations of which is a multicomponent mediator cascade that ensures the process of inflammation - from swelling and destruction to restoration of the integrity and functional activity of the organ. The literature contains a number of data on the dynamics of the interleukin profile in peptic ulcer disease. It is believed that the balance between pro- and anti-inflammatory interleukins changes in different phases of the disease, which ensures the quality of healing of the ulcer defect.

The aim of the study was a comprehensive study of the content of pro-inflammatory (IL-8, IL-1β) and anti-inflammatory (IL-4 and IL-1RA) interleukins in the blood of children with peptic ulcer disease.

Material and methods. A comprehensive clinical and laboratory-instrumental examination of 219 children aged 7-18 years (average age 12.3±2.6 years) was carried out: 115 children with peptic ulcer disease (main group) and 104 healthy individuals (comparison group) who lived in Chernivtsi and Chernivtsi region. All children who were under observation underwent a thorough paraclinical examination according to the generally accepted methods - a general blood test, biochemical blood parameters, a blood sugar test, a general urinalysis, a stool analysis for the presence of helminth eggs, a co-program, a study of intestinal microflora. Determination ofthe level of IL-1β, IL-8, IL-4 and IL-1RA in the blood of children was carried out using standard enzyme immunoassay kits of reagents "Interleukin-1beta-IFA-Best" (series A-8766), "Interleukin-8-IFA-Best" (series A-8762), "Interleukin-4-IFA-Best" (series A-8754), "Receptor antagonist IL-1-IFA-Best" (series A-8764) manufactured by CJSC "Vector BEST". The research was carried out using an enzyme-linked immunoferment assay Stat-Fax-303 (Vo-Shi, USA).

Results. It has been found that in children with peptic ulcer there is an increase in the concentration of serum interleukins compared to healthy individuals (Tab.).

Table

Indicators of interleukins in the blood serum of examined children (M±m)

Group of children	Interleukins, pg/ml			
	IL-1*β*	IL-8	IL-4	IL-1RA
Main (n=115)	87,4±3,8*	98,7±4,8*	45,1±2,9*	1303,9±49,6*
Comparison (n=104)	11,6±2,1	12,4±2,6	8,2±2,3	368±12,9

Note. * – the difference is probable with respect to the indicators of the children of the comparison group, $p<0,01$.