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VII

**INTERNATIONAL SCIENTIFIC AND PRACTICAL
CONFERENCE "SCIENCE AND PRACTICE, PROBLEMS
AND INNOVATIONS"**

Ottawa, Canada

February 25 – 27

ISBN 978-1-63732-138-6

DOI 10.46299/ISG.2021.I.VII

SCIENCE AND PRACTICE, PROBLEMS AND INNOVATIONS

Abstracts of VII International Scientific and Practical Conference

Ottawa, Canada
February 25 – 27, 2021

Library of Congress Cataloging-in-Publication Data

UDC 01.1

The VII International Science Conference «Science and practice, problems and innovations», February 25 – 27, 2021, Ottawa, Canada. 220 p.

ISBN - 978-1-63732-138-6

DOI - 10.46299/ISG.2021.I.VII

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THE NEUTROPHIL-TO-LYMPHOCYTE RATIO IN HEART FAILURE

Tashchuk Viktor

Doctor of Med. Sci., Professor, Head of the Department of Internal Medicine,
Physical Rehabilitation and Sports Medicine
Bukovinian State Medical University

Nesterovska Romana

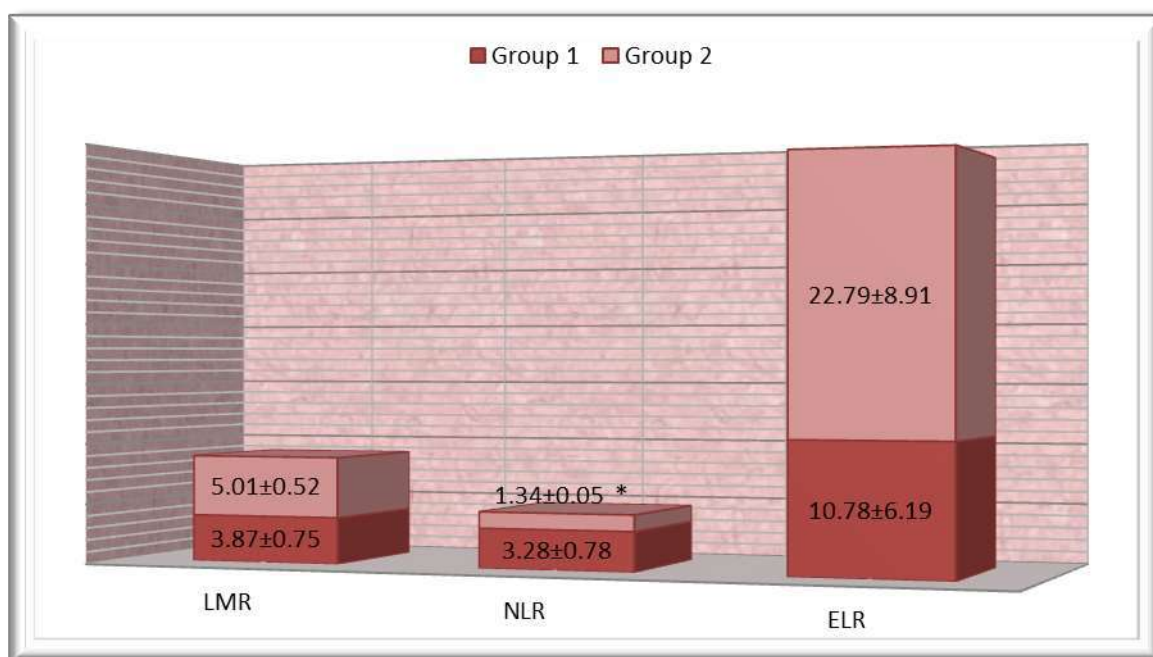
Physician, senior laboratory assistant of the Department of Internal Medicine,
Physical Rehabilitation and Sports Medicine
Bukovinian State Medical University

Background: Heart failure (HF) and systemic inflammation are interdependent processes that continually reinforce each other. Distinct pathophysiological pathways are activated, resulting in an increase in neutrophil count and a decrease in lymphocyte count, making the neutrophil-to-lymphocyte ratio (NLR) a potential indirect marker of severity [1].

Purpose: The purpose of study was to investigate leukocyte indexes in patients with HF.

Methods: To achieve the goal of the study the data of 26 case histories diagnosed, including 17 patients with HF - FC II-IV (NYHA) of ischemic genesis and 9 patients without signs of HF. Of the leukocyte indexes used: NLR, lymphocyte-to-monocytes ratio (LMR) and eosinophil-to-lymphocyte ratio (ELR). Indicators allow us to indirectly judge the activity of inflammation and to some extent - the activity or suppression of the immune response.

Results: Analysis of leukocyte indexes showed that there was a statistically significant difference in determining the NLR, which was increased in patients of group 1 (3.28 ± 0.78) against group 2 (1.34 ± 0.05); $p < 0.05$ (Figure 1); and this indicates that the NLR is a simple parameter for easy assessment of the inflammatory status [2] in patients with HF. Indicators of leukocyte indexes of the LMR and ELR were not statistically significant between groups.



Notes: the significance of the difference between the indicators: * $p < 0.05$

Figure 1 - Indicators of leukocyte indexes in the studied patients.

Conclusion: The NLR is a new marker of inflammation, inexpensive, widely available, obtained by general blood test, and identified as a potential predictor of outcome in many cardiovascular diseases.

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