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КАФЕДРА КЛІНІЧНОЇ ІМУНОЛОГІЇ, АЛЕРГОЛОГІЇ
ТА ЕНДОКРИНОЛОГІЇ

ОЖИРІННЯ ТА МЕТАБОЛІЧНИЙ СИНДРОМ: МІЖДИСЦИПЛІНАРНІ АСПЕКТИ

Матеріали науково-практичної інтернет-конференції з міжнародною участю

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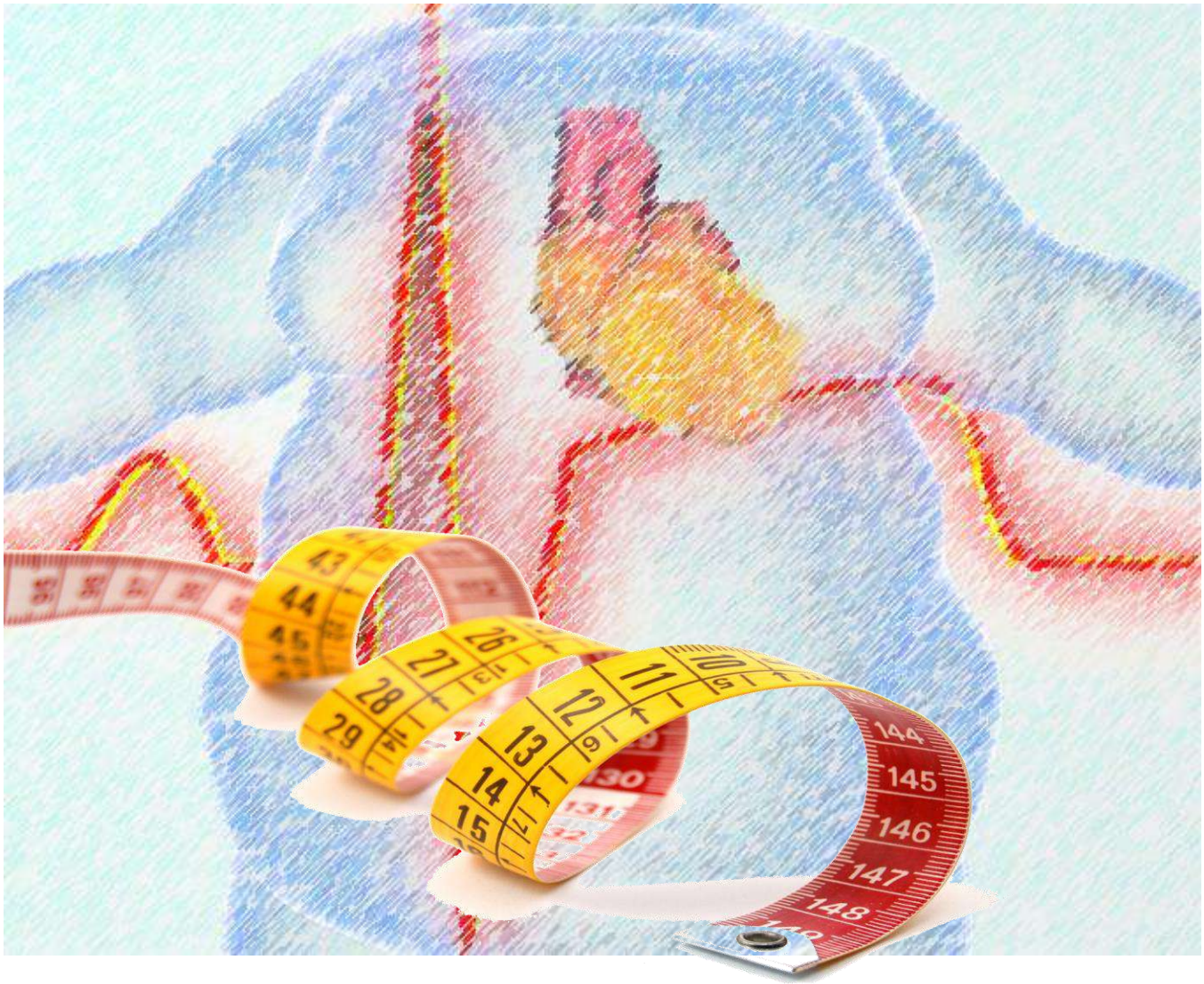

Results. The analysis of the intensity of fibrous reactions in patients with NASH, depending on the presence of comorbid COPD, indicates a probable increase in the content of PBOP in the blood of patients of all groups: in the 1st group – 1,7 times in comparison with the AHP ($p<0,05$), in patients of group 2 – 2,8 times ($p<0,05$). At the same time, the index of FOP content in the blood, which is the biochemical marker of collagen catabolism, in patients of group 1 was 1,2 times higher ($p<0,05$) than that in AHP, indicating a parallel increase in collagen degradation against the background of its high synthesis. The activity of collagen degradation was even more intense in comorbidity with COPD: in patients of group 2 - 1.7 times ($p<0.05$) respectively.

Conclusions. The received data confirm that patients with non-alcoholic steatohepatitis secondary to chronic obstructive pulmonary disease, which developed against the background of obesity, suffer from a significant increase in the synthesis of collagen and glycoproteins, accompanied by an ineffective resorption of newly formed collagen due to insufficient activation of collagenolysis, a significant imbalance in the connective tissue metabolism system, which leads to progressive fibrosis of the lungs and liver and disturbances of their functions.

CHANGES IN KIDNEY ACID FUNCTION IN PATIENTS WITH NON-ALCOHOLIC STEATHEPATITIS AND OBESITY

Kvasnytska O. B.

Department of Internal Medicine and Infectious Diseases
HSEEU «Bukovinian State Medical University», Chernivtsi, Ukraine

Introduction. As is well known, in chronic liver diseases there are no significant changes in the indicators of the acid-base state of the blood. However, the acidity of blood and tissues, including the liver, may increase, which may be important in the pathogenesis of the disease, since the optimal level of metabolism is possible only when the concentration of hydrogen ions in the tissues does not undergo significant changes. The leading role in the regulation of acid-base balance belongs to the function of the kidneys. In the presence of obesity, prerequisites are created for the violation of acid-base balance. On the other hand, pathological conditions associated with metabolic syndrome and obesity lead to damage to other organs, which leads to chronic kidney disease, as well as the development of non-alcoholic steatohepatitis (NASH). It should be noted that impaired renal function significantly impairs the quality of life and the prognosis of the disease.

Objectives. To study the acid excretory function of the kidneys in patients with NASH depending on body mass index (BMI).

Material and methods. 13 patients with NASH and overweight (BMI=24,9-30 kg/m^2), and 15 patients with grade I obesity (30-34,9kg/m^2) with a disease duration of 5 to 9 years were examined. Visceral obesity was also evaluated around the waist: more >102 cm in men, 88 in women. The diagnosis of NASH was

established by sonography. The activity of the enzymes ALAT and ASAT was increased by 1,5-2 times.

The functional state of the kidneys was studied under conditions of 12-hour spontaneous diuresis and when conducting a water load in the amount of 0,5% of body weight. The control group consisted of 20 healthy persons of the corresponding age.

Results. Under the conditions of spontaneous diuresis, the excretion of titrated acids and ammonia increased 2-2,3 times in patients of two groups both as a whole and with the existing nephrons in terms of 100 ml of glomerular filtration (GF) ($p<0,05$). In parallel, the urine pH decreases ($p<0,05$), which is associated with an increase in urine concentration and the excretion of active forms of hydrogen both by functioning nephrons and in general.

Conducting water load allowed identification of more significant changes. So, if you count the indicators of acid excretion for one hour and compare with the characteristics of the kidney function in spontaneous diuresis, it can be noted that in water diuresis, the excretion of acids by the kidneys in healthy individuals is activated. In patients, the reaction is quite the opposite: in patients in both groups, kidney excretion of titrated acids and ammonia decreases almost 2 times ($p<0,05$), and their excretion in terms of 100 ml/GF has a tendency to increase, that evidence of GF violation.

It should be noted that more significant changes in acid excretory function kidneys were detected in patients with obesity both in conditions of spontaneous diuresis and during water load ($p>0,05$).

Conclusions. Thus, in patients with non-alcoholic steatohepatitis with overweight and grade I obesity, changes in acid excretory function of the kidneys are noted: with spontaneous diuresis, this function is sharply activated, and with water load it decreases, which is associated with a decrease in glomerular filtration. At the same time, there was no significant difference in the change in the acid excretory function of the kidneys in both groups. This must be considered when treating this pathology.

EXPERIENCE OF COMBINED APPLICATION OF ALLOPATHIC AND ANTIGOMOTOXIC MEDICINES IN THE TREATMENT OF COMPLICATIONS OF DIABETES MELLITUS TYPE 2

Kvasnytska O. B.

Department of Internal Medicine and Infectious Diseases
HSEEU «Bukovinian State Medical University», Chernivtsi, Ukraine

Introduction. One of the reasons for the disability of patients with diabetes mellitus type 2 is the development and progression of atherosclerosis of the lower extremities and peripheral neuropathy. The above listed complications are caused by a complex of metabolic disorders based on insulin resistance of peripheral tissues. Despite the achievements of pharmacology in the correction of metabolic processes, it is often impossible to achieve stable positive results.

АЛФАВІТНИЙ ПОКАЖЧИК:

ОЖИРІННЯ ТА МЕТАБОЛІЧНИЙ СИНДРОМ: МІЖДИСЦИПЛІНАРНІ АСПЕКТИ

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