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of the epithelium prevailed in the study group and 15% of patients, while the comparison group was equal to 12.5%. The percentage of patients with parakeratosis prevailed in the second group of patients and was 32.5% compared to the group - 27%. Acanthosis patients of both groups met in 5% of cases. In the group with GERD and type 2 diabetes epithelial edema met in 3% of patients, whereas in the group with GERD - 2.5%. Eosinophilic infiltration of the epithelium prevailed in the comparison group - 12.5% in the study group, the figure was 1.5%.

Conclusions. Analyzing the nature and incidence of morphological changes of esophageal mucosa in both groups frequently met parakeratosis - 27 and 32.5% respectively in the first and second groups.

Hafsa Haji Omar

IMPAIRED GLUCOSE TOLERANCE AND IMPAIRED FASTING GLUCOSE IN PATIENTS WITH ESSENTIAL HYPERTENSION

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Objective. The aim of the study was to assess of frequency and overlap of impaired glucose tolerance (IGT) and impaired fasting glucose (IFG) in hypertensive patients.

Design and methods. 81 patients with essential hypertension (47 females and 34 males), from 36 to 65 years old were enrolled in the study. IGT was diagnosed then plasma glucose level after oral intake of 75 g of glucose was in the range 7.8-11.1 mmol/l, IFG was established then fasting plasma glucose was 6.1-6.9 mmol/l.

Results. IFG was found in 18 (22%), IGT – in 40 (49%) of patients. The total number of patients with prediabetes (IFG and/or IGT) was 42 (51%). In 16 cases there was combination of IFG and IGT, in 2 cases – IFG was isolated, in 24 cases – IGT was isolated. Body mass index (BMI) was higher in prediabetic compare to normoglycemic patients (31.3 ± 5.7 versus 28.4 ± 5.1 kg/m², $p=0.017$). In this study obesity and overweight were diagnosed in 61 (75%) patients.

Conclusions. Prediabetes was found in half of patients with essential hypertension and predominantly associated with obesity and overweight. IGT is twice more sensitive marker of prediabetes than IFG.

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BIOLOGICAL THERAPY IN TREATMENT OF RHEUMATOID ARTHRITIS

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The foundation of modern biological therapy have significantly changed the whole system of treatment of rheumatic diseases to the use of antagonists of tumor necrosis factor alpha (TNF- α). Drugs of this class are the most relevant concepts of "disease-control" means, as to significantly reduce the direct manifestation of the disease and significantly inhibit joint destruction, leading to the development of disease remission with previously unattainable speed. The biological effects of anti-TNF therapy include: 1. Decreasing serum levels of IL-1, IL-6, vascular endothelial growth factor, chemokine and cytokine and chemokine production in joints (TNF- α , IL-1, IL-6, and others.), acute phase proteins. 2. Reduction in the number of neutrophils in the joints. 3. Prevention of the destruction of bone and cartilage. 4. Reduction of rheumatoid factor.

In 2003, Ukraine registered the first biological product, which is a chimeric monoclonal antibody to TNF- α - Remicade (infliximab). Biological therapy using drugs which have anti-tumornecrotic factor, significantly change approaches to the treatment of certain rheumatic diseases. In rheumatology department Kharkiv's Regional Hospital biological therapy was included in the treatment regimen of 18 patients, with RA. Tocilizumab was appointed (as two courses), with which it was possible to stop the progression of the pathological process. On the basis of the observations noted that after the use of biological agents in almost all patients had achieved cessation of progression of joint damage, decrease pain and increase range of motion in the joints. Only 1 patient had side effect of an allergic rash after using Tocilizumab.

Conclusion. It should be noted that the full findings of a larger number of observed patients, longer follow-up to assess the effect of drugs and further study of the safety of their use should be carried out.

Istomina O.

SMOKING AS MODIFIABLE FACTOR IN DEVELOPMENT OF CRONIC OBSTRUCTIVE PULMONARY DISEASE IN COMBINATION WITH ARTERIAL HYPERTENSION

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Chronic obstructive pulmonary disease and cardiovascular diseases have remained the top major causes of mortality during the past decade. In the top of 10 leading causes of death in the world COPD is on the third place, it's 3.1 million people, and arterial hypertension is on the tenth – 1.1 million. Combination of these two pathologies aggravates the course of each other, represents serious medical and social problems, leads to health-related quality of life reducing and, eventually, may lead to disability.

At present, the main modifiable factor that can be determined for these diseases, increasing the risk of them, is smoking. Tobacco use is a major cause of many of the world's top mortal illnesses – including cardiovascular pathology, chronic obstructive pulmonary disease and lung cancer. In general, tobacco use is responsible for the death in about 1 of each 10 adults worldwide. Smokers arise the specific nature of inflammation, including, along with the presence of neutrophils and macrophages, increased contents of cytotoxic T-cell and natural killers lymphocytes, presented only in smokers, leading to structural changes in the bronchi. In later stages, primarily considering growing hypoxia, there are structural changes not only in pulmonary, but also in systemic circulation. All this results in the formation of endothelial dysfunction. It is known, that endothelium regulates the vascular tone. Endothelial dysfunction is an imbalance between substances produced in the endothelium and responsible for contraction and dilation of blood vessels. This in turn can be one of the causes of arterial hypertension. Nicotine constricts blood vessels, thereby, increasing arterial blood pressure. It also stimulates the adrenal cortex to secrete adrenaline, which increases the heart rate and causes hypertension.

According to the World Health Organization, today 1.3 billion people on our planet is dependent on tobacco. Every year in Ukraine about 100 000 people die from smoking-related causes, while in Kharkiv 3363 people die in a year due to smoking, about 9 persons daily. So, it could be said, that smoking is one of the main reasons of COPD in combination with arterial hypertension. And this is a modifiable factor! If everybody decides to stop

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