

Statistical analysis has not found significant differences ($p > 0,05$) in the serum concentrations of total cholesterol, LDL-cholesterol and uric acid between groups of persons surveyed. At the same time, decrease in the level of HDL-cholesterol in patients of the main group compared to the control was more pronounced than the variation of other studied parameters. This decrease was also unreliable, but it was as though trend ($t = 1,881$, $p = 0,073$).

Conclusions: Reliable changes in the content of

biochemical markers of cardiovascular risk (uric acid, total cholesterol, HDL-cholesterol and LDL-cholesterol) in blood serum of patients with central form of BD with 1 degree of activity were not detected. This result is evidence in favor of inflammatory genesis of increase the cardiovascular risk in patients with BD. However, in the examined patients the activity of inflammation was very low. Another explanation for this phenomenon may be the absence of increase cardiovascular risk in patients with BD in general.

SYSTEMIC MARKERS OF CARDIOVASCULAR RISK IN PATIENTS WITH COMORBIDITY OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND CHRONIC PANCREATITIS

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The aim of the current study is to determine C-reactive protein and homocysteine levels, as systemic markers of cardiovascular risk in patients with comorbidity of chronic obstructive pulmonary disease (COPD) and chronic pancreatitis.

Materials and methods: 148 COPD patients have been examined: 76 COPD patients in combination with chronic pancreatitis have been regarded as a main group, 72 patients with an isolated course of COPD made up a compared group. Standard values were obtained while examining 20 almost healthy patients of the same age and gender. The latter made up a control group. The homocysteine and C-reactive protein has been performed by ELISA. Statistical data has been performed on workstation by means of software "Microsoft Excel" and "STATISTICA 6.0".

Results: The study showed that COPD exacerbation was accompanied with an increase of homocysteine blood level both in groups with isolated COPD and in groups with comorbidity in comparison with almost healthy patients. It has been found out that patients with comorbid pathology are characterized by the significant increase of homocysteine blood level up to $17,1 \pm 1,5 \mu\text{mol/L}$, in comparison with control

group – $9,6 \pm 0,5 \mu\text{mol/L}$ ($p < 0,05$). At the same time, patients with isolated COPD homocysteine level increase to $13,8 \pm 1,2 \mu\text{mol/L}$ ($p < 0,05$). Simultaneously it has been found out that significantly increase of C-reactive protein in both groups – $6,2 \pm 0,25 \text{ mg/L}$ and $4,1 \pm 0,22 \text{ mg/L}$ respectively, in comparison with almost healthy patients – $1,43 \pm 0,06 \text{ mg/L}$ ($p < 0,05$). The comparative analysis of the examined groups has proved the significant difference ($p < 0,05$) in levels of homocysteine and C-reactive protein.

Conclusions: Thus, as a result of studies, it has been found out that there is an exacerbation of COPD, in the isolated course of disease as well as in disease combined with chronic pancreatitis, there is an observed increased activity of C-reactive protein and homocysteine, which may cause the development of cardiovascular complications in such patients. At the same time, changes in patients with comorbidities of COPD and chronic pancreatitis were significantly deeper and had significant differences from those in patients with isolated COPD, reflecting significant increase of cardiovascular risk in patients with comorbidity.