

FIBROBLAST GROWTH FACTOR-21 LEVELS IN NONALCOHOLIC FATTY LIVER DISEASE PATIENTS WITH HYPERTENSION

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The accumulation of adipose tissue in obesity leads to an imbalance in the synthesis of adipokines, which may play a crucial pathophysiological role in the development of atherosclerosis, hypertension, metabolic disorders, including the occurrence of diabetes type 2 and non-alcoholic fatty liver disease (NAFLD), as well as the impact on the further progression of obesity .

Objective: to study fibroblast growth factor (FGF)-21 levels in blood plasma NAFLD patients with hypertension.

Materials and Methods: 50 NAFLD patients with hypertension were examined. Group 1 included overweight NAFLD patients with hypertension (n = 25). Group 2 consists of 25 NAFLD patients with hypertension and I degree obesity. The control group consisted of 20 healthy volunteers. The diagnosis of NAFLD was established on the basis of clinical, biochemical and instrumental data.

Results: NAFLD patients with hypertension have increasing levels of aspartate aminotransferase (AST) and alanine aminotransferase (ALT). Results was AST ($49,57 \pm 3,92$) U / L, ALT ($57,23 \pm 5,27$) U / L for overweight patients and AST ($59,97 \pm 4,85$) U / L and ALT ($75,2 \pm 7,3$) U / l in patients with obesity. FGF21 levels in NAFLD patients with hypertension plasma also were increased: ($261,6 \pm 18,45$) pg / ml in the first group, ($383,35 \pm 17,26$) pg / ml in the second and ($101,96 \pm 16,37$) for controls.

Conclusions: NAFLD patients with hypertension have elevated FGF21 levels in blood plasma. Analysis of enzymatic metabolism of the liver showed an increasing of AST and ALT in NAFLD patients with hypertension patients. Patients with obesity have deeper lesions than overweight.

EFFECT OF LIPID DISTURBANCES ON THE EXCRETORY PANCREATIC FUNCTION IN PATIENTS WITH CHRONIC PANCREATITIS CONCOMITANT WITH STABLE CORONARY ARTERY DISEASE

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Background: Hyper- and dyslipidemia can lead to the development of both chronic pancreatitis (CP) and stable coronary artery disease (SCAD). Even still is not quite clear interdependence between exocrine pancreatic insufficiency (EPI) and blood lipid levels in patients with a combination of CP and SCAD.

Aim: The aim of the study was to analyze the lipid metabolism and secretory pancreatic function in patients CP with concomitant SCAD and to investigate the effect of lipid metabolism in the state of secretory pancreatic function in these patients.

Materials and Methods: It was examine 64 patients with CP with concomitant SCAD (angina pectoris: class I and II) and 32 patients with CP. Lipid metabolism was evaluated in lipid profiles. Secretory pancreatic function was assessed by the level of fecal elastase-1, this proteolytic enzyme was measured in the stool using an enzyme-linked immunosorbent assay (ELISA).

Results: It was found that patients with CP with concomitant SCAD had increased levels of total cholesterol (TC) – (7.00 ± 0.07) mmol/L, triglycerides (TG) – (2.73 ± 0.04) mmol/L, low density lipoprotein (LDL) – (5.14 ± 0.06) mmol/L, low levels of high density lipoproteins (HDL) –