



Aim: to estimate the role of smoking and alcohol consumption in the intensity of metabolic disturbances (dyslipidemia, glycemia, body mass index, waist circumference) in male patients with essential hypertension (EH).

Materials and methods: An intensity of smoking was evaluated by a quantity of daily cigarettes (less or more 20) as well as alcohol consumption by daily dose of ethanol (less or more 30 g) in 98 males with EH of the 1st-2nd stages aged 23 to 93 years old (average age $47,5 \pm 1,1$ years old).

Results: Total cholesterol (TC) was increased in smokers vs non-smokers by 13.6 % (< 0.05) due to increase of low density lipoproteins (LDL) by 27.7 % (< 0.001). Smoking led to decrease of high density lipoproteins (HDL) by 15 % (< 0.01), and in turn to increase of non-HDL cholesterol by 21.2 % (< 0.001). Patients with daily smoking more than 20 cigarettes had average level of HDL 20.3 % less (< 0.01) compared vs less intensive smokers. Alcohol consumption resulted in increase of TC by 12 % (< 0.05) at the expense of increase of very low density lipoproteins (VLDL) by 58.1 % (< 0.001) due to increase of triglycerides (2.04 ± 0.19) mmol/l vs (1.29 ± 0.10) mmol/l; < 0.001). Level of LDL in drinkers had a trend to increase by 8.1 % (> 0.05) vs non-drinkers. Non-HDL cholesterol was increased by 14.2 % (< 0.01) vs non-drinkers.

Conclusion: Smoking compared with alcohol is shown to make a greater contribution to a degree of metabolic disturbances in male patients with EH.

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PREVALENCE OF TYPICAL AND ATYPICAL SYMPTOMS OF GASTROESOPHAGEAL REFLUX DISEASE DEPENDING ON GRADE OF EROSIVE LESIONS OF ESOPHAGUS

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Introduction: atypical symptoms of gastroesophageal reflux disease (GERD) can mask real picture of esophageal lesion and lead to hypodiagnostics of GERD.

Aim: to estimate the prevalence of typical and atypical symptoms of GERD according to erosive and non-erosive character and severity of esophageal lesions.

Materials and methods: 62 patients with suspected GERD were given questionnaire according to typical and atypical symptoms and underwent upper endoscopy to reveal esophageal lesions.

Results: according to results of upper endoscopy non-erosive GERD (NGERD) was revealed in 25 patients (40.3%), erosive GERD (EGERD) ó in 23 patients (53.2%); Barrett's esophagus was diagnosed in 4 persons (6.5%). In patients with EGERD grade A of reflux-esophagitis was diagnosed in 3 patients (13 %), grade B ó in 12 patients (52.2 %), grade C ó in 4 patients (17.4 %), and grade D ó in 4 patients. Prevalence of NGERD was significantly less than EGERD ($P < 0.01$). While difference in prevalence of esophageal presentations of GERD (heartburn, acid regurgitation, dysphagia) was non-significant between NGERD and EGERD (73 %



vs 65 % respectively), prevalence of extraesophageal manifestations was significantly increased in patients with EGERD compared with NGERD (59 % vs 27 %, $P < 0.01$)

Conclusion: prevalence of extraesophageal manifestations of GERD is increased in population with erosive GERD compared with non-erosive; it can mask real course of disease and lead to its progression.

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**SUSTAINED IMPROVEMENT WITH ILOPROST IN A CHRONIC
OBSTRUCTIVE PULMONARY DISEASE (COPD) PATIENT WITH
SEVERE PULMONARY HYPERTENSION**

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Introduction. Pulmonary hypertension (PH) is an important complication of COPD. A small subset of patients with COPD have severe PH that is out of proportion to the mild increase in pulmonary arterial pressure (PAP) observed commonly. Severe PH associated with COPD is associated with increased morbidity and mortality. Treatment options in this group of patients are limited with no conclusive evidence of benefit when drugs approved for treatment of pulmonary arterial hypertension (PAH) are used.

Material and methods. A 66-year-old man with COPD was referred for evaluation of PH. The patient reported worsening dyspnea over 1 year and more recent repeated syncope with minimal exertion.

Results. There was no evidence of other conditions associated with PH. Transthoracic echocardiography revealed massive right ventricular enlargement with decreased systolic function, peak pulmonary artery systolic pressure estimated at 100 mm Hg, and normal left ventricular function. A CT pulmonary angiogram revealed emphysematous changes without evidence of pulmonary embolism. Pulmonary function studies demonstrated moderate airway obstruction with FEV1/FVC of 48% and FEV1 of 1.83 L (52% of predicted). Arterial blood gas analysis SaO₂=92%. ECHO-CG mean PAP, 74 mm Hg; pulmonary vascular resistance 16.3 Wood U; and cardiac output 3.8 L/min. Inhaled iloprost was increased to a maintenance dose of 5 µg six times per day. After starting iloprost, the patient reported less breathlessness. His 6-min walk test distance improved to 300 m, where it has been maintained for 6 month. Repeat ECHO-CG obtained after 2 courses of therapy showed a mean PAP of 67 mm Hg.

Conclusion. Severe “out of proportion” PH occurs infrequently in COPD but has important clinical consequences. Other than supplemental oxygen, there is no known effective therapy. Inhaled prostanoids provide a mechanism for reducing pulmonary hypertension without worsening oxygenation. We presented a patient with COPD and severe PH who derived marked functional improvement and improved hemodynamics with prolonged use of inhaled iloprost.