



T2DM and hypertension. Chen et al. showed that the concentration visfatin increased 2-fold and that the adipokines associated with T2DM. Other authors found no relationship between plasma visfatin and sensitivity to insulin or insulin itself. As described earlier, the dual effect of visfatin, namely the total insulin-like and local adipogenic effects, creates a therapeutic response using visfatin or its analogues in clinical practice to treat T2DM. On the one hand, they can facilitate the control of glucose, on the other hand, may enhance the development of obesity.

Conclusions. So visfatin is a promising new factor in adipose tissue, but the challenge remains to establish its clinical role.

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DIAGNOSIS FEATURES OF PULMONARY DISTOMATOSE

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Introduction. After sampling and practicing parasitological test of patients' spittle received for checking at the Prefecture of Maférinyah's Health Centre, it was found at five cases with eggs of *Paragonimus* Sp.

Material and methods. An immunological analysis of the serums for these 5 cases of affected patients led to the Medical college of Rennes (France). The electro syneresis test did not give a positive test in all the 5 studied cases. On the other hand the immunoelectrophoresis and the ELISA appeared positive in the 5 cases in a complementary way confirming thus the results of the parasitological tests. The patients were treated with the Praziquantel.

Conclusion. An investigation into the intermediate hosts shows that the area of the Prefecture Maférinyah is rich in crabs, shrimps and crayfish; potentials intermediate hosts of *Paragonimus* and usually entering in the food of the local population.

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THE RELATIONSHIP OF LEPTIN, RESISTIN AND ADIPONECTIN IN THE PATIENTS WITH METABOLIC SYNDROME

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Introduction. The relationship of leptin, adiponectin and resistin with macrovascular complications (MVCs) is not evident in patients with metabolic syndrome (MS) and type 2 diabetes melitus.

Aim. To determine adiponectin, leptin and resistin levels in MS patients and their association with carotid intima media thickness (CIMT) an early marker of atherosclerosis and MVCs.

Materials and methods: 72 patients with MS, aged 50 ± 8 yrs, F/M:28/44 were included, duration of diabetes 9 ± 6.8 years, none had MVCs. 18 healthy subjects, aged 36 ± 7.5 yrs, F/M:10/20, formed control group. Systolic and diastolic blood pressure, body mass index, carbohydrate and lipid metabolism indexes were measured. Adiponectin, leptin and resistin levels were determined by enzyme-linked immunosorbent assay. CIMT was measured by Doppler ultrasonography.





Results. Assessment of anthropometric parameters found significant differences between MS patients and controls ($p < 0,05$). Among carbohydrate and lipid metabolism indexes statistically significant differences were found for fasting blood glucose ($p < 0,0001$), A1c ($p < 0,0001$) and total cholesterol ($p < 0,05$). Adiponectin levels are increased ($p < 0,05$) and leptin levels ($p < 0,05$) are decreased in patients with MS. Resistin levels are not different than controls ($p > 0,05$). Correlation analysis showed negative correlation of adiponectin ($r = -0,33$, $p < 0,05$) and resistin positive ($r = 0,41$, $p < 0,01$) with CIMT in patients with MS. Multivariate analysis relationship continues to hold for adiponectin and resistin ($r^2 = 0,44$).

Conclusions. Although adiponectin levels are increased in MS patients with microvascular complications, they seem to decrease as CIMT increases, indicating the role of a different mechanism in macrovascular complications. This may be related to the antiatherosclerotic actions of adiponectin, but the pathogenesis of this mechanism remains to be elucidated in this population.

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DIFFERENCE OF CLINICAL FEATURES IN MYCOPLASMA PNEUMONIAE PNEUMONIA

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Introduction. Mycoplasma pneumoniae (MP) pneumonia has been reported in 10-40% of community-acquired pneumonia cases. The most common form of the infection is tracheobronchitis, for which an etiologic diagnosis is seldom reached. Although tracheobronchitis is often mild, the infection is disruptive, with the cough lasting several weeks, and consumes substantial resources.

Material and methods. We prospectively studied 14 patients (> 18 years of age) with Mycoplasma pneumoniae infection. We collected data related to clinical history, physical examination, laboratory tests (blood culture; sputum smear microscopy and culture; serology for MP, Chlamydia pneumoniae, and Legionella pneumophila; and detection of Streptococcus pneumoniae, Klebsiella pneumoniae, Staphylococcus aureus in sputum). They were also grouped by pneumonia pattern: 1 group - the patients with mild pneumonia pattern (6 patients, the mean age of patients was $29,5 \pm 3,6$ years) and 2nd group - the patients with the most severe pneumonia (8 patients, the mean age of patients was $64,5 \pm 6,3$ years).

Results. The patients with mild pneumonia pattern had fever, mild leukocytosis, anemia and tracheobronchial dyskinesia. The patients of 1st group had specific IgG antibodies to Mycoplasma pneumoniae. The patients group with the most severe pulmonary lesions had the most prolonged fever, highest CRP, and lowest lymphocyte counts, mild anemia and leukocytosis, the erythrocyte sedimentation rate was extremely high. 5 patients had specific IgG antibodies to Mycoplasma pneumoniae. 3 patients had specific IgM antibodies to Mycoplasma pneumoniae. Klebsiella pneumoniae, Staphylococcus aureus, Streptococcus pneumoniae were identified in 6 patients of 2 group.