

iSIC
2018

Kharkiv
Ukraine

ABSTRACT
BOOK





Rynchak P., Leschuk I., Mezhens'ka K.	126
Saara Imbili	127
Shaparenko O., Mayorova M.	128
Skoryi D.....	129
Sukhodolska O.	130
Sukhonos N., Diasamidze M.	131
Sypalo A., Kadykova O.	132
Tabachenko O., Sayenko M.	133
Tereshchenko N.....	135
Titova Y., Misyura K.	136
Viun T.....	137
Yakusheva A, Lola N., Zatoloka D.	138
Yermak O., Dunayeva I., Lamis Khalil	140
Yermak O., Ebenezer Aheto	141
Zaikina T., Shivaranjini Ramaswamy, Dey Indranil, Sirobhusanam Alekhya Jayakumar	142
Zhuravlova M., Vorontsova L., Kovalenko V.....	142
NEUROSCIENCES.....	144
Ali Fadel Al Mahafzah	145
Damilola Oluwatosin Abdul-Azeez, Joan Oluwadamilola Ajayi	145
Denisenko D., Savelyev V.	146
Dombrovskaya I.....	147
Drokin A., Kravchenko M.....	148
Elakkumanan Kavitha	149
Glushchenko S.	150
Gritsenko A.	151
Gorbatovskaya D.S.	153
Holovko A., Fokina D.	154
Knyhin M., Artsylenko K.	154
Korovina L., Kondratenko A.....	156
Leshchyna I.	157
Likha V.	158
Likha V.	159
Magapu Veera Venkata Akhil.....	160
Martin Medhat Mousa Istanese.....	161
Matowe C.C.V.....	162
Mynka N.A.	163
Nagornyi I.	164



Conclusion. There is a reverse relationship between levels of vitamin D and HbA1c, which confirms the relationship between vitamin D and carbohydrate metabolism in patients with type 2 DM. Lowered levels of vitamin D are associated with lipid metabolism disorders. The established inverse correlation between the serum level of vitamin D and the functional state of the liver in patients with type 2 DM with NAFLD.

Viun T.

DIAGNOSTIC OPPORTUNITIES OF TARTRATRESISTANT ACID PHOSPHATASE IN COMORBIDITY OF HYPERTENSIVE DISEASE AND CHRONIC PANCREATITIS

Kharkiv national medical university
Department of General Practice - Family and Internal Medicine
Kharkiv, Ukraine

Research advisor: prof. L.M. Pasieshvili

Introduction. The combination of socially-significant common chronic non-infectious diseases of internal organs, the interaction of their pathogenetic links quite often leads to the development of complications, aggravating the course of the main nosology. Among such diseases there are chronic pancreatitis (CP) and hypertension (HD), which are calcium-dependent diseases, the comorbidity of which can aggravate the disturbances in calcium metabolism, thereby contributing to the formation of osteoporosis. As such a marker, the indicator of tartrateresistant acid phosphatase, which characterizes resorptive processes in the bone, is considered. Its changes can be considered as one of the mechanisms for the osteopenic states formation.

Materials and methods. The study involved 58 patients with isolated HD (comparison group) and 70 patients with combined course of HD and CP (main group). The age of patients in both groups was comparable ($32,9 \pm 3,1$ years and $33,2 \pm 2,1$ years, respectively). In both groups, men predominated with the ratio of 53.4% and 54.3%, respectively. The duration of the HD history was in the range of 3-17 years, CP – 2 -15 years.

Diagnostic of structural and functional disorders of bone tissue was carried out by ultrasound-screening method of densitometry. On study of TRACP in blood serum DAC-SpectroMed commercial kits were used (Moldova) on the LabLine-90 analyzer (Austria).

Control results of biochemical and instrumental methods were obtained by examining 50 almost healthy people. The results of the study were processed by the analysis of communication tables using Statistica software package.

Results. A densitometric study showed that changes in bone mineral density were recorded in 23 cases (39.7%) of 58 patients with isolated HD. At its combination with CP - in 32 cases (45,7%). In the comparison group, the signs of osteopenia were confirmed in 14 persons (24.1% of 58 examined), and osteoporosis in 9 (15.5%). In the main group of patients osteopenic condition was registered in



19 persons (27.1% of 70 persons), osteoporosis - in 13 (18.6%). When studying TRACP content in the blood serum of patients of both groups, its increase was established. Thus, on the average for a group with isolated HD, the TRACP content was 2.72 ± 0.2 units, at the control - 0.9 ± 0.15 units. ($p < 0.05$). In patients with combined course of PB and CP, the level of TRACP was 3.14 ± 0.2 units. ($p < 0.05$). In this case, among patients with osteoporotic changes, the value of TRACP was higher and amounted to 3.12 ± 0.3 units and 3.32 ± 0.2 units respectively. The level of TRACP tended to increase with an increase in the duration of the combined pathology history (increased after a five-year combined course), and was also gender-dependent - slightly higher in female subjects. The change in the structure of bone tissue in the isolated course of HD in young people can be the result of changes in the pathogenetic link of the disease - the redistribution of the potassium-sodium-calcium pump, and with the addition of HP, and the violation of calcium absorption in the intestine against maldigestia and malabsorption.

Conclusion. Hypertensive disease in young people occurs against the background of increased resorption processes in bone tissue, which provokes the development of osteopenic conditions. With the combined course of hypertension and chronic pancreatitis, the processes of bone destruction increase, which is manifested by an increase in the content of TRACP in the blood serum. The indicators of tartrate-resistant acid phosphatase correlated with changes in the structure of bone tissue in the densitometric study, the sex of patients, and the duration of the disease. In case of an anamnesis of the combined course of these diseases exceeding the five-year period, it is necessary to conduct studies aimed at detecting changes in the structural and functional state of bone tissue, both by densitometry and biochemical control of osteoporotic markers.

Yakusheva A, Lola N., Zatoloka D.

INFLUENCE OF VARIOUS PHENOTYPES OF OBESITY ON THE FORMATION OF CARDIOVASCULAR RISK

Kharkiv national medical university
Department of Clinical Pharmacology and Internal Medicine
Kharkiv, Ukraine

Research advisor: ass.prof. Ilchenko I.A

Introduction. Overweight and obesity are among the main factors in cardiovascular risk (CVR) causing various cardiovascular diseases (CVD). However, in the absence of insulin resistance (IR), dyslipidemia (DL) and arterial hypertension (AH), patients who have such changes are considered to be metabolically healthy. According to different authors, the percentage of MNO-patients in the general population ranges from 11 to 24%.

Materials and methods. The results of a survey of males (65 patients), aged 37 to 54 (average age 43.7 ± 3.4 years), who did not have clinical manifestations of coronary heart disease (CHD), were