

**DIAGNOSIS OF OSTEOPOROTIC CONDITIONS IN PATIENTS
WITH COMBINED COURSE OF CHRONIC PANCREATITIS
AND HYPERTENSIVE DISEASE BY DETERMINATION
OF TARTRATE-RESISTANT ACID PHOSPHATASE**

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Disorders of calcium-phosphorus metabolism, which determines the composition and condition of bone tissue, lead not only to quantitative, but also qualitative changes. Population aging, increase in patients with calcium-dependent diseases, their comorbidity, create conditions for the development of secondary osteoporosis. Among such diseases consider chronic pancreatitis (CP) and hypertensive disease (HD).

Purpose: determination of the content of tartrate-resistant acid phosphatase (TRACP) in the blood serum of patients with combined course of CP and HD, as a bone resorption marker.

Materials and methods: 110 patients were examined - 70 persons with CP and HD (main group) and a comparison group - 40 patients with isolated CP. The groups of those surveyed matched by age (39.4 ± 5.2 and 38.2 ± 4.1) and gender (men predominated - 53.4% and 54.3%). The duration of the history of HD was in the range of 2-10 years, CP - 3-8 years.

Diagnosis of structural and functional disorders of bone tissue was carried out by method of densitometry. In the study of TRACP used sets DAC - SpectroMed (Moldova) were used. Control results were obtained by examining 78 almost healthy people.

Results: a densitometric study showed that of 40 patients with isolated CP, changes in bone mineral density were recorded in 16 cases (40%). When combined CP with HD - in 32 out of 70 (45.7%). At the same time, in the group with CP, the signs of osteopenia were confirmed in 9 persons (22.5% out of 40 examined), and osteoporosis in 6 (15%). In the group of CP and HD, 19 (27.1% of 70 individuals) and 13 (18.6%), respectively. When studying the TRACP, it was established that the mean increase in the group with isolated CP was 2.72 ± 0.2 units, at the control - 0.9 ± 0.15 units. In patients with CP and HD, the level of TRACP was 3.14 ± 0.2 units. At the same time, among patients with osteoporotic changes, in the groups the value of TRACP exceeded 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 anamnesis of the combined pathology, and also slightly higher in female subjects.

Conclusion: the combined course of CP and HD can be the cause of the osteoporotic conditions formation. Anamnesis of the combined course, exceeding five years, is the basis for conducting research to identify changes in the structural and functional state of bone tissue.