## ADIPOCYTOKINEMIA AND EXOCRINE PANCREATIC INSUFFICIENCY IN PATIENTS WITH COMBINED COURSE OF TYPE 2 DIABETES MELLITUS AND CHRONIC PANCREATITIS

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**Background.** Tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ) and apelin both are adipocytokines, which can be considered as unifying links in pancreatic metabolic disorders in patients with chronic pancreatitis (CP) and type 2 diabetes mellitus (T2DM).

**Aims.** The aim of this study was to explore the relationships between adipocytokinemia and exocrine pancreatic insufficiency in patients with chronic pancreatitis and type 2 diabetes mellitus.

**Patients & methods.** A total of 48 patients (18 males; mean aged 53.74 $\pm$ 1.63) with CP and T2DM were examined; control group (n=20). The survey plan included: elastase-1, TNF- $\alpha$ , glucose, HbA1c, HOMA-IR, IRI, apelin.

**Results.** We have found significantly higher levels of glucose, HbA1c, HOMA-IR, IRI in patients than in control. The levels of elastase-1 were significantly lower in examined patients compared to control ( $127.4\pm4.7$  vs  $210.5\pm0.87$ , p<0.05). We have revealed 1.8-fold increase of TNF- $\alpha$  level in patients which was significantly higher than in the one control group ( $79.8\pm6.8$  vs  $46.6\pm7.9$ , p<0.05). We have revealed significantly higher apelin level in examined patients than in comparison group ( $356.4\pm12.8$  vs  $258.3\pm6.4$ , p<0.05). The following correlations were determined between TNF- $\alpha$  and elastase-1 (r=-0.62; p<0.05), glucose (r=0.53; p<0.05), IRI (r=0.72; p<0.05) and HOMA-IR (r=0.63; p<0.05); between apelin and elastase-1 (r=-0.64; p<0.05); between apelin and TNF- $\alpha$  (r=0.62; p<0.05).

**Conclusion.** The obtained data suggest the possible use of dysadipocytokinemia as a marker of progression of exocrine pancreatic insufficiency in chronic pancreatitis and type 2 diabetes mellitus.