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HYPERINTERLEUKINEMIA, INSULINRESISTANCE IN HYPERTENSIVE PATIENTS WITH PREDIABETES

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Interleukin-6 is pleiotropic cytokine with a key impact on immunoregulation and nonimmune events. Studies have investigated the role of action/lack of action of Interleukin-6 in the pathogenesis obesity, insulin resistance, type 2 diabetes.

Aim of the study is to evaluate interleukin-6 activity in hypertensive patients depend on prediabetes presence.

Materials and methods: There were examined 73 hypertensive patients. Clinical investigations were provided. Interleukin-6 plasma levels were detected by ELISA. Data is represented as Me (Q₂₅-Q₇₅). Median test were used, $p < 0,05$.

Results: Prediabetes was observed in 36,2 % of hypertensive patients, in 71 % insulinresistance in hypertensive patients with prediabetes vs 54 % insulinresistance in hypertensive patients were detected. Hypertensive patients with prediabetes (5,90 % (5,20-7,10)) characterized by significantly higher glycated haemoglobin levels as compared to hypertensive patients (5,40 % (4,70-6,97), $p < 0,05$). Hypertensive patients were characterized by increased interleukin-6 activity (18,81 pg/ml (13,14-26,69)). In hypertensive patients with prediabetes there were found decrease of interleukin-6 activity (13,94 pg/ml (11,00-16,94)).

Conclusion: Hypertensive patients were characterized by increased interleukin-6 activity. In hypertensive patients with prediabetes were found decrease of interleukin-6 activity, that can be explained by double effects of interleukin-6 family, representatives of which can lead to insulinresistance development, or on the contrary can improve tissue insulinsensitivity. From other side, the possibility is not exclude that hypertension is a more strong incentive, which leads to hyperinterleukinemia in hypertensive patients.

THERAPY HYPERPROLACTINEMIA AT THE WOMEN WITH ENDOCRINE INFERTILITY

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Prolactin – polypeptide hormone synthesized lactotrophic by forward lobe of a pituitary body, which consists of 198 aminoacidic residual and put into to family like prolactin of proteins. Secretory in the woman

organism in the increased amount it inhibits an ovulation and produces a lactational amenorrhea and frequently results in development of a set of symptoms of a galactorrhea – amenorrhea described by failure II of a phase of a menstrual cycle anovulation and development of endocrine infertility.

The purpose and research problems. Realization of relative analysis of various methods of treatment гиперпролактинемии at the women with endocrine infertility.

Stuffs and methods of research. The investigation of 60 women suffering by endocrine infertility on a background hyperprolactinemia is spent. Patient were divide into on three clinical groups: 1 group – 20 women, with the purpose of normalization of a hormonal background were applied Bromocriptinum, since a dosage by 0,5 tablets (1,25 mg), gradually enlarging a dose up to 3-4 tablets (7,5-10 mg) per day, under the prolactin control of blood and before regeneration of ovulatory menstrual cycles. Then a dose decreased up to 1 tablet (2,5mg) per day and accepted within 6-8 months. 2 group – 20 patients, with the therapeutic purpose nominated a preparation Norprolact on 50 mkg 1 time per day within 6 months. 3 group – 20 women with infertility and high contents of Prolactinum, which on a background of therapy Norprolaktum the new method of treatment by a preparation Cryocel-cryocord is applied by, which introduced intramuscularly on 1,8 ml with an interval 1 time into 2-3 days. The course of treatment consist of 4-5 injections. Structure of a preparation Cryocel-cryocord includes biological – awake materials – monokins, interleukins, interferons; steroids hormonums – estrogens, gestogens, testosteron-depotum, progesteronum etc.; a complex of reproductive immunomodulating factors, growth factors, antiproliferative factors, hemopoietines, adaptogens, enzymes, trace substances, vitamins.

The received results. As a result of the carried out treatment at patient of all three groups the menstrual cycle was normalized. However, in 1 and 2 groups was observed anovulatory cycle with monophasic basal temperature. On the data ultrasound examination at patient, using as treatment Bromkreptinum the dominant follicles did not mature. The failure lutein of phase be found at 15 % of the patients, and at 9 % of the women 1 and 2 groups was observed a premature luteinization nonovulatory follicle. At the women 3 group receiving in complex therapy with Norprolaktum a preparation Cryocel-cryocord, the basal temperature curve wore diphasic character and in middle of cycle there came an ovulation.

Conclusions. The application of a preparation Cryocel-cryocord in complex therapy with a preparats Norprolaktum, give an example by the most effective method of therapy of the women with infertility on a background hyperprolactinemia also can be applied to regeneration diphasic menstrual cycle and ovulation.