



treatment of KD for many years. Intravenous immunoglobulin (IVIG) was an effective and safe treatment adds corticosteroids if treatments fail or symptoms recur. A proportion of patients will fail to become afebrile despite treatment with IVIG and aspirin.

Conclusion: KD, a systemic vasculitis of younger-children, is one of the leading causes of acquired heart disease worldwide. Its cause is still obscure, involving various infectious agents, bacterial antigens, and allelic variations, all as possible causative or predisposing agents. Physical examination, laboratory markers of inflammation, and a case definition created for epidemiological surveys in Japan are the main tools currently available for the diagnosis of KD. Treatment with aspirin and IVIG has improved the overall outcome; however, KD remains a major cause of acquired heart disease in younger children and may become a substantial problem for adults who had KD during their childhood.

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THE EFFECT OF ANTIOXIDANT THERAPY ON LIPID PEROXIDATION INDICATORS IN CHRONIC PANCREATITIS

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Introduction. Chronic pancreatitis (CP) is a progressive disease that results in abdominal pain and irreversible exocrine and endocrine deficiency accounting for significant morbidity and healthcare costs.

The aim of the study is to determine the effect of combined antioxidant therapy (AT) on indicators of oxidative stress in patients with chronic pancreatitis (CP).

Materials and methods. We have studied the materials of 3 researches: Petrakov A.V. et al, 2011 (129 patients with CP, of which 36 patients were in remission, and 93 - in the period of exacerbation), Degtyareva I.I. et al, 2004 (43 patients with CP in an exacerbation); Bhardwaj P. et al, 2009 (229 people: healthy people (n = 104), patients with CP (n = 125), divided by the type of therapy: group 1 (n = 54) received placebo, group 2 (n = 71) - the combined AT (600 mg organic selenium, 900ME β -carotene, 540 mg vitamin C, 270 IU vitamin E, 2 g methionine))

Results. The period of an exacerbation of CP is characterized by activation of lipid peroxidation (LPO) (the level of malondialdehyde (MDA) in the blood during exacerbation was $(22,4 \pm 2,5)$ nmol / ml and it was in remission - $(18,88 \pm 1,25)$ nmol / ml, $p < 0,05$) and oppression of antioxidant system (the level of superoxide dismutase (SOD) in the blood during exacerbation was $(3,4 \pm 0,15)$ active unit/g Hb and it was in remission - $(6,9 \pm 0,65)$ active unit/g Hb, $p < 0,05$). The use of the combined AT resulted in the improved system of the antioxidant performance. Thus, in 6 months of treatment in patients with CP treated with the combined AT, there was a significant increase in the content of vitamin A in the blood - $(22,75 \pm 7,56)$ and $(35,54 \pm 9,38)$ mg / dL ($p < 0,01$), vitamin C in the blood - $(1,33 \pm 0,73)$ and $(2,08 \pm 0,82)$ mg / dL ($p < 0,01$), vitamin E - $(0,76 \pm 0,36)$, and $(1,44 \pm 0,65)$ mg / dL ($p < 0,01$), increase of the level of erythrocytic SOD - $(21,89 \pm 16,40)$ and $(51,07 \pm$



20,75) U/mg Hb ($p < 0,01$), accompanied by the reduction of the number of days with the pain syndrome. But in placebo group, the figures of the content of vitamins and erythrocytic SOD did not truthfully changed.

Conclusion. The period of exacerbation CP is characterized by an disbalance in the system of the oxidative stress: by the activation of lipid peroxidation and the oppression of the AOC. The combined AT resulted in a significant improvement in antioxidant system and it was accompanied by a significant reduction of pain in these patients.

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INAPPROPRIATE DRUG USE FOR TREATMENT OF PATIENT WITH SICK SINUS SYNDROME

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The purpose of this thesis was to characterize the drug-related hospital admission of patient with sick sinus syndrome (SSS).

Methods. 1) Thorough analysis of available information about ADR; 2) examination of the patient with SSS after episode of drug overdose. Research was conducted in cardiologic department of Kharkov Regional clinical hospital.

Results. According to literature data drug use increases with advancing age, and in older patients it is associated with an increase in ADRs. In the elderly, almost 6% of all hospitalizations are ADR related. Most of these ADRs are potentially avoidable.

Clinical case. 70-years old female patient was admitted to intensive care unit with symptoms of severe general weakness and mental confusion. There were signs of 3d degree sinoauricular block and escape slow atrioventricular rhythm with heart rate – 38 per minute. Eventually patients confessed that she tried to treat episode of elevated blood pressure and arrhythmia by her own. She was aware about her SSS but in panic she has repeatedly used a number of antihypertensive and antiarrhythmic medication, namely, carvedilol, atenolol, ethacizin, lercanidipine, corvalolum. In the hospital treatment by atropine, dexamethasone and isotonic solutions was successful. The patient got normal heart rate and improvement in general condition in first 3 hours after admission.

Conclusions. Polypharmacy in elderly population may explain the substantial number of admissions caused by ADRs. Patients with SSS should avoid attempts to manage arrhythmias independently because of high probability of sinoauricular block. The best way of the safe treatment here is early implantation of pacemaker.

