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**STRUCTURE AND FREQUENCY OF COMORBID PATHOLOGY IN  
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Cholelithiasis is a common gastroenterological pathology in a population characterized by increasing morbidity and is one of the main causes of hospitalization of patients. It is known that hypercholesterolemia, as an important pathogenetic marker of cholelithiasis, is a component of metabolic syndrome, and associated pathological conditions. Therefore, the search for comorbidity is of particular interest to further prediction of the course and choice of treatment methods and prevention of exacerbations.

**Aim.** To study and analyze the structure and frequency of comorbid pathology in patients with cholelithiasis.

**Methods.** The 33 case histories of patients with cholelithiasis who were treated in the gastroenterology department of the Kharkiv Regional Clinical Hospital during 2018-2019 were analyzed. The diagnosis was verified on the basis of clinical and laboratory-instrumental data. The average age of patients was  $56.5 \pm 5.4$  years, among them 13 men and 20 women. The duration of the disease was on average  $5.2 \pm 2.4$  years. The structure and frequency of detection of concomitant pathology were analyzed using the method of descriptive statistics in Excel tables.

**Results.** The overwhelming majority of patients revealed associated pathology of the digestive system: non-alcoholic liver steatosis - 48.5% of patients, chronic pancreatitis - 21.2%, peptic ulcer - 12.1%, steatohepatitis - 9.1%. Type 2 diabetes mellitus (DM) was observed in almost one in four patients examined with cholelithiasis (24.2%). In addition, one in every diagnosed with one of the cardiovascular diseases- arterial hypertension (9.1%) or ischemic heart disease

(24.2%), and the simultaneous presence of these was established in two people (6.1%).

The ranking of patients by the number of comorbid conditions allowed to establish that among the groups with the highest number of them (four and three concomitant pathologies - 3 persons each (9.1%)), in all examined there was a combination of cholelithiasis with type 2 diabetes mellitus and ischemic heart disease. In the groups with one and two concomitant diseases (11 and 9, respectively), liver steatosis prevailed by frequency—in 39.4%, of the examined patients.

The ranking of patients by the duration of the disease showed that the increase of comorbidity frequency was observed from the 6th year of the disease.