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MYOCARDIUM DIASTOLIC DYSFUNCTION SEVERITY IN PATIENTS WITH CORONARY ARTERY DISEASE AND DIABETES MELITUS TYPE 2

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Introduction. The combined course of coronary artery disease and diabetes mellitus type 2 leads to cardiovascular pathology weight aggravation. The community of some pathogenetic links is the reason of complicated course of coronary artery disease at accession of diabetes mellitus type 2.

Aim of the study: to reveal and study the left ventricle myocardium diastolic dysfunction severity features in patients with coronary artery disease and diabetes mellitus type 2.

Materials and methods. 57 patients with average age of 65.6 ± 2.26 years, at which the diagnosis of coronary artery disease was established, participated in the research. 34 patients had the accompanying diabetes melitus type 2, and at 23 only coronary artery disease was diagnosed. Almost healthy patients in number of 16 people with average age of 64.7 ± 3.11 years entered into control group. To all research participants there was conducted a comprehensive examination, which included: objective examing, echocardiographic heart research, definition of the general cholesterol and its fractions, definition of glucosed hemoglobin and measurement of blood serum glucose.

Results: At a research of the E/A indicator, which was received after an echocardiographic heart research, it was defined that in patients with the combined course of coronary artery disease and diabetes mellitus type 2 this indicator was reliable higher, than in patients with coronary artery disease (1.22 ± 0.18 and 1.08 ± 0.11 respectively) ($p < 0.05$). Respectively, the early diastolic phase mitral stream in an at the first group prevails over the systolic phase mitral stream more, than in second group patients, that tells about more considerable myocardial diastolic dysfunction. It is also revealed the more expressed hyperlipidemia in patients with coronary erty disease and diabetes mellitus type 2 (7.93 ± 0.55 mmol/l), than in patients with the isolated



coronary artery disease (6.31 ± 0.43 mmol/l) ($p < 0.05$). It can tell about reliable correlation between a hypercholesterolemia and myocardial diastolic dysfunction.

Conclusions: The obtained data confirm about the more expressed diastolic dysfunction development in patients with coronary artery disease on condition of diabetes mellitus type 2 accession, than without it. Also in patients with more expressed hyperlipidemia there is defined bigger diastolic dysfunction manifestation.

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THE RELATIONSHIP BETWEEN THE LEVEL OF ENDOSTATIN AND INSULIN-LIKE GROWTH FACTOR-I IN THE BLOOD SERUM ON THE PARAMETERS OF CARDIOHEMODYNAMICS IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION, DEPENDING ON THE PRESENCE OF OBESITY

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Relevance: Cardiovascular disease (CVD) is the leading cause of disability and mortality in the world's population. In recent years, the study of new markers of angiogenesis has become the subject of scientific interest in the field of cardiology. So one of the new markers of angiogenesis is insulin-like growth factor-I (IGF-I) and endostatin.

Objective: to determine the relationship between the levels of insulin-like growth factor-I and endostatin in the blood serum with the parameters of cardiohemodynamics in patients with acute myocardial infarction with and without concomitant obesity.

Materials and methods: 105 patients took part in the study. All patients were divided into 2 groups: group 1 consisted of patients with acute myocardial infarction (AMI) with concomitant obesity ($n = 60$), group 2 - patients with AMI without obesity ($n = 45$). Patients in both groups were comparable in age (mean age - 65.58 ± 1.17 years and 61.04 ± 1.55 years, respectively, $p < 0.05$) and gender. Obesity I st. was found in 35 people, obesity II degree. - in 21 people, obesity III century. - 5 people. The body mass index in the group of patients with AMI and concomitant obesity was $34.28 \pm$