ФЕСТИВАЛЬ МОЛОДІЖНОЇ НАУКИ "МЕДИЦИНА ТРЕТЬОГО ТИСЯЧОЛІТТЯ"

ЗБІРНИК ТЕЗ КОНФЕРЕНЦІЇ

МЕДИЦИНА ТИСЯЧОЛІТТЯ
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Thus, the indicators of the mean level of VLDL and HDL among the groups of studied patients were as follows: (1.9 ± 0.06) mmol / L and (1.1 ± 0.2) mmol / L in the group of patients with NAFLD on the background of AH, (1.5 ± 0.04) mmol / L and (1.5 ± 0.3) mmol / L in the group of patients with NAFLD and (0.6 ± 0.03) mmol / L and (2.6 ± 0.1) mmol / L in the control group, respectively. The average level of AC in the group of comorbid pathology was (3.5 ± 0.2), in the group of patients with NAFLD - (2.9 ± 0.1), and in the control group - (0.8 ± 0.03) ($p < 0.05$).

Conclusions. The analysis of lipid metabolism revealed a significant increase in the levels of TC, TG and LDL in patients with comorbid NAFLD and AH, compared with patients with isolated NAFLD and the control group. These results are likely to indicate a negative effect of AH and related metabolic disorders on the development of hyperlipidemia and, as a consequence, increased fatty degeneration of the liver.

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SMOKING AND THE CARDIOVASCULAR SYSTEM: A HABIT THAT KILLS.

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Actuality: One of the major risk factors for cardiovascular morbidity and mortality is smoking. It takes the 1st place amongst preventable causes of death worldwide. There are more than 4,000 chemical substances in the smoke of a cigarette; amongst these chemicals are carbon monoxide and nicotine which are known to have harmful effects on the cardiovascular system function.

Aim of Study: to analyze the existing data on the effects of cigarette smoking on the cardiovascular system.

Materials and methods: comprehensive analysis of the current data (World Health Organisation Report on the Global Tobacco Epidemic, Geneva, 2008; Position paper on the “Tobacco products directive”, Sophia Antipolis Cedex-France, 2013) was performed.

Results: Due to the large quantity of free radicals contained in the smoke, there is enhanced oxidative stress.
In combination with reduced availability of nitric oxide, nicotine induced vasoconstriction and impaired vasodilation can lead to endothelial dysfunction.
Smoking has been linked with an increase in total cholesterol and triglyceride levels. Additionally, it is observed that there's a slightly higher level of LDL and VLDL cholesterol in smokers. On the flip side there's low HDL levels. Due to these findings, smoking is considered atherogenic.
Smoking increases catecholamines in peripheral sympathetic sites (by long-term reduction of vagal drive) causing an increase in baroreflex function, thereby, leading to an increase in heart rate at rest.
It is a known fact that smoking causes high levels of carboxyhemoglobin. The carbon monoxide produced from cigarettes has 300 times more affinity to hemoglobin than oxygen. This displaces the oxygen and prevents it from reaching the tissues.
Conclusion: Multiple negative effects of cigarette smoking on the circulatory system such as oxidative stress, endothelial dysfunction, dyslipidemia, activation of the sympathetic nervous system cause a wide range of unfavorable consequences: atherosclerosis, ischemic heart disease, tachycardia, clot formation. These harmful effects of smoking far outweighs the temporary “good feeling” of smoking.

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PROGNOSIS OF RECURRENT MYOCARDIAL INFARCTION IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

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Among a numerous of pathogenetic mechanisms of vascular injury in ischemic heart disease and type 2 diabetes mellitus (type 2 DM), endothelial dysfunction is crucial. An important role is played by indicators of inflammation and endothelial dysfunction in the development of complications of acute myocardial infarction (AMI). Asymmetric dimethylarginine (ADMA) is a new risk factor for cardiovascular disease