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Conclusion. The association between HLA-B27 and ankylosing spondylitis remains the strongest known relationship between a major histocompatibility complex (MHC) antigen and a disease. Our abstract shows that HLA-B27 tests should be done in patients suspected to have AS, because it can indicate early cases when radiological changes are not present, and it produces a more severe disease.

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INFLUENCE OF TRIMETAZIDINE ON FACTORS OF BLOOD OXYGEN TRANSPORT FUNCTION IN PATIENTS WITH PROGRESSIVE STENOCARDIA

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Introduction. We have not met the data about the influence of myocardial cytoprotector trimetazidine on factors of blood oxygen transport function (BOTF) in patients with progressive stenocardia (PS) in the accessible literature.

Aim - studying the influence of trimetazidine on factors of BOTF in patients with PS.

Material and methods. 50 patients with PS have been divided into 2 groups by random sample method. Patients of group 1 received isosorbide dinitrate, bisoprolol, enalapril, aspirin, heparin and lovastatin, and those of group 2 in addition received trimetazidine (TRI-ZIDINE M, ъ∫∫∫ «Lekpharm», Belarus) 35 mg 2 times per day for 10 days. State of BOTF was assessed by such indices as: tension of oxygen (tф∫ 2), carbonic dioxide (tфъ∫ 2), affinities of haemoglobin to oxygen (t50), concentration of the general carbonic acid (съ∫ 2), real (ABE) and standard (SBE) excess/lack of buffer alkalines, tl (a negative logarithm of hydrogen ions) in venous blood, which were defined and counted automatically at a gas analyzer IL Synthesis 15 (firm Instrumentation Laboratory, USA). The obtained data was processed by nonparametric statistics methods.

Results. Reduction of t50, tф∫ 2, tl , ABE, SBE and increase of tфъ∫ 2 and съ∫ 2 was observed in patients with PS. After treatment t50, tф∫ 2, tl , ABE, SBE increased, tфъ∫ 2 and съ∫ 2 decreased in both groups (t<0,05 for all factors). However dynamics of t50, tф∫ 2 in group 2 was more marked (t<0,05).

Conclusion. Inclusion of trimetazidine in to complex therapy of patients with progressive stenocardia is expedient.

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LEVELS OF THE ADIPOSE TISSUE HORMONE RESISTIN IN PATIENTS WITH HYPERTENSION AND OBESITY

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Introduction. It is interesting participation of resistin as a possible link between metabolic and vascular disease.

Aim. To examine the levels of resistin in patients with essential hypertension (EH) and obesity.

Materials and methods: The study included 66 patients (27 males and 39 females) aged (54,9 ± 9,2 yr), with the EH II stage 2 and 3 degrees, with varying

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degrees of obesity. Patients were divided into 3 groups: 1-th group - with EH (n = 21), 2-th group - with EH and 1-2 degrees of obesity (n = 26), 3-th group - with EH and 3 degree of obesity (n = 19). The control group - 20 healthy volunteers matched for age and sex. Blood pressure (systolic (S) and diastolic (D) BP) and body mass index (BMI) were assessed by the standard methods. Resistin levels in plasma were determined by immunoassay method using a set method of ELISA. The statistic was calculated by paired two-sample test using the Student's t-test.

Results: significant differences in terms of BMI, SBP and DBP were detected between 1 and 3 gr. of patients ($p < 0.05$). Significant differences in terms of weight and BMI between 2 and 3 groups ($p > 0.05$) not found, while at the same time, the values of SBP and DBP differed statistically ((153,0 ± 8,7) mm Hg (166,0 ± 7,6) mm Hg (90,7 ± 6,0) mm Hg and (96,4 ± 6,7) mm Hg, respectively, $p < 0.05$) between the two groups. Resistin levels in 2 group patients significantly higher than in the controls (19,4 ± 5,3 ng / ml (10,2 ± 2,58) ng / ml, respectively, $p < 0.05$). In the case of a combination of HD with 3 degree obesity resistin was (23,4 ± 6,8) ng / ml, but its levels between groups 2 and 3 were not significantly different ($p > 0.05$).

Conclusions: The revealed association of increased production of resistin in patients with hypertension and overweight in the absence of such a control group allowed the authors to suggest, that dysfunction of adipose tissue may play an important role in the development of hypertension.

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METHOD OF RESIDUAL VASCULAR RISK CORRECTION IN PATIENTS WITH ISCHEMIC HEART DISEASE AND TYPE 2 DIABETES MELLITUS

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Aim: to investigate the effects of combination therapy with fenofibrate and Ŭ-lipoic acid (ALA) on dyslipidemia in patients with ischemic heart disease (IHD) and type 2 diabetes mellitus (T2DM).

Material and methods. 40 patients with IHD (average duration 7.2 ± 2.3 yrs) and T2DM (4.7 ± 1.5 yrs) were divided into 2 groups: the 1st (n = 30) ï patients with IHD and T2DM, 15 of them received the standard therapy, 15 - in the standard therapy received combination of fenofibrate 145 mg once daily with ALA 600 mg once daily, the 2nd (n=10) ï patients with IHD without T2DM - received the standard therapy. The level of HbA1c was less than 7.5%. The control group included 10 healthy persons. In all patients were determined the levels of total cholesterol (TCH), low-density lipoprotein cholesterol (LDL), triglycerides (TG), high-density lipoprotein cholesterol (HDL) by enzymatic colorymetric method at baseline and in 2 months.

Results. The study found that among 1st group of patients dominated the combined dyslipidemia with significant increase in levels of TCH, LDL, TG and lowering HDL level, while in the 2nd group registered increased levels of TCH and LDL ($p < 0,05$). In the 1st group it was established correlation between the level of

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