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# О‘ЗБЕКИСТОН ТЕРАПИYA

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**при заболеваниях внутренних органов»**

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**Conclusions.** 2 months of treatment on the fasinopril in a combination with hydrochlorothiazide is accompanied the significant decrease activity of i-NOS synthase and by the significant increase activity of e-NOS synthase.

## THYOTRIAZOLIN USING EFFICIENCY AT CHRONIC HEART FAILURE

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**Aim.** To estimate the clinical effects of “Thyotriazolin” at patients with chronic heart failure (CHF)

**Material and methods.** Into investigation had include 56 patients with CHF I-II FC. During including into investigation at all patients performed evaluation of complains, anamnesis data, objective examination, electrocardiogram recording (ECG) and echocardiogram examination (EchoCG). Therapy efficiency evaluation was perform according dynamics of studied indexes and patients’ complains, marked at the end of investigation. The “Thyotriazolin” had administered in therapeutic doses (600 mg/day (treatment course 20 days)). All study participants took “Thyotriazolin” simultaneously with medicines basic pharmacology groups in accordance with own disease.

**Results.** On the moment of study beginning, from 56 patients, whose basic clinic problem was CHF FC III was established in 24 cases (42,8%). After cure ending rate of patients with CHF FC III decreased up to 13 (23,2%). Simultaneously there was increase patient rate with diagnosed FC I CHF from 17 to 39 that occurred the enhancement of patients’ condition with CCI and, respectively “transition” into lower FC CHF.

Also was observed condition improvement in 84,5% cases, positive dynamics at instrumental examinations: ECG — achieved depression lowering of segment ST  $p < 0,05$ , on EchoCG — increasing ejection fraction (EF), reduction of end systolic volume (ESV) and end diastolic volume (EDV).

**Conclusions.** The “Thyotriazolin” medicine having anti-ischemic, metabolic, anti-oxidant actions reduces myocardium sensitivity to adrenergic cardiotoxic activity of catecholamines and inhibits progressive depression of myocardium contractile function, increases cardiac hystiocyte tolerance to hypoxia.

## INTERLEUKINS 33 AND 1B SERUM LEVEL IS CONNECTED TO LEFT VENTRICULAR GEOMETRY AND DIASTOLIC FILLING IN PATIENTS WITH HYPERTENSION AND OBESITY

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**Aim.** To investigate interrelations between interleu-

kin 33 (IL-33) and  $1\beta$  (IL- $1\beta$ ) serum levels, left ventricular (LV) remodeling and diastolic dysfunction (DD) in hypertensive patients with obesity.

**Material and methods.** 80 hypertensive patients (34 male, 46 female), aged  $59,2 \pm 8,2$  years, with preserved LV systolic function had been observed, including 51 obese patients. An ultrasound examination of heart (including estimation of transmitral blood flow and mitral valve annulus motion parameters) was performed. LV geometric pattern by A. Ganau, E/A and E/E’ ratios, PWP by S. Nagueh were calculated. The statistical analysis was conducted using Mann-Whitney and Pearson  $\chi^2$  methods, cluster analysis by K-means. IL-33 and IL- $1\beta$  serum levels were estimated using ELISA.

**Results.** Both levels of IL-33 and IL- $1\beta$  were significantly higher in all groups of hypertensive patients ( $p < 0,001$ ), independently of body mass index. Prominent increase of both cytokines (IL-33  $> 73$  pg/ml, IL- $1\beta$   $> 25$  pg/ml) was associated with the highest LV myocardial mass index (MMI) (160,5 (142,8; 185,8) g/m<sup>2</sup>,  $p < 0,05$  vs other groups), highest prevalence of LV hypertrophy (LVH) (100,0%, 90,0% of concentric LVH), moderate decrease in E’ velocity (9,95 (8,32; 10,60) cm/sec), relatively low pulmonary wedge pressure (PWP) (9,23 (8,83; 13,03) mm Hg) and 70,0% prevalence of LV DD (60,0% of type I). Prevalent increase in IL- $1\beta$  ( $> 20$  pg/ml with IL-33  $< 71$  pg/ml) was characterized by relatively low LV MMI (116,9 (104,4; 163,1) g/m<sup>2</sup>), 55,0% prevalence of LVH plus 30,0% of concentric remodeling, lowest E’ (7,68 (6,50; 9,67) cm/sec,  $p < 0,01$  vs other groups), highest PWP (12,26 (10,72; 13,12) mm Hg,  $p < 0,05$  vs other groups) and highest rate of DD (85,0%, 70,0% of type I). Prevalent increase in IL-33 ( $> 71$  pg/ml with IL- $1\beta$   $< 25$  pg/ml) was associated with MMI of 121,4 (111,7; 140,5) g/m<sup>2</sup>, 66,7% rate of LVH (equal for concentric and eccentric variants), highest values of E’ (11,04 (9,49; 12,00) cm/sec), lowest PWP (9,07 (7,04; 11,51) mm Hg) and lowest prevalence of LV DD (66,7%, 50,0% of type I). Absence of increase of both cytokines vs control group (IL-33  $< 71$  pg/ml, IL- $1\beta$   $< 20$  pg/ml) had intermediate characteristics: LV MMI of 137,4 (121,3; 157,8) g/m<sup>2</sup>, 78,9% prevalence of LVH (50,0% of concentric variant), E’ of 9,95 (8,30; 12,20) cm/sec, PWP of 11,20 (9,55; 12,33) mm Hg, and 71,1% rate of DD (50,0% of type I).

**Conclusions.** IL-33 and IL- $1\beta$  serum levels in patients with essential hypertension and obesity have been investigated. Significant increase in IL-33 and IL- $1\beta$  serum levels in patients with hypertension compared to healthy persons has been revealed independently of presence of obesity. A pronounced increase in both cytokines’ levels was associated with the highest rates of LVH and DD. Prevalent increase in IL- $1\beta$  was connected to the worst state of diastolic function despite low rates of hypertrophy. Prevalent increase in IL-33 had the most favorable influence on the severity of LVH as well as diastolic filling.

## COMPARATIVE ANALYSIS OF CLINICAL AND BIOCHEMICAL PARAMETERS OF BLOOD IN CORONARY HEART