In view of this, we analyzed the severity of the atherosclerotic process by the number of affected vessels and segments and the Syntax scale based on the results of multidetector (64-slice) CT angiography of the coronary arteries of patients with comorbidity of coronary heart disease and obesity of varying severity. According to the results of the study, patients with coronary artery disease and obesity of II-III severity compared with patients with I severity showed slightly higher values for all studied parameters. Thus, the average number of affected vessels in patients with I severity of obesity with comorbidity of coronary heart disease and obesity was 2.08±0.26; the average number of affected segments was 2.84±0.34 and the Syntax score was 25.15±1.49 points. The corresponding values in patients with II-III severity of obesity were 2.18±0.29 and 3.11±0.81 and 26.01±1.58 points.

Thus, according to the results of the study, a greater severity of the atherosclerotic process in obesity of II-III severity compared with obesity of I severity was determined.

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MODERN APPROACHES TO THE TREATMENT OF PATIENTS WITH STEVENS-JOHNSON SYNDROME (LITERATURE REVIEW)

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Introduction. Stevens-Johnson syndrome (SJS) is a rare and serious pathological process that is the focus of attention of all doctors and researchers in the field of medicine. It is a spectrum of severe skin and mucosal reactions caused mainly by exposure to drugs and is described as a potentially dangerous, rapidly progressive systemic disease with high mortality.

The incidence of SJS is about 0.4-5 cases per 1,000,000 people annually. It is reported that there are more adult patients with SJS than pediatric patients.

Given how dangerous this disease is, the treatment of SJS is one of the most pressing issues of our time. Currently, there are several treatments for SJS, some of which will be described in this literature review.

Objective. To investigate current approaches to the treatment of patients with SJS.

Materials and Methods. Literature review and meta-analysis of scientific articles written in the period from 2024 to 2025 from Springer Nature, Oxford Academic, and Scientific Reports.

Results and discussion. The treatment of SJS is complex and aimed at suppressing inflammation, and there are currently no standardized treatment guidelines. However, there are two main groups of SJS treatment used in clinical practice.

“First-line”. Systemic corticosteroids, cyclosporine A, and etanercept (a biologic TNF-a inhibitor) are chosen as first-line drugs.

It has been reported that the use of large doses of systemic corticosteroids for 1-2 days significantly improves the patient's condition, as does the use of pulse therapy. However, despite its advantages, this group of drugs has the theoretical potential to increase the risk of sepsis. Therefore, their use in the treatment of patients with significant skin and mucosal changes should be extremely cautious.

Cyclosporine A has an immunomodulatory effect that significantly alleviates the symptoms of SJS. Patients treated with cyclosporine A regressed skin detachment, which reduced hospitalization. However, this drug has a strong nephrotoxic effect, so it should be avoided in people with renal disease.

Etanercept also proved to be quite effective. Studies have shown that the use of etanercept in combination with systemic corticosteroids is safer and more effective than corticosteroid monotherapy.

The “second line” treatment of SJS includes intravenous immunoglobulin (IVIg) and plasmapheresis.

It is known that IVIg in combination with systemic corticosteroids can reduce the risk of mortality among patients with SJS. However, attention should be paid to the results of some few studies that indicate that increased doses of IVIg are not more effective than conventional treatment and may worsen the patient's condition.

Plasmapheresis is generally considered to be one of the most effective treatments for SJS. Its essence is to remove pathological circulating immune complexes and drug residues from the body. However, recent studies have shown that plasmapheresis is not

highly effective. In addition, the main disadvantage of plasmapheresis is the invasiveness of this method, which significantly limits its use.

Recently, there has been information about new promising methods of treating SJS that are being developed as pathogenetic therapy. One of them is the use of PC111. This is a human monoclonal antibody that mainly acts to block the FasL system. Studies have been conducted using animal models. The results showed that mice that did not receive PC111 had conjunctival hyperemia and edema, while PC111-treated animals did not show the above symptoms. This suggests that the use of PC111 as a treatment for SJS is quite promising.

Trials of other drugs, such as JAK kinase inhibitors and daratumumab, are also ongoing. However, there are not enough published data to unequivocally support their efficacy as a treatment for SJS.

Conclusions. SJS is a rare and extremely dangerous disease that is difficult to treat. Thus, further research is needed to find an effective therapy for SJS.

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ІНГІБІТОР АКТИВАТОРА ПЛАЗМІНОГЕНУ 1 ТИПУ ЯК ПОТУЖНИЙ МАРКЕР ТРОМБОУТВОРЕННЯ ТА ІМУННОГО ЗАПАЛЕННЯ

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Актуальність. Важливу патогенетичну роль у виникненні та перебігу серцево-судинних захворювань, зокрема гострого інфаркту міокарда, відіграють тромбоутворення та імунне запалення. Інгібітор активатора плазміногену 1 типу (ІАП-1) є ключовим елементом у регуляції процесів тромбоутворення та тромболізису. Підвищений рівень ІАП-1 асоціюється із суттєвим ризиком тромботичних ускладнень і свідчить про розвиток хронічного запалення, особливо у пацієнтів із цукровим діабетом 2 типу. ІАП-1 сприяє запаленню інтими через активацію про-запальних цитокінів, таких як фактор некрозу пухлин-α (TNF-α) та інтерлейкін-6 (IL-6), що стимулюють проліферацію клітин