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АКТУАЛЬНІ ПИТАННЯ ВНУТРІШНЬОЇ МЕДИЦИНИ. ВІД КЛІНІЧНИХ ДОСЛІДЖЕНЬ ДО КЛІНІЧНОЇ ПРАКТИКИ

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steatohepatitis were divided into three groups depending on the increase in the body mass index and the presence of biliary tract pathology. The humoral immune system state was evaluated by the levels of immunoglobulins A, M and G and the content of circulating immune complexes.

Results. In patients with non-alcoholic hepatic steatosis and non-alcoholic steatohepatitis, concomitant obesity and biliary tract pathology, there were observed abnormalities in the humoral component of the immune system with possible increase in the levels of major immunoglobulin classes as well as in the content of circulating immune complexes being more pronounced in patients with non-alcoholic steatohepatitis compared to patients with non-alcoholic hepatic steatosis ($p < 0,05$) and apparently healthy persons ($p < 0,001$). The increase in the body mass index led to a significant increase in the levels of Ig A, M, G and the activation of circulating immune complexes. More significant changes in humoral indices were observed in patients with chronic non-calculous and calculous cholecystitis in the presence of inflammatory BT changes during the exacerbation of the pathology compared to patients who underwent cholecystectomy on the background of the aggravation of postcholecystectomy syndrome.

Conclusions. The obtained data indicated that one of the elements in the pathogenesis of non-alcoholic fatty liver disease with concomitant OB and BT pathology is a significant change in the indicators of humoral immunity, namely the increase in the levels of Ig (A, M, G) and circulating immune complexes which depend on the clinical form (non-alcoholic hepatic steatosis or non-alcoholic steatohepatitis), increase in the body mass index and the presence of BT comorbidity.

THE EFFICIENCY OF MELDONIUM IN ELDERLY PATIENTS WITH CHRONIC HEART FAILURE AND AORTIC STENOSIS

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Aortic valve stenosis (AS) is the most common form of valvular heart disease in the elderly population and frequently occurs in conjunction with coronary artery disease and chronic heart failure (CHF). Meldonium had shown myocardial cytoprotection effect, however the role of meldonium in the elderly pts with CHF and AS disease remains debatable.

Objectives: we aimed to evaluate the effects of meldonium in elderly patients with CHF with preserved ejection fraction and AS.

Methods: 51 pts (31 M, 20 F, mean age – 74,97±2,75 years) with CHF NYHA I–III class and AS were enrolled. 26 (51 %) pts received the standard treatment and meldonium 500 mg/day (1 group), while 25 (49 %) (2 group) – received only the standard treatment for 12 weeks. Echocardiographic parameters, 6 min walk test were performed in all pts at baseline and at the end of the study. Aortic valve area (AVA) was calculated by the Doppler echocardiography in all pts.

Results. Echocardiographic parameters, 6 min walk test distance did not differ significantly between the groups ($p=0,027$). After 12 weeks of treatment with meldonium the incidence of exertion-related symptoms, including chest pain, dyspnoea, fatigue were significantly lower in the 1st in comparison with the 2nd groups ($p=0,05$). The distance of the 6 min walk test in 31 % pts have been increased in the 1st group by 26,47 % ($p<0,01$); in the 2nd group in 20 % pts – by 9,47 % ($p<0,01$). 6 min walk test correlated to NYHA functional class ($r=0,25$; $p<0,05$). After 12 weeks of treatment with meldonium the 1st group had significantly less stenotic progression, than the 2nd group (average decrease in AVA; $0,14 \text{ cm}^2$ versus $0,19 \text{ cm}^2$, respectively ($p<0,05$)).

Conclusion. Meldonium is effective and safe for the elderly pts with CHF and preserved ejection fraction and AS. Meldonium reduces progression of CHF and AS. Its administration may provide benefits for the reduction of hospitalizations and mortality in this category patients.

THE FEATURES OF ASYMPTOMATIC LEFT VENTRICAL DYSFUNCTION IN PATIENTS WITH IHD COMBINED WITH COPD

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Background. According to ESC guidelines 2016 for the diagnosis and treatment of heart failure, a patient who has never exhibited the typical symptoms and/or signs of heart failure (HF) and with a reduced left ventricular (LV) ejection fraction (EF) is described as having asymptomatic LV systolic dysfunction (ALVD). The absence of clinical signs and symptoms of HF may reflect the delay in the process of diagnosis and therapy.

IHD is the most common comorbidity and the leading cause of hospitalization in patients with COPD. Indeed, numerous epidemiological studies have shown that COPD, independent of cigarette smoking and aging, doubles the risk of CVD hospitalization and death. To date, the mutual burdens of IHD and COPD have been proven. Left ventricular dysfunction in IHD aggravates the effects of COPD through impairment of pulmonary hemodynamics. The basis for unfavorable interaction of IHD and COPD is systolic and diastolic dysfunction of the left ventricle due to its hypertrophy, increased aortic stiffness, hypoxia effect, right ventricular dysfunction.

The aim of this study was to estimate of asymptomatic LVD in patients with IHD and COPD while in a stable condition.

Materials and methods: 45 patients were included in this study (male – 32 (71,1 %), female – 13 (28,9 %)). All patients had IHD combined with COPD, and had never exhibited the typical symptoms and/or signs of HF. Mean age was $60,0 \pm 10,01$ years. Patients were divided into groups according to GOLD 2017. In the control group were included 20 patients with IHD without COPD, relevant by age, sex and severity,