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Медичний інституту



АКТУАЛЬНІ ПИТАННЯ ТЕОРЕТИЧНОЇ ТА ПРАКТИЧНОЇ МЕДИЦИНИ

Topical Issues of Clinical and Theoretical
Medicine

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all groups by fentanyl. There was't significant difference in character and time for surgery, the age, the mean arterial pressure, heart rate and oxygen saturation into groups.

MoCA test results before surgery were insignificantly different in all groups. CF became worse significantly on 3rd day after surgery in 5 patients of group 1 (70%), 4 patients in 3rd (50%) and 1 patient in group 2 (12.5%). In the 1st group mainly suffered indicators of concentration and stability of attention and short-term and long-term memory. Whereas, in the other groups were registered violation of long-term memory. In 7 days after surgery state of CF in 83% of patients improved, but 3 patients in 1st and 1 patient of 3rd group received ≤ 24 in MoCA test.

Conclusions. In 43% of elderly patients after routine surgical treatment in under total intravenous anesthesia there was a decrease CF. The use of TIVA based on propofol has less impact in the development of POCD.

IDENTIFICATION OF ANTI-MOESIN ANTIBODIES IN THE SERUMS OF PATIENTS WITH ANTIPHOSPHOLIPID SYNDROME

Popovytch L.O., Doskaliuk B.V.

Scientific director: Savtchuk L.D.

Ivano-Frankivsk medical university

Department of endocrinology

Introduction: The antiphospholipid syndrome (APS) is an acquired autoimmune disease characterized by recurrent vascular thrombosis and obstetric complications. However, the precise mechanisms by which the autoantibodies mediate disease remain to be elucidated. Moesin is an intracellular protein that links the cell membrane and cytoskeleton, mediating the formation of microtubules and cell adhesion sites as well as ruffling of the cell membrane, which is crucial for platelet activation.

Materials and methods: We screened the serums from patients with APS for the presence of anti-moesin antibodies (anti-moesin Abs) recognizing antigens derived from prokaryotic expression system, and investigated the effect of murine monoclonal anti-moesin Abs (anti-moesin mAbs) on platelet activation and aggregation by flow cytometry and platelet aggregation assay in vitro to study their potential pathogenic role in APS.

Results: The presence of anti-amino (N)-terminal portion of moesin antibodies (anti-moesin-N Abs) was observed in 63% (63/100) patients with APS, which was significantly higher than anti-cardiolipin antibodies (aCL, 39%) and anti- $\beta 2$ glycoprotein I antibodies (anti- $\beta 2$ GPI, 53%). Moreover, the elevated anti-moesin-N Abs levels significantly correlated with plasma levels of anti- $\beta 2$ GPI ($rs=0.574$, $P<0.002$) rather than aCL ($P=0.303$). The murine anti-moesin mAbs promote platelet activation and aggregation in vitro, which could be effectively neutralized by moesin-N.

Summary: In combination of the detection of aCL and anti- $\beta 2$ GPI, screening for the presence of anti-moesin-N Abs might has its value in facilitating the laboratory diagnosis of APS. The pathogenic role of anti-moesin-N Abs in the serums of APS patients needs to be further studied.

CHOOSING THE NUTRITIONAL INTERVENTION TO OVERWEIGHT AND OBESE PATIENTS

Posea M^{1,2}, Dragomir A², Rusu E^{1,2}, Nan R^{1,2}, Draguț R^{1,2}, Popescu H^{1,2}, Radu F^{1,2}, Teodoru I^{1,2}, Hâncu A², Radulian G^{1,2}

1. National Institute of Diabetes, Nutrition and Metabolic Diseases "N. C. Paulescu", Bucharest

2. University of Medicine and Pharmacy "Carol Davila", Bucharest

Background and Aims. Weight problems occur in 1.5 billion people and these are a risk factor for type 2 diabetes, cardiovascular, pulmonary and periodontal diseases, cancer and osteoporosis. Our study aimed to evaluate the caloric intake, vitamins and minerals from food before a nutritional intervention to overweight and obese patients.

Material and methods. To a sample of 124 overweight and obese patients we evaluated the content of food before running a nutritional intervention program. We assessed the kilocalories, vitamins and minerals from intake food using a 7-day weighed food self records. We also measured resting metabolic rate after eight hours fasting with an indirect calorimeter that used the dilution technique for accurate measurements.

Results. Considering a normal percent of body fat (PBF) for women between 20 and 30 and for men between 15 and 20, the mean value of PBF in group B, was significant higher in women than men ($p < 0.00001$). Also women have significantly more often values of abdominal circumference over normal than men. Regarding the minerals, we found that overweight and obese patients had an excessive intake of sodium, iron and selenium. These patients also had an inadequate intake of D and E vitamins (less than 90% of recommended daily intake) and A, B1, B2, B3, B5, B6, B12 and C vitamins (more than 110% of recommended daily intake).

Conclusions. Even that there was a hypercaloric diet, the overweight and obese patient had imbalance intake of vitamins and mineral before nutritional intervention. We need to pay more attention to food quality and quantity during low caloric diet, thus to assure the recommended daily intake for vitamins and minerals.