

МІНІСТЕРСТВО ОСВІТИ ТА НАУКИ УКРАЇНИ
СУМСЬКИЙ ДЕРЖАВНИЙ УНІВЕРСИТЕТ
МЕДИЧНИЙ ІНСТИТУТ



АКТУАЛЬНІ ПИТАННЯ
ТЕОРЕТИЧНОЇ ТА КЛІНІЧНОЇ МЕДИЦИНИ
Topical Issues of Theoretical and Clinical Medicine

ЗБІРНИК ТЕЗ ДОПОВІДЕЙ
V Міжнародної науково-практичної конференції студентів та молодих вчених
(м. Суми, 20-21 квітня 2017 року)

Суми
Сумський державний університет
2017

HYPERHOMOSYSTEINEMIA AND CARDIOVASCULAR RISK PROFILE IN ISCHEMIC HEART DISEASE AND ACID PEPTIC DISEASE COMORBIDITY PATIENTS

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Rationale. The study of common pathogenic mechanisms of comorbid course of ischemic heart disease (IHD) and acid related disorders (ARD) is an actual problem of modern medicine in terms of prevention of cardiovascular complications.

Aim of the study. To optimize the tactics of diagnosis and treatment of IHD when combined with the ARD of the gastrointestinal tract on a background of a long systemic intake of proton pump inhibitors (PPI).

Material and methods To examine the effects of vitamin B supplementation on cardiovascular risk, we conducted a randomized study: 102 patients were examined, including 34 patients with isolated IHD, 33 patients with isolated ARD and 35 patients with comorbid pathology.

Results. It was found that in patients with comorbid pathology were registered significantly lower levels of cyanocobalamin ($237,1 \pm 17,41$ pg / ml) and higher levels of homocysteine ($22,8 \pm 1,78$ mmol / l) in blood plasma compared to the patients with isolated IHD ($662,5 \pm 45,80$ pg/ml; $11,9 \pm 0,65$ mmol/l, $p < 0,05$). Hyperhomocysteinemia contributed to the development of atherogenic types dyslipoproteinemia. Comorbidity for coronary heart disease and acid disorders accompanied by probable ($p < 0,05$) increase in plasma levels of total cholesterol and low-density lipoproteins against decrease in high-density lipoproteins cholesterol levels compared to the isolated IHD (6.3%, 9.1% that 8.3%, respectively, $p < 0,05$).

The complex therapy that includes parenteral B₁₂ supplementation leads to more effective correction of hyperhomocysteinemia (26,1%, $p < 0,05$) and dyslipidemia (total cholesterol - 14,9%, $p < 0,05$; low-density lipoproteins - 22,3%, $p < 0,05$), relative to the complex therapy without vitamin B₁₂.

Conclusion. Our results suggest that complex ischemic heart disease therapy combined with vitamin B₁₂ (but not vitamin B₁₂ alone) may reduce serum lipids and hyperhomocysteinemia in patients with comorbidity of IHD and ARD with long-term use of PPI more effective.

ADMINISTRATION OF L-CARNITINE IN PATIENTS SUFFERING FROM CHRONIC PANCREATITIS WITH UNDERLYING OBESITY

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Introduction. Sickness rate of obesity has been 57% increased in recent years, and it occurs in 80% of endocrine patients. Prevalence of chronic pancreatitis (CP) in patients with obesity constitutes from 45% to 80%.

Objective: to investigate the effect of L-carnitine on clinical manifestation of CP in patients with obesity.

Materials and methods: 60 patients suffering from CP of a mixed etiology, painful form, relapsing course in the phase of a moderate exacerbation with I degree of obesity have been examined. To define the efficacy of treatment two representative groups were formed. The control group (1K) received low-calorie diet, anti-secretory (proton pump inhibitor), spasmolytic agents during 1 month, and polyenzymatic (kreon 10-20 000 UN), hypolipidic (atorvastatin 20-40 mg) medicines during 90 days. The main group also received a drinkable L-carnitine (steatel) per 1,0 (10 ml) twice a day during 90 days.

Results of the study: analysis of the suggested therapy effect for the patients with CP (O group) on the course of the diseases compared to K group revealed improved general condition, reduced signs of asthenic-vegetative, intoxication syndromes, dyspeptic signs in patients of O group on the 4-