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
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5 day, while in patients from K group–only on the 10th day. 2 weeks after initiation of therapy asthenic-vegetative syndrome of rather low intensity was found only in 3 persons (10,0%) of O group, while in K group it remained in 11 patients (36,7,0%).

Conclusion: the application of L-carnitine in the treatment of patients with chronic pankreatitis and obesity promotes more rapid achievement of chronic pankreatitis' clinical remission, optimizing the lipid spectrum of the blood and reducing the inflammatory swelling of the pancreas.

CARDIOVASCULAR COMPLICATIONS MARKERS IN HYPERTENSIVE PATIENTS WITH TYPE 2 DIABETES MELLITUS
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The increase of blood pressure (BP) is the main risk factor of cardiovascular complications (CVC) for patients with type 2 diabetes mellitus (DM). There are also other markers of these complications such as glycated hemoglobin (HbA1c), dyslipidemia, characterized by atherogenic index (AI).

The aim of our study was the determination of connection between markers of cardiovascular complications (CVC) for patients with type 2 DM and AH.

Participants and methods. We involved 147 patients, treated in Sumy City Clinical Hospital № 1, in our clinical trial. They were divided in two groups. Patients from the first (I) group had the AH and concomitant type 2 DM. Persons from the second (II) had only AH. There are 87 patients in the I group and 60 persons in the II. The patients were more than 45 years old. The duration of type 2 DM was (11±0,53) years old.

The levels of HbA1c, general cholesterol (GCH) and different fractions of lipoproteins such as lipoproteins with high density (LPHD), lipoproteins with low (LPLD) and very low density (LPVLD) are obtained in blood serum. The atherogenic index was calculated with the help of mathematic method (AI = GCH − CH LPHD / CH LPHD).

Student criteria (t) and the veracity of differences (p) are used for assessment results.

Results. The mean levels of HbA1c were (6,8±0,21)%, (4,2±0,43)%,t = 5,43, p < 0,001 for participants from the I,II groups respectively. The mean levels of AI were (3,8±0,04), (3,1±0,02), t = 15,65, p < 0,001 for participants from the I,II groups respectively. The levels of systolic BP were (156±0,45)mmHg, (143±0,66)mmHg, t = 16,27, p < 0,001 and of diastolic − (105,3±0,6)mmHg, (94±0,43)mmHg respectively for patients with combination of AH and type 2 DM and for persons with AH. The higher levels of BP, HbA1c and more severe dyslipidemia are the characteristics of patients with AH and type 2 DM in comparing with hypertensive persons.

Conclusions. There is the connection between factors of CVC such as AI, HbA1c, systolic and diastolic BP for patients with AH and type 2 DM. It is very important to define these markers for preventing end points and for improving treatment.

X-ray STRUCTURE CHARACTERISTIC OF DIABETIC OSTEOARTHROPATHY ON THE EARLY STAGES
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The aim of this paper is to study structural peculiarity of the bone on the early stages of diabetic osteoarthropathy.

Materials and methods. Total of 67 patients with type 1 and 2 diabetes, who had diabetic foot 0-III stage by Wagner`s classification, and the normal body mass index were included in the study. There were two groups of patients: 1 group included 33 patients with the duration of diabetes up to 10 years, 2 group – 34 patients with the duration of diabetes more than 10 years. The control (0 group) included 30 practically healthy persons. The bone system investigation was done by the