ФУНДАМЕНТАЛ ВА КЛИНИК ТИББИЁТ АХБОРОТНОМАСИ

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вания позволяют предположить, что применение меньших доз ривароксабана ведет к значимому снижению числа геморрагических осложнений, однако эффективность применения ривароксабана 15 мг (однократно) и ривароксабана 2,5 мг (х 2 р/день) в отношении снижения риска ишемических осложнений требует дальнейшего изучения. Исследование показало, что ривароксабан в дозировке 2,5 мг 2 р/день в сочетании с клопидогрелом или тикагрелором приводит к сопоставимой частоте клинически значимых кровотечений по сравнению с двойной антиагрегантной терапией (ацетилсалициловая кислота (АСК) + клопидогрел или АСК + тикагрелор соответственно). Хотя показатели первичной конечной точки эффективности были одинаковыми во всех группах лечения.

SYMPATHETIC-ADRENAL SYSTEM AND LIPID PEROXIDATION PROCESSES IN THE DEVELOPMENT OF ISCHEMIC HEART DISEASE IN DYSLIPIDEMIA

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Recent studies suggest that understanding the pathogenesis of CHD requires further study of the circulatory system, in particular, biogenic amines and enzymes involved in amine metabolism. Currently, lipid peroxidation (LPO) is a constantly occurring physiological process that, when intensified, is involved in the development of a number of pathologies. It has been established that activation of lipid peroxidation processes is involved in the pathogenesis of many diseases of the cardiovascular system. The aim of the study was to study catecholamine metabolic disorders and lipid peroxidation (LPO) processes in familial hypercholesterolemia. In 1,36 patients and relatives with dyslipidemia and 20 practically healthy individuals, the activity of CAC was studied: daily excretion of catecholamines (CA) - epinephrine (A), norepinephrine (HA), dopamine (DA), DOPA, monoamine oxidase (MAO) activity and LPO processes were determined by common methods. All subjects were divided into 3 groups: group I-control (n=15), group II-dyslipidemia without CHD (n=54), Group III-dyslipidemia with clinical signs of CHD (n=82).The results obtained showed that in group II there was an increase in daily excretion: A total by 26.5% in relation to the control group, total norepinephrine - by 14.4% in relation to the control group ($p<0.001$). Total dopamine (DA) was increased by 9.3% in relation to the control group ($p<0.05$). DOPA was increased by 4.5% in relation to the control group ($p<0.001$). In group III, there was a decrease in the daily excretion of CA, in particular; And the total excretion was reduced by 27.7%, and the total excretion was reduced by 29.3%, respectively, compared with healthy people ($p<0.001$). There is a decrease in the excretion of total DA - by 48.8%, DOPA-by 22.0% in relation to group I ($p<0.001$). Indicators of LPO in all study groups significantly differed from those in the control group. In the control group, the level of malondialdehyde (MDA), a secondary product of LPO, ranged from 2.1 – 4.4 nmol/ml, with an average of 3.6±0.5 nmol/ml. In group II, there was a statistically significant increase in the level of MDA by 72.2% compared to the control group ($p<0.001$). In group III, there was an increase in the level of MDA by 116.6 % in relation to the control indicators ($p<0.001$). Thus, the study revealed a significant change in the activity of CAC and LPO processes in dyslipidemia, which indicates the important role of these indicators in the pathogenesis of CHD and atherosclerosis.

MORPHOLOGICAL CHANGES OF ORGANS IN DIABETES

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Morphological change refers to change(s) in the structure of words. Since morphology is interrelated with phonology, syntax, and semantics, changes affecting the structure and properties of words should be seen as changes at the respective interfaces of grammar. On a more abstract level, this point relates to linguistic theory. Looking at the history of morphological theory, mainly from a generative perspective, it becomes evident that despite a number of papers that have contributed to a better understanding of the role of morphology in grammar, both from a synchronic and diachronic point of view, it is still seen as a “Cinderella subject” today. So, there is still a need for further research in this area. A phenomenon regularly discussed in the context of morphological

change is grammaticalization. Some authors have posed the question of whether such special types of change really exist or whether they are, after all, general processes of change that should be modeled in a general theory of linguistic change. Apart from this pressing question, further aspects that need to be addressed in the future are the modularity of grammar and the place of morphology. What this excursus has shown then is that on closer inspection morphological change is not that easy to define, which depends on the fact that the characteristics of morphology interrelate with phonology, syntax, and semantics. So, it is not isolated from other parts of the grammar, and it cannot be entirely divorced from phonological, syntactic, and semantic concerns. But this is also exactly why morphology and morphological change are so fascinating. Studying morphological change can provide a window on the human mind from a historical perspective, at least for those who are also interested in cognitive and theoretical aspects of language. For example, speakers of Middle English who were presented with the Old French loan word crevice (Modern French écrévisse) for the first time tried to find a formal correspondence in their mother tongue.1 on the basis of the semantics of the word and changed the shape of the word accordingly: this is how crayfish came into being (and even developed into a verb via conversion!). From examples like these we see what speakers do when they are exposed to (new) data, how they process and produce language which, after all, is the basis for acquiring linguistic competence. What we see again is that borrowing can be seen as being part of morphological change because borrowed items affect the content of the lexicon. Patients with diabetes experience vitreous degeneration, characterized by "precocious" liquefaction and posterior vitreous detachment. Biochemical studies have detected that hyperglycemia alters vitreous collagen, changes that might be responsible for the observed vitreous degeneration. This study was undertaken to identify if there are morphological changes within the vitreous of diabetic patients that are consistent with the biochemical data and to identify how these could underlie the observed clinical phenomena. Further elucidating the molecular events underlying this process is important in view of the role that vitreous synchesis (liquefaction) and syneresis (collapse) can play in exacerbating proliferative diabetic retinopathy. New vessels that have grown into the vitreous cortex prior to these developments will experience traction, inducing vitreous hemorrhage and/or traction retinal detachment. Therapeutic regimens designed to inhibit or limit the degree of vitreous degeneration in diabetes could thus have salubrious effects in preventing severe visual loss, since studies have shown that separation of the vitreous cortex from the internal limiting lamina of the retina is associated with these blinding sequelae. Alternatively, an innocuous method to induce posterior vitreous detachment prior to the growth of new vessels into the posterior vitreous cortex could be very beneficial as preventive therapy. This concept is supported by the findings that new vessels that grow in areas where vitreous is already detached have an "abortive" appearance and are not likely to be clinically significant. Indeed, part of the therapeutic effect of pan retinal laser photocoagulation may be the induction of posterior vitreous detachment, so that any subsequent neovascularization will not be able to grow into the vitreous cortex, thus having a better prognosis.

КЎКРАК БЕЗИ САРАТОНИ РИВОЖЛАНИШИДА МОЛЕКУЛЯР-ГЕНЕТИК МЕХАНИЗМИНИ КЎРСАТКИЧЛАРИНИ ЎРГАНИШ

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