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**Materials and Methods**

Prospective longitudinal observational study with 6 diabetic patients or stress hyperglycemia admitted to the ICU. Demographic (sex, age), clinical (DM, high blood pressure, obesity), hemodynamic (need for vasoactives) and metabolic (A1c-type glycosylated hemoglobin (HbA1c) determined by laboratory analysis, presence of angiopathic complications, CG and IGM measurements (in mg/dl)) variables were collected. The statistical analysis was performed with the IBM SPSS v.25 programme (Statistical significance  $P < 0.05$ ).

**Results**

67% were males with a mean age of  $65.5 \pm 21.5$  years. 100% have high blood pressure and 50% obese. 67% were type 2 diabetic with a mean HbA1c  $6.5 \pm 1.6\%$  and 75% had angiopathic complications. The mean CG was  $205 \pm 66.9$  and the mean IG was  $152.2 \pm 53.4$ . 67% required vasoactive agents. There was a positive correlation between capillary and interstitial measurements both in patients with and without vasoactive agents ( $r = 0.8$  and  $r = 0.7$ , respectively,  $P = 0.0$ ).

**Conclusions**

There's a positive and strong correlation between capillary and interstitial measurements, with or without vasoactive agents. This suggests that, regardless of the patient's hemodynamic situation, IG could be useful as a glycemic measurement instrument in critically ill patients, thus improving their comfort.

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**EP492****Inflammatory cardiovascular marker IP-10/CXCL-10 in patients with diabetes mellitus type 2**

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Interferon gamma-induced protein 10, a proinflammatory chemokine, has a significant effect in inflammatory diseases. Interferon-inducible protein of 10 kD (IP-10/CXCL10), is a member of the C-X-C chemokine superfamily. It is a potent chemoattractant for activated T lymphocytes and is reported to be involved in various disease states, including atheroma plaque formation, inhibition of tumor angiogenesis and maintenance of podocyte function. However, the involvement of IP-10 in DMT2, especially in its vascular and renal complications, is not thoroughly studied. A study domain with promising potential of the IP-10 influence is its relation with patients with DMT2 with macrovascular complications in the context of disbalanced lipid profile LDL, HDL, Total cholesterol, triglycerides, BMI  $> 30 \text{ kg/m}^2$ , poor Glycaemic control.

**Materials. Methods**

To elucidate the etiopathological role of IP-10 in DMT2, we measured the concentrations of IP-10 in plasma samples from 130 patients with various degrees of macrovascular complications, and with high level of BMI and poor Glycaemic control and dyslipidemia. We focus our research on measuring of the IP-10/CXCL10 as an inflammatory marker in DM2T and its relation to the above-mentioned complications. IP-10/CXCL10 is related to patients with dyslipidaemia. Patients with higher BMI are potentially associated with increased levels of IP-10/CXCL10. To examine the dependencies between the studied blood test parameters and IP-10/CXCL10 we set up a study including following data: IP-10/CXCL10 plasma levels of 56 men and 74 women with DMT2 were measured by ELISA and compared with dose in 115 healthy control subjects. Some significant differences (t-test) between averages were obtained for all blood test parameters measured for patients with DMT2 related to IP-10/CXCL10.

**Results**

The IP-10/CXCL10 levels were higher in diabetics than in healthy controls ( $251 \text{ pg/ml}$  vs  $209 \text{ pg/ml}$   $p = 0.043$ ). IP-10/CXCL10 were significantly increased in hyperlipidemic men and women as compared to those with normal lipidemic profile, respectively within the group of DMT2 patients. The distribution of the number of the controlled patients in both DMT2 subgroups is not well-balanced, where very often is observed different directions of the levels of such parameters like HbA1c and BMI as compared to lipid panel. All the lab tests are significantly differentiated as related to the introduced groups of DMT2 patients and healthy controls as well as within the groups of DMT2 patients having different referent levels of the blood tests and IP-10. IP-10/CXCL10 is related to patients with high levels of LDL, HDL, Total cholesterol and triglycerides.

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**EP493****The role of COVID-19 in the development of diabetic nephropathy**

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**Introduction**

COVID-19 is the disease caused by a new coronavirus, now called severe acute respiratory syndrome coronavirus. Long COVID is a wide range of new, returning, or ongoing health problems that people experience after being infected with the virus that causes COVID-19. Diabetic nephropathy(DN) is a frequent comorbidity in patients with COVID-19.

**Aim**

The aim of the present work was to study the relationship between chronic kidney disease (CKD) and SARS-CoV-2 infection and early detection of CKD.

**Methods**

A cohort of patients were studied with confirmed COVID-19 infection examined at the Department of infectious disease, Zangiata Infectious Diseases Hospital, Tashkent region. Bloodwithdrawal was carried out when the recruited adolescents tested negative for the SARS-CoV-2 ('post-infected COVID-19'), 90 to 95 days after the last molecular test.

**Results**

120 adult patients were examined: 80 patients with type 2 diabetes complicated by CKD (main group) who had suffered COVID-19, and 30 patients with type 2 diabetes complicated by CKD who had not suffered COVID-19 (control group). Patients in the main (COVID-19 in combination with T2DM) and control groups (T2DM) did not differ, as expected, in gender (7 men (33.3%) in each group;  $P = 1.00$ ), age ( $64.3 \pm 8.50$  and  $62.3 \pm 5.96$  years;  $P = 0.333$ ), HbA1c level ( $9.8 \pm 2.09$  and  $9.6 \pm 1.82\%$ ;  $P = 0.670$ ), as well as body mass index ( $30.7 \pm 5.15$  and  $29.2 \pm 5.83 \text{ kg/m}^2$ ;  $P = 0.131$ ). Both groups had the same number of patients with diabetes experience of more than 5 years (16 people each, or 76.2%;  $P = 1.00$ ). The study and control groups did not differ in the frequency of detection of such diabetes complications as nephropathy (10 (47.6%) and 11 (52.4%);  $P = 0.762$ ), retinopathy (7 (33.3%) and 11 (52.4%);  $P = 0.213$ ) and polyneuropathy (16 (76.2%) and 11 (52.4%);  $P = 0.110$ ). Analysis of tissue growth factor (TGF- $\beta$ 1) indicators in patients with covid 19 and diabetic nephropathy showed that TGF- $\beta$ 1 in this group was 1.9 times higher than normal ( $54.7 \pm 6.1 \text{ ng/ml}$ ), compared with the control group it was 0.65 times higher ( $P < 0.05$ ). Scientific studies have determined the levels of sensitivity and specificity of TGF- $\beta$ 1 as diagnostic markers in the early detection of CKD.

**Conclusions**

The results of our study are in accordance with those of the literature regarding in early diagnosis and prevention is the use in clinical practice of highly diagnostic laboratory research methods to identify CKD of various etiologies among the population.

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**EP494****Dazzeling evolution with unusual metastases of a medullary thyroid carcinoma: about a case**

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**Introduction**

At the time of diagnosis of medullary thyroid carcinoma (MTC) 10 to 15% of patients have distant metastases, 25% of them develop them over a longer or shorter period of time. The usual metastases concern cervical lymphadenopathy, bone, lung and liver. There are also unusual secondary localisations. We report a case.

**Observation**

A 56-year-old patient who consulted a year after apparition of cervical lymphadenopathy, whose fine needle aspiration returned in favor of a MTC with serum thyrocalcitonin (TCT) level at 2000 pg/l. The extension assessment was negative, the patient was operated on and the anatomopathological study confirmed the diagnosis of MTC classified as PT3N1bM0. The genetic study of the RET mutation could not be carried out. 6 weeks after surgery the TCT level returns to 1500 pg/l. At 3 months after surgery, the patient presented with inguinal lymphadenopathy, the fine needle aspiration of which revealed a carcinomatous process with a TCT level in the liquid washing was 2342 pg/l. the serum TCT level returned to 3789 pg/l. and the extension assessment found a right adrenal metastasis of 14mm (the diagnosis of pheochromocytoma was ruled out), multiple right femoral and vertebral bone metastases with spinal cord compression of L1,