



TOSHKENT TIBBIYOT AKADEMIYASIGA 100 YIL



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AKADEMIYASIGA 100
YIL

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ASSESSMENT OF RISK FACTORS FOR THE DEVELOPMENT OF CARDIOVASCULAR PATHOLOGY IN PATIENTS WITH METABOLIC SYNDROME

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Purpose of the work: To study and evaluate risk factors for development cardiovascular disease in patients with metabolic syndrome.

Research methods: Selective study conducted the prevalence of risk factors for cardiovascular diseases in patients with metabolic syndrome: arterial hypertension (AH), dyslipidemia, overweight, disorders of carbohydrate and purine metabolism. 80 patients were examined, including 30 men, 50 women with metabolic syndrome, whose average age was $46,2 \pm 2,1$ years. Clinical examination included: clinical examination, measurement of blood pressure, calculation of body mass index (BMI) in kg/m^2 . Everyone patients were laboratory determined fasting venous blood serum glucose, serum uric acid level, lipid spectrum according to generally accepted methods. Obesity was diagnosed by $\text{BMI} > 30 \text{ kg}/\text{m}^2$. Arterial hypertension was diagnosed according to modern recommendations.

Results. In patients with metabolic syndrome, the most common obesity was the first degree - 57 people (76,25%), the second degree - 19 people (21,25%), the third degree - 4 people (2,5%) ($p < 0,05$). Arterial hypertension accompanied obesity in 76% of cases, with AH of the first degree was detected in 39% of patients, AH of the second degree - 45%, the third - 5% ($p < 0,05$). The mean duration of hypertension was $7,4 \pm 3,7$ years. Impaired fasting glycemia was detected in 19% of cases ($4,5 \pm 0,4 \text{ mmol}/\text{l}$). Dyslipidemia - in 58% of cases (atherogenic index - 4,7 U, hypertriglyceridemia - $2,34 \pm 0,6 \text{ mmol}/\text{l}$, decrease in the level of high density lipoproteins - $0,83 \pm 0,6 \text{ mmol}/\text{l}$). Hyperuricemia accompanied obesity in 51% of patients ($0,368 \pm 0,05 \text{ mmol}/\text{l}$).

Conclusions. These data indicate a wide distribution of the main cardiovascular risk factors in patients with metabolic syndrome. Thus, patients with obesity need to carefully study the indicators of lipid, carbohydrate, purine metabolism, identify arterial hypertension in order to implement methods of primary and secondary prevention of cardiovascular pathology.

3. СЕКЦИЯ

THE ROLE OF SINGLE NUCLEOTIDE VARIANTS OF THE LACTASE GENE AND THE LACTASE GENE ENHANCER *MCM6* IN THE DEVELOPMENT OF METABOLICALLY UNHEALTHY OBESITY IN CHILDREN

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Background. Lactose maldigestion associated with single nucleotide variants (SNV) of the genes for lactase (*LCT*) and its enhancer Minichromosome maintenance complex component 6 (*MCM6*) is one of the key triggers that initiates meta-inflammation in metabolically unhealthy obesity (MUO).

Aim: to study the contribution of SNV genes *LCT* and *MCM6* to the development of MUO in children.

Materials and methods. 42 obese children aged 6-18 years old were examined using whole genome sequencing (NGS, CeGat, Federal Republic of Germany). The main group ($n=27$) according to the IDEFICS 2014 recommendations was represented by children with MUO. The control group ($n=15$) consisted of children with metabolically healthy obesity (MHO). To verify the results of the study, the analysis of nominal data (odds ratio) was used, the strength of the relationship between the risk factor (presence of a certain *LCT/MCM6* genotype) and the formation of MUO was assessed by calculating the Cramer criterion (V), Pearson's contingency coefficient (C), the normalized value of Pearson's coefficient (C').

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