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СБОРНИК ТЕЗИСОВ МЕЖДУНАРОДНОЙ НАУЧНО-ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ «АКТУАЛЬНЫЕ ПРОБЛЕМЫ ДИАГНОСТИКИ И ЛЕЧЕНИЯ ЗАБОЛЕВАНИЙ ВНУТРЕННИХ ОРГАНОВ»

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EFFECT OF REBAGIT ON GASTRIC MUCOSA IN PATIENTS WITH NSAID GASTROPATHY

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Objective of the study. To study the effect of rebagit on gastric mucosa in patients with NSAID gastropathies.

Materials and methods. The study involved 72 patients aged 20–65 years. Patients of the first group –35 patients received antisecretory therapy: pantoprazole 40 mg x 1 time daily during 14 days. Patients of the second group –37 people, against the background of pantoprazole 40 mg x once a day for 14 days received rebagit 100 mg 3 times a day. The criteria for selection to both groups were the presence of erosive changes of gastric mucosa and fresh ulcers on endoscopic examination.

Results. The conducted research showed that patients in both groups had erosive lesions of the gastric antral mucosa according to endoscopic examination. In both groups multiple erosions and ulcers with sizes from 1 to 3 mm prevailed. Average sizes of ulcerous defects in the second group were 1,75±0,75 mm, in the compariso group –1,69±0,57 mm. After 14 days course c combined therapy (II group of patients) healing c ulcerous defects was found in 33 patients out c 37 (89,1%). In the remaining 4 patients there wa marked positive endoscopic dynamics in the forr of reduction of ulcer size by 2–3 times. At contro esophagogastroduodenoscopy in patients of grou I in 14 days from the start of treatment, complet epithelialization of erosions occurred only in 2 patients out of 35 monitored (60,2%). In 10 patient (25,8%) reduction of ulcer size in 2–3 times (on th average up to 1,4±0,6 mm) was noted.

Conclusions: Thus, our observations demonstrat a significant reparative effect of combination therap in the group with rebagit: epithelialization of erosion within 14 days of treatment was observed in 89,1% of patients. Our studies suggest that rebagit is a effective drug for treatment of NSAID gastropathy.

IMPACTS OF SYSTEMIC SCLEROSIS ON THE INTESTINAL TRACT AND LARGE INTESTINE OBSTRUCTION

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The aim of research. The systemic manifestations of systemic sclerosis (SSc, scleroderma) are diverse. Most prominent are abnormalities of the circulation (most notably Raynaud phenomenon) and involvement of multiple organ systems, including the musculoskeletal, renal, pulmonary, cardiac, and gastrointestinal (GI) systems, with fibrotic and vascular complications. Gastrointestinal symptoms can cause significant morbidity.The most damaged gastrointestinal organ is oesophagus, affecting 70–90%, the second is stomach, the third degree damaged GI organ bowels. The bowels are the third most commonly affected organ in SSc.In systemic scleroderma, the same process as in the skin is observed in the internal organs (heart, gastrointestinal tract, kidneys). Microcirculation is disrupted and generalized fibrosis develops.The aim of research is to assess the resulting bowel obstruction and strive preventive measures bowel obstruction due to systemic scleroderma.

Materials and methods. A 58-year-old female with systemic scleroderma presented with abdominal pain, constipation, loss of appetite,swelling of the abdomen, vomiting and can't pass gas.This patient had been suffering from systemic scleroderma since the age of 34 years.Scleroderma with giant diverticula of the colon produced the signs and symptoms od obstruction have been presented.In radiographia hav been emerged diverticula and obstruction in sigmo colon.Thinning and weakening of the muscle wall ca lead to formation of large diverticuli.The patient hav been treated in surgically.

Result. We believe the obstruction in our patie was a result of multifactorial manifestations of h systemic disease. Scleroderma patients and the physicians should be aware of the possibility colonic obstruction, as aggressive medical ar surgical management may be needed to avo significant morbidity and even mortality.

Conclusion. Colonic obstruction may occur 0,3% patients with systemic scleroderma.In 90 of cases, obstruction in such patients is caused colonic diverticula.In 10% of cases, due to chron constipation or diarrhea, the intestinal wall weakn and obstruction develops over years in SSc.Th 58- year- old female patient had been suffering fro systemic scleroderma for 24 years.In scleroderm there is a weakening of the gut muscles and impair motility.This can lead to constipation.Diverticu formation is also caused by the constant intake nonsteroidal antI–Inflammatory drugs due to SSc patient over the age of 50 may also be the cause diverticula.Over time, the inflammation can lead to bowel obstruction, which may cause constipation, t

stools, diarrhea, bloating and belly pain. In summary, systemic scleroderma is a very rare disorder that can frequently affect the gut. When early in its course, some people with scleroderma can be misdiagnosed as having a functional GI disorder, such as IBS, functional constipation, or functional bloating, among other conditions.

THERAPEUTIC EFFECTS OF GLUTATHIONE ON DIABETIC NEUROPATHY IN TYPE 2 DIABETES MELLITUS PATIENTS

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Purpose. To evaluate the effects of glutathione on regression of diabetic neuropathy in patients with diabetes mellitus type 2 (T2DM).

Materials and Methods. A total of 83 T2DM patients (58 women and 25 men), who were given glutathione (Neomarin, China) for 10 days and a control group of 15 patients (10 women and 5 men) were evaluated in this study. All patients had the history of T2DM more than 10 years and the history of diabetic neuropathy more than 5 years. Participants in the experiment group had the average age of 48.2±2.1 years, FPG (fasting plasma glucose) 9.7±2.97 mmol/l and HbA1c between 7.8–10.31%. The participants of the control group had the average age of 54.1±1.8 years and HbA1c between 7.7±0.5%. Hypoglycemic therapy was ordered to all patients in the experimental group (43%-insulin therapy and 57%-oral hypoglycemic drugs) while the control group recieved basic therapy (hypoglycemic therapy and hemodynamic stabilization.) Glutathione 1200 mg (Neomarin, China) was given for diabetic neuropathy to the patients in the experimental group for 10 days. Neurological examination was performed using TSS (Total Symptom Score), NSS (Neurological Symptoms Score), NDS (Neuropathy Disability Score) and VAS (visual analog scale).

Results. The study lasted for 10 days. Pain intensity was measured by using VAS. In the experimental group the VAS result was 6.42±1.8 sm. Neurologic complaints significantly decreased 1/3 of the patients in the experimental group during fisrt week of glutathione treatment. While pain was preserved in this time, it was mild and 5.2±0.4 sm by VAS. The frequency of neuropathy symptoms (pain, numbness, paresthesia and burning sensation) was much lower in the experimental group than the control group. A number of scores in TSS lowered by 28% and 15.7% in the experimental group and in the control group respectively. Neurological symptoms by NDS scale reduced by 28.6%, from 26.5 score to 19.5 score ($p \leq 0.05$) in the group of patients receiving glutathione while the same symptoms by NDS scale lowered from 24.2 score to 20.1 score in the control group.

Conclusion. 1. Using glutathione helped to reduce the frequency of neuropathy symptoms (according to TSS scale) by 28%.

2. Glutathione has the ability to reverse diabetic neuropathy in terms of loss of sensation, reducing neurological symptoms by NDS scale by 28.6%.

3. Changes by NSS in the experimental group was 28%.

THE ROLE OF INTERLEUKIN–6 GENE POLYMORPHISM IN ASSESSING THE DEVELOPMENT AND CLINICAL COURSE OF THE DISEASE IN PATIENTS WITH HCV-ASSOCIATED ARTHRITIS

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Purpose of the study. To study the nature of the relationship between IL–6 genotypes and the development and progression of the clinical course of associated arthritis (HCVaA) with viral hepatitis C.

Material and methods. All examined patients were divided into 2 groups: group 1 – the main group –52 patients with a positive response to HCV and observed associated arthritis, group 2 – the comparison group included 23 patients with chronic hepatitis C without associated arthritis. A study was conducted on 52 patients (mean age 38.54±6.00 years) with a diagnosis of chronic viral hepatitis C. The material for studying the frequency of occurrence of single nucleotide substitution C–174G of the IL6 gene was samples of genomic DNA obtained from peripheral blood leukocytes of patients (52 patients with HCVaA of the main group and 82 of the control group) using a kit for RNA/DNA extraction from clinical material. «Amply Prime-RIBO-prep». To detect polymorphism of the IL6 gene, a polymerase chain reaction (PCR) was performed with a reagent kit for determining the C–174G polymorphism of the IL6 gene. Studies of the C–174G polymorphism of the IL6 gene were carried out in the laboratory of the Department of Molecular Medicine and Cell Technologies of the Research Institute of Hematology and Blood Transfusion.

СОДЕРЖАНИЕ