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DYSLIPIDEMIA IN COMBINATION WITH DYSBIOSIS OF THE GASTRODUODENAL ZONE IN PATIENTS WITH REACTIVE ARTHRITIS

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Resume

Dysbiotic changes in the gastroduodenal zone, as they progress, worsen the clinical course of the underlying disease, contributing to an increase in the atherogenic potential of blood serum. These circumstances predetermine the need to improve approaches to the correction of metabolic disorders in patients with reactive arthritis.

The purpose of the study. Was to study lipid metabolism in patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone and to evaluate the clinical possibilities of probiotics in order to correct disorders of the microbiocenosis of the gastroduodenal zone and metabolic disorders.

Materials and methods: 200 patients with reactive arthritis with microbiocenosis of the gastroduodenal zone were taken for the study. The diagnosis of dysbacteriosis was made according to the degree of severity, based on clinical and microbiological data (assessment of the qualitative and quantitative composition of microflora) studies. Total cholesterol was determined by the Ilk method by reaction with acetic anhydride, and lipoprotein fractions were determined by polyacrylamide gel electrophoresis.

Results of the study: In the biochemical analysis of blood during therapy, there was a positive dynamics of lipidograms, comparable in terms of indicators in the first group and in the second, there was a tendency to reduce cholesterol, triglycerides, low-density lipoproteins, however, a significant increase in the level of high-density lipoproteins was registered only in the first group who received probiotic therapy.

Conclusion: The use of probiotics as part of the complex therapy of patients with reactive arthritis is accompanied by: a hypolipidemic effect comparable to that of simvastatin, while probiotics, to a greater extent than simvastatin, contribute to an increase in the level of the antiatherogenic fraction of high-density lipoprotein cholesterol, reducing the atherogenic coefficient.

Key words: reactive arthritis, dyslipidemia, dysbacteriosis, gastroduodenal zone, probiotic.

REAKTIV ARTRITLI BEMORLARDA GASTRODUODENAL ZONANING DISBAKTTERIOZI BILAN BIRGALIKDA DISLIPIDEMIYA

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Rezyume

Gastroduodenal zonadagi disbiotik o'zgarishlar, ular o'sib borishi bilan, asosiy kasallikning klinik kechishini yomonlashtiradi va qon zardobining aterogen potentsialini oshirishga yordam beradi. Ushbu holatlar reaktiv artritli bemorlarda metabolik kasalliklarni tuzatishga yondashuvlarni takomillashtirish zarurligini oldindan belgilab beradi.

Tadqiqotning maqsadi gastroduodenal zonaning mikrobiotsenozi buzilgan reaktiv artritli bemorlarda lipid metabolizmini o'rganish va gastroduodenal zonaning mikrobiotsenozi buzilishlarida va metabolik kasalliklarni tuzatish uchun, probiyotiklarning klinik imkoniyatlarini baholash edi.

Materiallar va usullar: Tadqiqot uchun gastroduodenal zonaning mikrobiotsenozi bilan reaktiv artritli 200 nafar bemor qabul qilindi. Disbakterioz tashxisi klinik va mikrobiologik ma'lumotlar (mikrofloraning sifat va miqdoriy tarkibini baholash) tadqiqotlari asosida zo'ravonlik darajasiga

ko'ra amalga oshiriladi. Umumiy xolesterin ilk usuli bilan sirka ангидрид билан reaksiyaga kirishib, lipoprotein fraksiyalari esa poliakrilamid gel elektroforezi bilan aniqlandi.

Tadqiqot natijalari: Terapiya paytida qonning biokimyoviy tahlilida birinchi guruhdagi ko'rsatkichlar bo'yicha taqqoslanadigan lipidogrammalarning ijobiy dinamikasi va ikkinchisida xolesterin, triglitseridlar, past zichlikdagi lipoproteinlarni kamaytirish tendentsiyasi kuzatildi, ammo yuqori zichlikdagi lipoproteinlar darajasining sezilarli o'sishi faqat probiyotik terapiya olgan birinchi guruhda qayd etilgan.

Xulosa: Reaktiv artrit bilan og'rigan bemorlarni kompleks davolashning bir qismi sifatida probiyotiklarni qo'llash simvastatin bilan taqqoslanadigan hipolipidemik ta'sir bilan birga keladi, probiyotiklar esa simvastatinga qaraganda ko'proq darajada antiaterogenlar darajasini oshirishga yordam beradi. yuqori zichlikdagi lipoprotein xolesterinning fraksiyasi, aterogen koeffitsientni kamaytiradi.

Kalit so'zlar: reaktiv artrit, dislipidemiya, disbakterioz, gastroduodenal zona, probiyotik.

ДИСЛИПИДЕМИЯ В СОЧЕТАНИИ С ДИСБАКТЕРИОЗОМ ГАСТРОДУОДЕНАЛЬНОЙ ЗОНЫ У БОЛЬНЫХ РЕАКТИВНЫМ АРТРИТОМ

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Резюме

Дисбиотические изменения в gastroduodenальной зоне, по мере своего прогрессирования, ухудшают клиническое течение основного заболевания, способствуя увеличению атерогенного потенциала сыворотки крови. Указанные обстоятельства определяют необходимость усовершенствования подходов к коррекции метаболических расстройств у больных реактивным артритом.

Цель исследования: изучение липидного обмена у больных реактивным артритом с нарушением микробиоценоза gastroduodenальной зоны и оценка клинических возможностей пробиотиков в целях коррекции нарушений микробиоценоза gastroduodenальной зоны и метаболических расстройств.

Материалы и методы: Для исследования было взято 200 пациентов с реактивным артритом с нарушением микробиоценоза gastroduodenальной зоны. Диагноз дисбактериоз ставился по степени выраженности, основанный на данных клинического и микробиологического (оценка качественного и количественного состава микрофлоры) исследования. Общий холестерин определялся методом Ильяка по реакции с уксусным ангидридом, а фракции липопротеидов - методом электрофореза в полиакриламидном геле.

Результаты исследования: В биохимическом анализе крови на фоне терапии наблюдалась положительная динамика липидограмм, сопоставимая по показателям в первой группе и во второй, отмечалась тенденция к снижению холестерина, триглицеридов, липопротеидов низкой плотности, однако достоверное повышение уровня липопротеидов высокой плотности было зарегистрировано лишь в первой группе, которые получали пробиотическую терапию.

Заключение: Применение пробиотиков в составе комплексной терапии больных реактивным артритом сопровождается: гиполипидемическим действием, сопоставимым с действием симвастатина, при этом пробиотики в большей степени, чем симвастатин, способствуют повышению уровня антиатерогенной фракции холестерина липопротеидов высокой плотности, снижая коэффициент атерогенности.

Ключевые слова: реактивный артрит, дислипидемия, дисбактериоз, gastroduodenальная зона, пробиотик.

Relevance

It is now known that a huge number of provocative factors influence the change in the microflora of the gastroduodenal zone: diseases of the internal organs; iatrogenic effects - antibiotics, hormones, cytostatics, radioactive therapy, surgical interventions; acute infectious

diseases of the gastrointestinal tract; decreased immunity; stresses of various origins, especially chronic stress; irregular and / or unbalanced diet, dietary fiber deficiency, consumption of food containing genetically modified foods. [1,5,8].

Dysbacteriosis is widespread both in the general population; and in patients with diseases of the internal organs. These include, in addition to diseases of the digestive system, which were listed above, connective tissue diseases (rheumatoid arthritis, reactive arthritis), cardiovascular diseases (coronary heart disease, myocardial dystrophy), metabolic diseases (obesity, dyslipoproteinemia, urolithiasis), oncopathological processes, allergic and autoimmune diseases (bronchial asthma, rheumatoid arthritis and other diffuse connective tissue diseases), gynecological diseases (endometriosis, dysmenorrhea) and many other clinical syndromes and pathological conditions. The results of many scientific studies indicate the involvement of the microbiota in the pathogenesis of these diseases at different stages [3,7,8].

In reactive arthritis, a violation of microbiocenosis occurs in 90% of cases. Dysbiotic changes in the intestine, as they progress, worsen the clinical course of the underlying disease, contributing to an increase in the atherogenic potential of blood serum.

These circumstances predetermine the need to improve approaches to the correction of metabolic disorders in patients with reactive arthritis.

One of them may be the use of probiotics, which contribute to the restoration of normal intestinal microflora. According to the theoretical justification, experimental data and already accumulated clinical experience, the use of microbiocenosis correction agents in the treatment of blood lipid disorders is promising [4,6] and requires more detailed study. It is necessary to assess the relationship between the state of lipid metabolism and intestinal dysbiosis in reactive arthritis. Evaluation of the possibilities of probiotic therapy in order to correct metabolic changes is highly demanded. All the above circumstances predetermine the relevance of this study.

The purpose of the study: was to study lipid metabolism in patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone and to evaluate the clinical possibilities of probiotics in order to correct disorders of the microbiocenosis of the gastroduodenal zone and metabolic disorders.

Materials and methods

100 patients with reactive arthritis with microbiocenosis of the gastroduodenal zone were taken for the study. The criteria for the diagnosis of dysbacteriosis were the following points:

1. change in the ratio between aerobic and anaerobic microflora;
2. decrease in the content of bifidobacteria, lactobacilli and bacteroids;
3. change in the ratio of microorganisms of groups of obligate and facultative representatives of normal microflora;
4. an increase in the total number of *Escherichia coli* with altered biological properties (with reduced enzymatic activity, lactose-negative, immobile, etc.);
5. the appearance of hemolyzing *Escherichia* and staphylococci, which are absent in the norm;
6. expansion of microflora beyond the boundaries of the habitual habitat, expressed in the syndrome of excessive colonization of the small intestine [3, 4, 5].

Currently, there is no single classification in determining the degree of dysbacteriosis. Many authors adhere to the classification according to the degree of severity, based on the data of clinical and microbiological (assessment of the qualitative and quantitative composition of microflora) studies.

Total cholesterol was determined by the Ilk method by reaction with acetic anhydride, and lipoprotein fractions were determined by polyacrylamide gel electrophoresis. To determine the type of dyslipidemia, laboratory data such as total serum cholesterol, triglycerides, and high-density lipoprotein cholesterol were used. Phenotyping of dyslipidemia was carried out according to the classification proposed in 1967 by D. Fredrickson et al. and approved and expanded in 1970 by WHO [7].

Result and discussion

Among the examined 100 patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone, 44 people with dyslipidemia were selected.

For each subject, the main indicators of lipid metabolism and the type of their disorders were determined according to the classification of D. Frederickson et al. (1967), expanded by WHO experts.

Depending on the type of therapy received, two study groups and one comparison group were formed. Study group 1 included 18 patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone and lipid metabolism disorders, who underwent complex treatment,

including the standard treatment regimen for reactive arthritis (antibiotic therapy, non-steroidal anti-inflammatory drugs, aminoquinoline drugs, glucocorticosteroids), as well as biologically active supplement (BAA) with a probiotic mechanism of action "Lacto G" at a dose of 1 g 3 times a day with meals for 3-4 weeks.

Study group 2 included 16 patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone and disorders of lipid metabolism, who underwent complex treatment, including the standard treatment regimen for reactive arthritis (antibiotic therapy, non-steroidal anti-inflammatory drugs, aminoquinoline drugs, glucocorticosteroids) who received along with the standard treatment regimen simvastatin at a dose of 10 mg 1 time per day (in the evening) for 3-4 weeks.

The third group (control) consisted of 8 patients with reactive arthritis with a violation of the microbiocenosis of the gastroduodenal zone and disorders of lipid metabolism, who

underwent a standard treatment regimen for reactive arthritis (antibiotic therapy, non-steroidal anti-inflammatory drugs, aminoquinoline drugs, glucocorticosteroids)

The full scope of the following diagnostic measures was carried out for all patients before treatment and 1-1.5 months after the start of therapy.

In 44 examined patients with dyslipidemia, the following types of lipid metabolism disorders were identified: in group 1- 45.3% had type IIa dyslipidemia, 20.2% had type IIb, and 34.5 % had type IV dyslipidemia. In patients of group 2- 39% of cases revealed type IIa dyslipidemia, 30% - type IIb dyslipidemia, and 30% - type IV dyslipidemia.

In group 3, patients with type IIa dyslipidemia also predominated (43.3%), 28.2% had type IIb dyslipidemia, and 28.5% had type IV dyslipidemia.

The nature of the identified dyslipidemias in patients is presented in Table 1.

Table 1

Indicators of lipid metabolism in patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone.

	1st group	2nd group	3rd group
II a type of dyslipidemia	45,3%	39%	43,3%
II b type of dyslipidemia	20,2%	30%	28,2%
IV type of dyslipidemia	34,5%	30%	28,5%

Thus, the nature of the revealed changes allows us to judge that Pb and Pa types of dyslipidemia according to the classification of D. Fredrickson et al. are predominant in patients of this category.

Before treatment, all patients had an increase in the level of total cholesterol in the blood serum: in group 1 - 7.20 ± 0.18 mmol / l, in group 2 - 7.35 ± 0.33 mmol / l and in group 3 - 7.28 ± 0.9 mmol/l (Figure 1).

Figure 1.

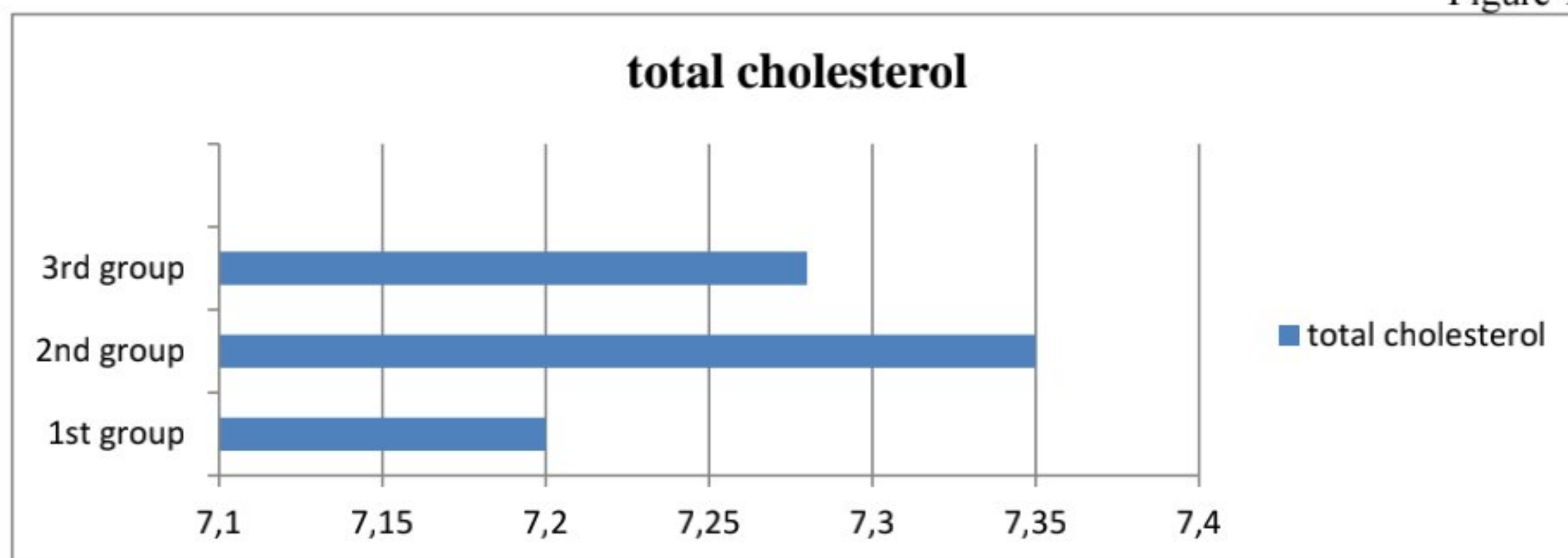


Figure 1. The level of total cholesterol in blood serum in patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone before treatment (normal - 3.6 - 5.2 mmol / l)

The amount of triglycerides in the blood serum did not exceed the normal level: in the first group - 1.89 ± 0.12 mmol / l, in the 2nd group - 1.98 ± 0.35 mmol / l and in the 3rd group - 1.87 ± 0.09 mmol/l.

Attention was drawn to the increase in the level of low-density lipoprotein cholesterol in the blood serum in all groups of subjects (group 1 - 4.03 ± 0.04 mmol / l, group 2 - 3.85 ± 0.05 mmol / l, group 3 - 3.89 ± 0.11) (Figure 3).

Figure 2.

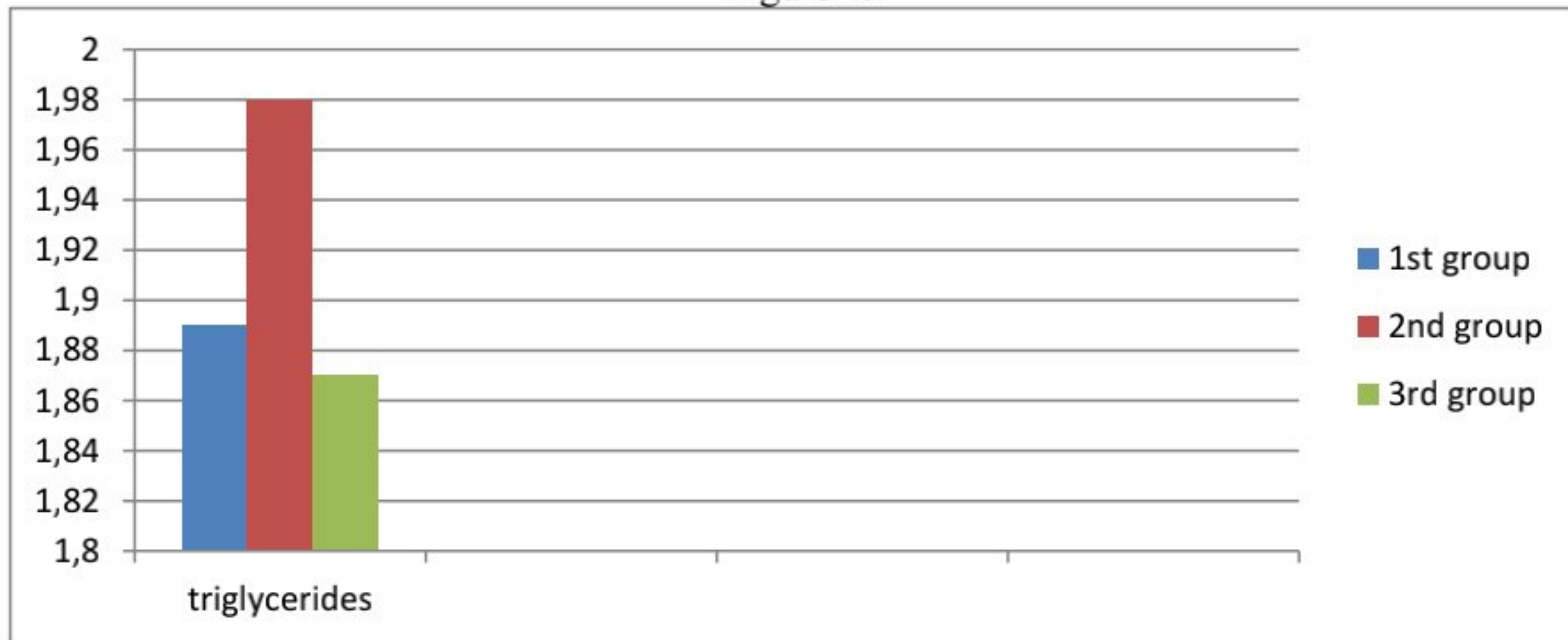


Figure 2. The level of triglycerides in blood serum in patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone before treatment (normal - 0.4-1.88 mmol / l)

Figure 3.

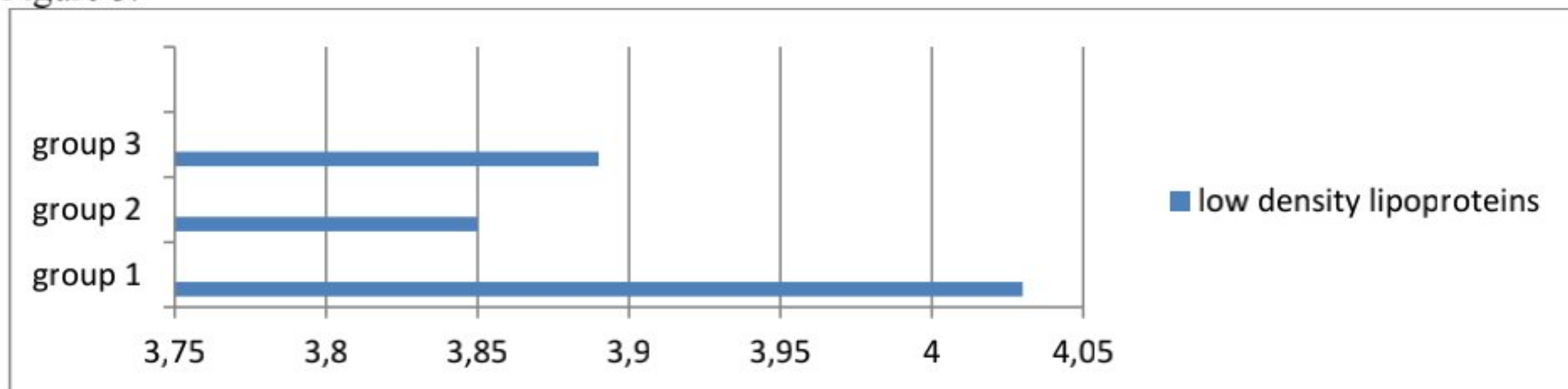


Figure 3. The level of low-density lipoprotein cholesterol in blood serum in patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone before treatment (normal < 3.4 mmol / l)

The content of very low density lipoprotein cholesterol in blood serum in patients of group 1 was 0.39 ± 0.02 mmol/l, in patients of group 2 - 0.41 ± 0.38 mmol/l, in patients of group 3 - 0.43 ± 0.04 mmol/l.

The content of cholesterol in high-density lipoproteins in blood serum before treatment was: in the first group - 1.28 ± 0.05 mmol/l, in the second group - 1.39 ± 0.13 mmol/l, in the third group - 1.29 ± 0.07 (Figure 5).

Figure 4

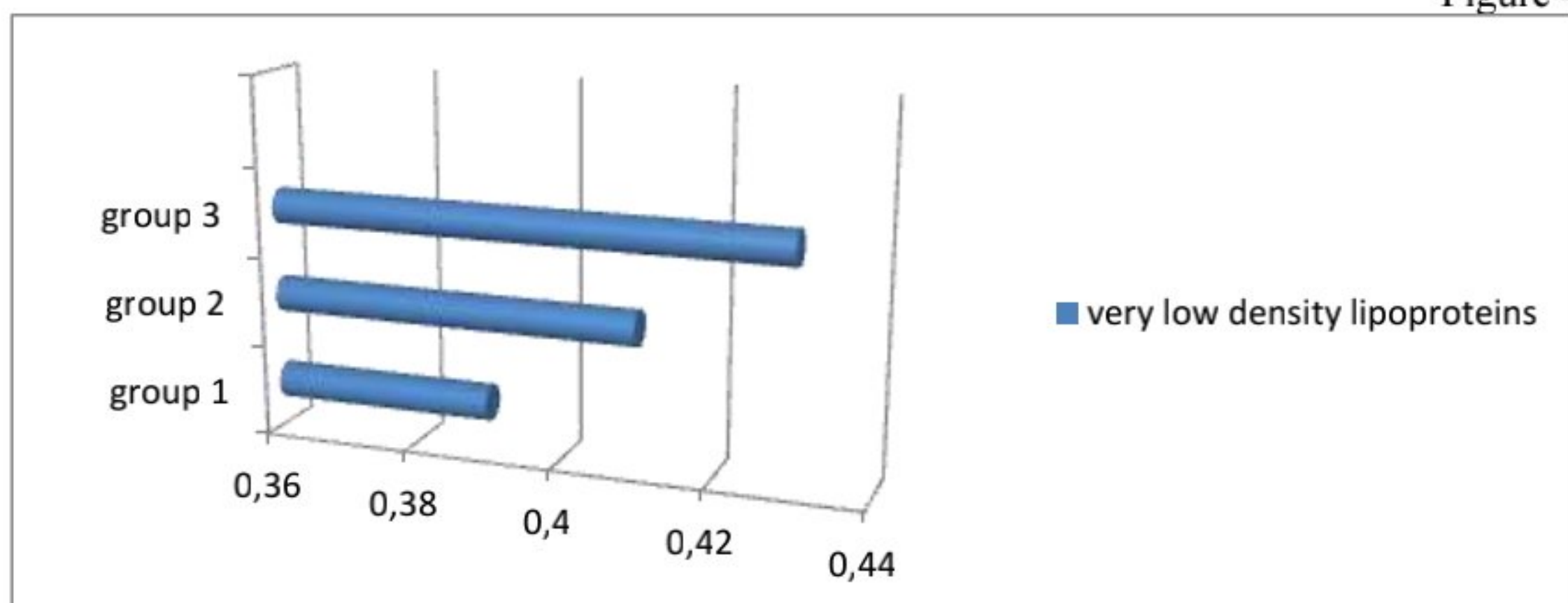


Figure 4. The level of very low density lipoprotein cholesterol in blood serum in patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone before treatment (normal - not < 0.38 mmol / l)

Figure 5.

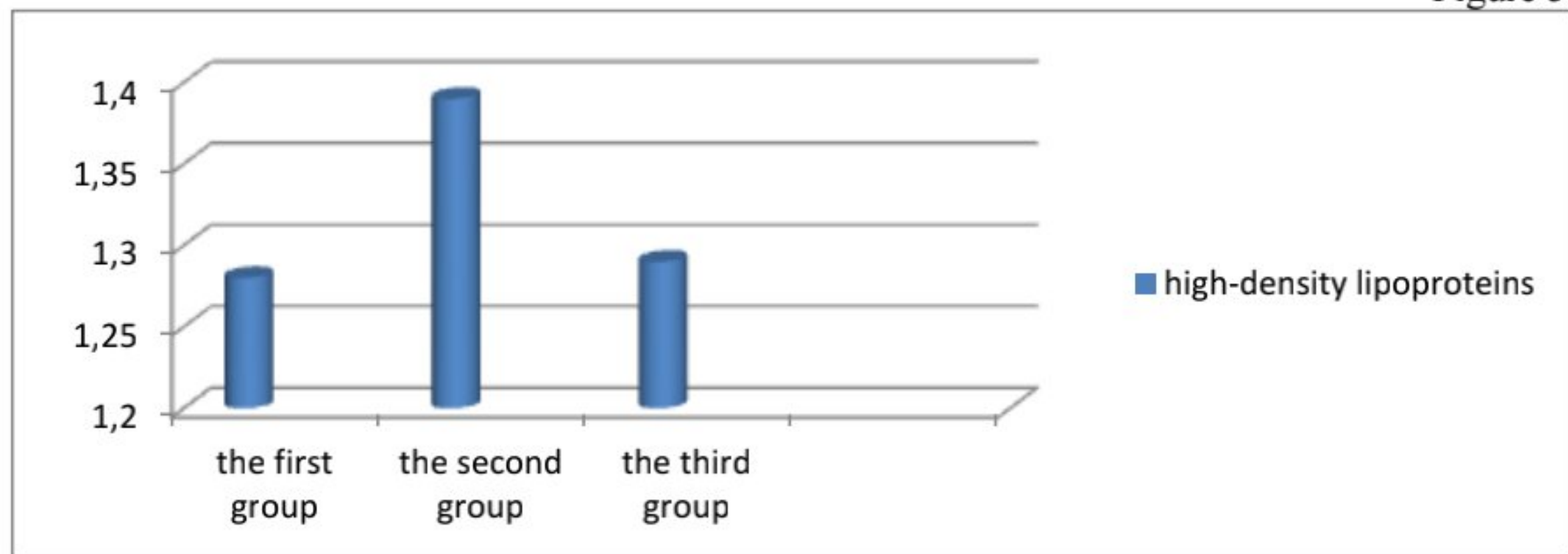


Figure 5. The level of high-density lipoprotein cholesterol in blood serum in patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone before treatment (norm not less than 0.9 mmol/l)

Violation of lipid metabolism is naturally manifested by a change in the coefficient of atherogenicity, which manifested itself in all types of dyslipidemia. The coefficient of atherogenicity in group 1 was 4.625, in group 2 - 4.29, in group 3 - 4.64 (Figure 6).

It seems to us that dysptoteinemia reflects the systemic reaction of the body in the form of pathological processes that go beyond the scope of one organ and are characterized by dysmetabolic disorders.

(Figure 6).

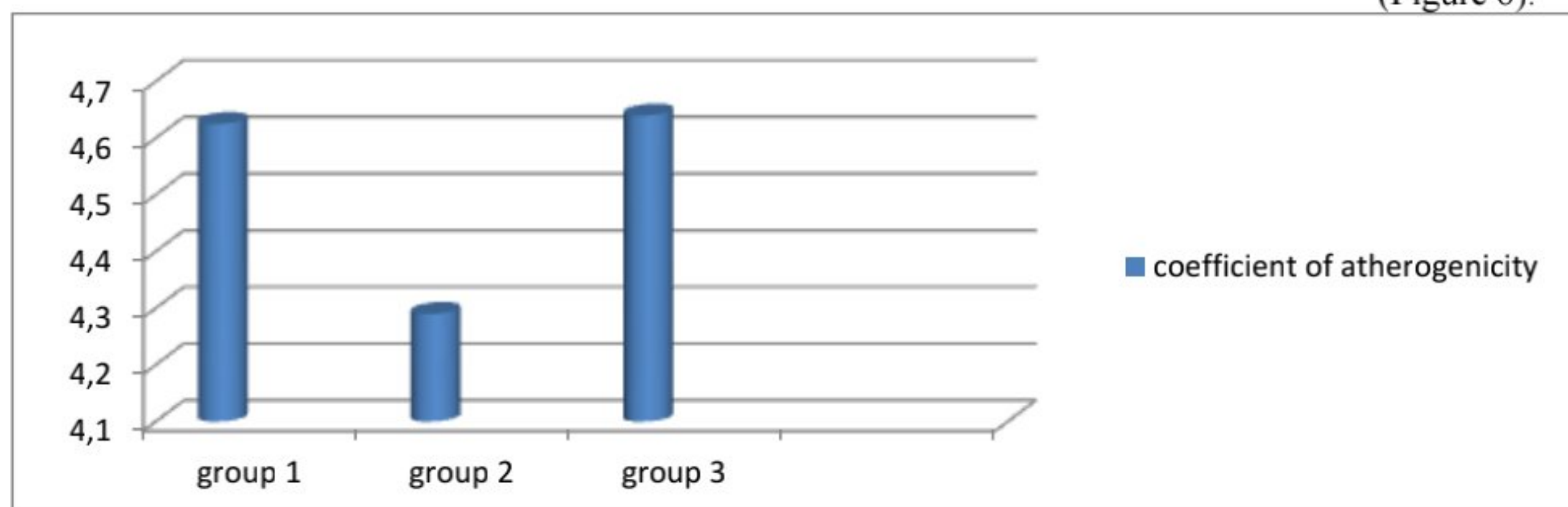


Figure 6. The coefficient of atherogenicity in patients with reactive arthritis with a violation of the microbiocenosis of the gastroduodenal zone before treatment (the norm is not more than 2.5)

Dynamics of blood lipid spectrum indicators against the background of various therapy regimens in patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone.

The results obtained in the study groups of patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone are shown in table 2.

Table 2.

Indicators of blood lipid profile in the studied groups of patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone (after treatment).

	total cholesterol	Triglycerides	low density lipoproteins	very low density lipoproteins	high density lipoproteins
group 1	5,43	1,56	3,3	0,33	2,08
group 2	5,4	1,63	3,2	0,35	1,41
group 3	7,27	1,88	3,9	0,41	1,27

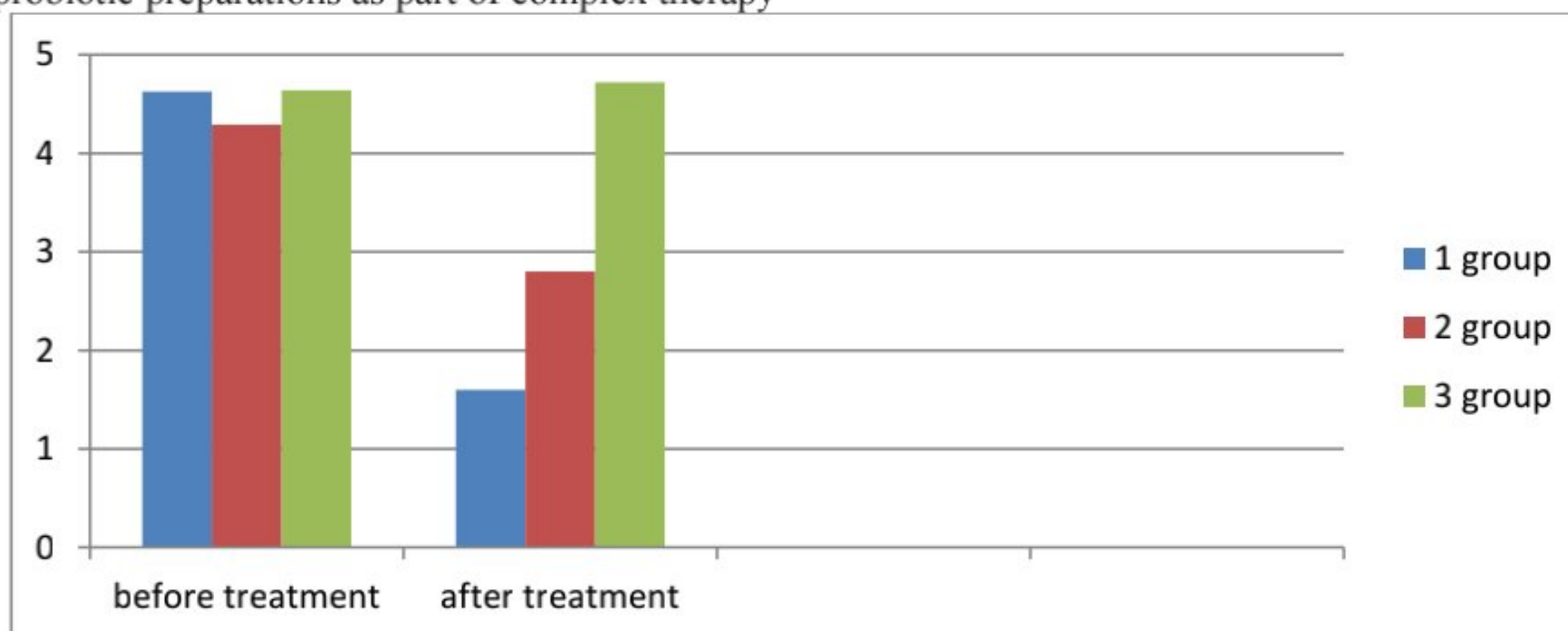
In the biochemical analysis of blood during therapy, a positive dynamics of lipidograms was observed, comparable in terms of indicators in the first group and in the second, there was a tendency to reduce cholesterol, triglycerides, low-density lipoproteins, however, a significant increase in the level of high-density lipoproteins was registered only in the first group, who received probiotic therapy.

From the above data, it can be seen that the use of probiotic preparations as part of complex therapy

in patients with reactive arthritis has a pronounced hypolipidemic effect, comparable to that of simvastatin, increases the level of anti-atherogenic high-density lipoproteins.

The dynamics of changes in the coefficient of atherogenicity is shown in Figure 7.

Figure 7. Coefficient of atherogenicity in patients with reactive arthritis with impaired microbiocenosis of the gastroduodenal zone before and after treatment.



Based on this, it can be concluded that the addition of drugs that improve the state of intestinal microbiocenosis to the standard treatment regimen for reactive arthritis in violation of the lipid spectrum contributes to the normalization of the lipid profile in this category of patients.

The use of probiotics as part of the complex therapy of patients with reactive arthritis is accompanied by: a hypolipidemic effect comparable to that of simvastatin, while probiotics, to a greater extent than simvastatin, contribute to an increase in the level of the anti-atherogenic fraction of high-density lipoprotein cholesterol, reducing the atherogenic coefficient from 4.625 to 1.6 has a positive impact on the possible development of complications of cardiovascular diseases and improving the quality of life of patients.

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