

## ASSESSMENT OF RENAL FUNCTIONAL RESERVE AGAINST ANTIAGGREGANT THERAPY IN STAGE II-III CHRONIC KIDNEY DISEASE

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Chronic kidney failure (CKF) is now regarded as one of the most important public health problems. NHANES studies have shown that the prevalence of chronic renal failure in the general population is about 5%.

In practical nephrology, it is also possible to measure the effectiveness of therapy by slowing the rate of decline in GFR. A decrease in FFR of 5 ml/min/1.73 m<sup>2</sup> per year or more is considered to be progressive. At the same time, the possibility of etiological treatment of CKD is very limited. Therefore, various pathogenetic treatment regimens are put forward, the most important component of which is antiplatelet therapy. Such therapy improves blood coagulation, improves glomerular filtration and slows disease progression. Therefore search and development of new regimens with use of modern antiplatelet agents, to which belongs alltrombosepine is the urgent necessity and makes urgency of this research.

**Research objective:** comparative study of effectiveness of dipyridamole and alltrombosepine in renal functional reserve in complex therapy of patients with chronic kidney disease of II-III stages.

**Materials and Methods:** The scientific study was based on clinical materials, laboratory tests and instrumental studies of 20 patients treated in the nephrology department of TTA III Clinic. Patients were recommended detoxification, water-electrolyte balance regulators and reosorbylact, for complex treatment according to the usual scheme, in addition to the usual complex treatment received alltrombosepine daily. The first pre-treatment and the eleventh day post-treatment general clinical (urinalysis, OAC, ultrasound, Nitscheporenko) and biochemical (urea, creatinine, total protein, ALT, AST, bilirubin), coagulogram were conducted, glomerular filtration with the SKD-EPI formula was checked. BAC revealed an increase of total blood protein from 56±3.9 g/l to 62±2.8 g/l on the average, which could be explained by a decrease in protenuria, but hypoproteinemia still persisted. Glycaemic levels declined to 6.5±0.3 mmol/l. The level of fibrinogen remained within normal limits.

Creatinine and urea levels decreased from 267±11.1 to 255±12.4 μmol/l and from 13±1.4 to 12±0.9 mmol/l, respectively, indicating a positive response to treatment, but impaired renal function persisted in diabetic nephropathy. This is also evidenced by a SCF value of 32.04 ml/min.

Dynamics of treatment with Alltrombosepine

Parameters	Platelet aggregation
Norm	26-55%
1 day	90.3%
10 day	59,3%

**Conclusion:** Prolonged use of alltrombosepine in patients with antiplatelet agents leads to a better preservation of renal function.

When administered, alltrombosepine in patients with well-preserved renal function reserves and slows the progression of CKD.

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