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ENDOTHELIAL DYSFUNCTION IN PATIENTS WITH COVID-19 DURING ANTIOXIDANT THERAPY

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Relevance. In connection with the coronavirus pandemic of 2020, there have been recent discussions about the role of endothelial function in the course and prognosis of the disease.

Purpose of the study. study of endothelial function in patients who have had a coronavirus infection.

Patients and methods. Under observation were 60 patients who underwent COVID-19 of moderate severity on the 14th day of therapy at the age of 57 to 67 years. Patients of the 1st group (30 patients), against the background of standard basic therapy, were prescribed L-carnitine at a dose of 5 g/day for 5 days, followed by a maintenance dose of 1 g/day for 5 days. Group II consisted of 30 patients who met the inclusion criteria for the study, were treated for COVID-19 and did not receive metabolic agents.

The state of endothelial function was assessed according to Doppler sonography of the brachial artery using the D.S. Celemajer (1992) using a reactive flush test. Changes in the diameter of the right brachial artery were assessed using a 7.5-12 MHz linear transducer with a phase grating ultrasound system En Visor C Philips.

The results of the study were processed statistically using Student's t test for paired and unpaired variables. Differences were considered significant at $p < 0.05$.

Results. After analyzing the data of samples with RG in combination with blood flow velocity indicators, we noted that in response to an increase in blood flow velocity in the control group, the diameter of the brachial artery increased by almost 12%, in patients with COVID-19, the blood flow velocity increased significantly, and the diameter of the artery practically did not change. Thus, with an increase in the mechanical stimulus, i.e. blood flow velocity in patients with COVID-19 did not occur a commensurate increase in the diameter of the vessel. The results obtained indicate a pronounced dysfunction of the endothelium in patients with COVID-19, in particular, EDVD, the indicators of which were two times lower than the control values.

Conclusion. The inclusion of L-carnitine in the regimen of standard therapy for patients with COVID-19 significantly improves the values of EVR compared to the standard basic therapy.

EVALUATION OF EXERCISE TOLERANCE IN PATIENT WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH LOW WEIGHT

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Objective: To assess the level of tolerance for exercise in patients with chronic obstructive pulmonary disease (COPD) with low body weight.

Materials and Methods. In 21 patients with a COPD3 of 20 to 25 with a COPD of less than 17 and a COPD of 10 with a mass gain of less than 17, gas exchange was observed at rest and during physical activity. The study was conducted. Breathing with automatic analysis of indicators performed using EOS-Sprint analyzer apparatus (Germany): work done (W, watts), oxygen consumption indicator (due to VO_2 ml / min%) carbon dioxide emissions (VCO_2 l / min, due to%), ventilation reserve (BR, %), oxygen pulse (O_2R , ml / min / HR, % condition), respiration coefficient (RQ, rel. units), ratio of dead space to tidal volume (V_d / W), minute ventilation of the lungs at rest (V_e , l / min), maximum minute ventilation during exercise (Vemax, l / min), ventilation oxygen equivalent (VeO_2), ventilation carbon dioxide equivalent ($VeCo_2$).

Results. In patients with COPD less than 17 with MRC, there was a significant decrease in the rate of work performed in the ergospirometry comparison group ($p < 0.01$) (95.2 ± 3.1 and 120.9 ± 3.1 watts), VO_2 50.6 ± 2.2 vs. $67.2 \pm$

-2.5) VCO_2 (61.1 ± 2.8 vs. 49.9 ± 2.0) and ventilation reserves (35.2 ± 0.6 compared to 25.2 ± 0.1). There was no statistically significant difference in maximum ventilation. The RQ at maximum load in low-weight patients was lower than the mean unit (0.99 ± 0.01) and was explained by the fact that the majority of patients in this group did not reach the anaerobic limit. In low-weight COPD patients, the parameters of the oxygen pulse and the percentage of maximum allowable heart rate were characterized by a decrease in the O_2R index, but it was not accompanied by a significantly higher heart rate than the increase in load. For patients with low-grade COPD, V_d / W (0.32 ± 0.01) was higher than (0.25 ± 0.02) with lower respiratory barriers and higher respiratory stereotype.

Conclusion. Violation of the internal condition of the patient, which leads not only to a decrease in ventilation reserve, but also to a change in the effect of ventilation on the load, which is associated with changes in respiratory properties at maximum load. characterized by a significant increase in respiration rate without a significant increase in tidal volume and without a gap at high ventilation levels.

FEATURES OF FIXATION OF ZIRCONIUM DIOXIDE PROSTHESES

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Orthopedic dentistry of the 21st century is characterized by high requirements for the aesthetic aspects of dental prosthetics. The aim of this study was to study the features of fixation of zirconia prostheses according to the available literature.

Materials and methods. The Pubmed database found and analyzed 23 sources from 8 countries (Germany, Switzerland, Holland, England, Japan, China, Canada, Brazil) over the past 15 years: 5 from 2009 to 2012, 11 from 2013 to 2017

and 7 from 2018 to 2022. The search was performed using the keywords: zirconium dioxide, fixing strength, surface preparation, chemical methods. Based on the data obtained, the issue of chemical methods for preparing the surface of zirconium dioxide was studied.

Results. An analysis of the frequency of publications shows a long-term interest in the problem of cementation of zirconia restorations, which remains to this day. In addition to studying the increase in the adhesion strength of the

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