

Δ_2 15%), HSLPNSCH (Δ_1 19% against Δ_2 8%) and IA (Δ_1 29% and Δ_2 16% respectively).

CONCLUSIONS

Inclusion in the complex therapy of patients with RA statins contributes to a significant reduction in total cholesterol, LDL cholesterol, and positively affects the activity of the process, reducing the levels

of acute phase proteins. Additional indications for the purpose of statins have high activity process and late onset. The use of statins in RA, given their lipid-lowering and anti-inflammatory effects, may be an effective means for the successful prevention of cardiovascular complications.



UDC 616.34-008.1:616.132.2-07

*A.O. Nesen,
O.V. Izmailova*

**THE COMBINATION
OF GASTROESOPHAGEAL REFLUX DISEASE
WITH CORONARY ARTERY DISEASE:
A NON-INVASIVE METHOD OF DIAGNOSIS**

*SI «National Institute of Therapy named after L.T. Malaya of the NAMS of Ukraine»
Maloi av. 2A, Kharkiv, 61000, Ukraine*

Nowadays, by a base for development of base recommendation for diagnostics and therapy of internal disease the international results of medical science and practice must be integrated from authentication of combinations (comorbidity) most widespread chronic non-communicable disease, that have serious consequences at level population.

Objective - it is proved that the combination of gastroesophageal reflux disease (GERD) and coronary artery disease (CAD) is mutually aggravating pathological conditions that negatively affect such indicators as sleep and psycho-emotional state of the patient.

MATERIALS AND METHODS

We have examined 94 patients with isolated GERD and GERD in combination with coronary heart disease (CHD). All patients were divided into two groups: the first included 65 patients with a combination of GERD and CHD, the second - 29 patients with isolated GERD. The first group included 54 men (83%) and 11 women (17%). The age of patients in the first group varied from 32 to 89 years; the mean age (61.57 ± 11.37) years. The second group included 17 men (59%) and 12 women (41%). The age of patients in the second group

varied from 34 to 79 years; the mean age was (59.52 ± 11.18) years.

In the process of research there were used clinical and instrumental, laboratory-biochemical and statistical methods.

RESULTS AND DISCUSSION

Sleep disorders are found in 61.54% patients with a combination of GERD and CAD and depend on the age, length of CAD, body mass index (BMI) and the severity of GERD. In 73.84% of patients with comorbid pathology obstructive sleep apnea (OSA) was diagnosed, which severity depends on the age, BMI, the severity of clinical, endoscopic manifestations of GERD and CAD length. With the combination of GERD and CAD significant violations of dopplerographic parameters of blood flow in the area of the lower esophageal sphincter are observed: reducing of speed performance and increased resistance indices of the arteries responsible for its blood supply – the celiac trunk and the superior mesenteric artery. The received data prove that chronic ischemia of the lower third of the esophagus caused by CAD affects the morphological state of its mucous and muscular walls and endoscopic form of GERD.

CONCLUSIONS

1. It is proved that patients with a combination of GERD and CAD have a significant decrease in the level of M, which adversely affects the severity of morphological manifestations of GERD. The relationship between the level of M metabolite – 6-COM and the form of GERD (not erosive or erosive) and endoscopic stage of erosive GERD was stated.

2. The relationship between M levels and the severity of OSA was identified. The formulated non-invasive method for the diagnosis of endoscopic form of GERD was developed and can be used as an alternative to invasive endoscopic technique for assessing and monitoring the severity of GERD for patients with concomitant CAD.



UDC 616.24-002-02:616.36-002

R. Razumnyi

ETIOLOGY OF COMMUNITY-ACQUIRED PNEUMONIA IN COMBINATION WITH HEPATIC STEATOSIS

*SE «Dnipropetrovsk medical academy of Health Ministry of Ukraine»
V. Vernadsky str., 9, Dnipro, 49044, Ukraine
e-mail: dsma@dsma.dp.ua*

Etiology monitoring of community-acquired pneumonia (CAP) with consideration of modifying factors as a background of chronic pathology. It gives us a possibility to predict the probable causative agent and the prescription of rational antibiotic therapy.

266 patients were examined with CAP (men - 142, women - 124) aged 18-55 years. Moderate severity of CAP has been in 182 patients (68.4%), severe in 84 (31.6%). All patients were divided into two representative groups: group I (164 patients) in which the CAP was combined with hepatic steatosis (HS), group II (102 patients) without chronic liver disease.

Microbial etiology of CAP was confirmed in 88 patients (53.7%) group I and 52 (51%) group II. The dominant etiological factor of CAP, combined with HS were *Str. pneumoniae* and *H. Influenza*, which were identified in 50 and 29 patients, it is 29.4% and 17.1% concerning to total amount of diagnosis of pathogenic factors of CAP. *M. pneumoniae* was identified in 21 patients (12.4%) in I group and 7 patients (9.0%) in II group, *Chlamydo-phylapneumoniae* - in 10 (5.9%) and 5 (6.4%) patients, *S.*

aureus - in 17 patients (10%) in group I and 7 patients (9.0%) in group II. Gram-negative infection *Enterobacterium* family was registered in 25 patients (14.7%) in group I and 10 patients (12.8%) in group II.

In I group pathogens monoculture identified in 37 patients (42.0%), in 51 patients (58.0%) agents of CAP were microbial association (MA), which was more often in 1.38 times ($p < 0,05$). The II group, and vice versa, CAP pathogens monoculture was detected in 1,89 times ($p < 0,05$) more often than MA about 34 (65.4%) and 18 (34.6%) patients. In the intergroup comparison the patients from I group in 1.7 times more often were identified MA.

It was established that the MA included representatives of two-four types of bacteria, with a general predominance of two-component associations that were isolated in 29 patients (56.9%) in group I, and 12 patients (66.7%) in group II. Three- and four-component associations of pathogens of CAP were found in 13 (25.5%), and 9 (17.6%) patients in group I, 4 (22.2%) and 2 (11.1%) patients in group II, in what pneumonia proceeded like mixt-infection. Significantly, that microbial associations were identified mainly in patients with CAP, in