age children, indicating the different activity of the pathology and, possibly, the chronic course of this nephropathy at an older age. In the study of blood system parameters, the data obtained indicate the development of acute inflammatory reaction, but the course of this pathological condition in all 3 groups of different – more pronounced in the group of children 2-3 years, less pronounced – 6-12 years, which can indicate different forms of pyelonephritis in children.

In the study of the system of hemocoagulation indicators, it has been established that there is a correlation between the activity of the inflammatory process (the development of acute pyelonephritis) and hypercoagulation, which is an important criterion for the detection of DIC in childhood.

The biochemical study of the blood indicated an acute inflammatory process with kidney tissue damage in all three studied groups of children, but in groups of 1-2 years and 3-5 years, it has more activity, which may indicate the development of acute pyelonephritis. In the group of children aged 5-12 years, the rates are insufficiently elevated and are at the upper limit of the permissible physiological norm, which may indicate a remission of chronic pyelonephritis in children of this group.

In studying the level of enzymes in pyelonephritis in children of all ages during the period of disease activity, there was a significant increase of all 3 indicators in all groups of children.

In the study of urine, significant leukocyturia, bacteriuria, pH shift towards acidification, a decrease in the proportion of urine, and the presence of protein were detected.

Conclusions. Some differences between different forms (acute and chronic) of pyelonephritis are investigated and established. However, all clinical symptoms of both types of pyelonephritis can be combined into 5 main syndromes: intoxication, gastrointestinal, urological, dysuric and urinary disorders. The difference lies in the severity of the activity of the inflammatory process. It was found that peripheral blood parameters in the studied groups of children indicated the development of acute inflammatory reaction, but the course of this pathological condition in all 3 groups of different – more expressed in the group of children 2-3 years, less expressed – 6-12 years, which can point to various forms of pyelonephritis in children. The correlation between the activity of the inflammatory process (the development of acute pyelonephritis) and hypercoagulation is proved, which is an important criterion for the diagnosis of DIC in the childhood. A biochemical blood test indicates an acute inflammatory process with damage to the kidney tissue. Increased enzymes in all groups have been established, which indicates the correlation of enzymes and the activity of the process. A combination of leukocyturia with bacteriuria and a pathognomonic symptom of pyelonephritis and a variation of pyuric urinary syndrome indicate the presence of the microbial inflammatory process were revealed in the study of urine.

METABOLIC DISORDERS IN PATIENTS WITH CHRONIC PANCREATITIS COMBINED WITH TYPE 2 DIABETES AND OBESITY

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Introduction. The problem of inflammatory diseases of the pancreas constantly attracts the attention of specialists due to a significant increase in the incidence and chronic course of the inflammatory process, as it affects not only exocrine, but also endocrine function of the gland, especially when combined with pancreatitis with type 2 diabetes mellitus (DM) and obesity.

Aim. The object of work is to determine the features of changes in carbohydrate metabolism in patients with chronic pancreatitis (CP) and CP combined with DM and obesity.

Materials and methods. 47 patients with CP were examined, among them 20 women and 27 men aged 30-69 years, who were divided into 2 groups: patients with CP - 20 people, patients with CP combined with obesity and DM – 27 people. Diagnosis of diseases was carried out on the basis of a combination of anamnestic, objective clinical data, laboratory and instrumental methods. Blood glucose, immunoreactive insulin, glycosylated hemoglobin (HbA1c), C-peptide levels, blood serum α-amylase activity in patients was evaluated and insulin resistance was evaluated using the HOMA index.

Results and discussion. The results of our study determined the high informativeness of the assessment of the risk of developing CP, taking into account the level of C-peptide, α-amylase, blood
glucose, immunoreactive insulin and HbA1c, which allows for obtaining early diagnostic and prognostic criteria for the formation of disorders in the pancreas in patients with DM and contributes to improving the effectiveness of diagnosis and prediction of CP. In patients with CP combined with DM and obesity, significantly higher glucose levels, HbA1c, insulin, C-peptide, and HOMA-IR were determined, than in patients with CP, which confirms the presence of hyperinsulinemia and insulin resistance in the examined patients. The relationship between the HOMA-IR level and the body mass index is established, indicating the aggravating nature of metabolic disturbances in such a course of the disease.

**Conclusion.** Prospective continuation of investigations of carbohydrate metabolism disorders in patients with CP, DM and obesity for the development and introduction of new methods of diagnosis and drug therapy.