

Results and discussion. In the analysis of literary sources, it was established that the main method of diagnosis of RA is to determine the concentration of C-reactive protein (CRP). In the norm, the concentration of CRP in serum is 0-5 mg/l (in the newborns, the CRP does not exceed 4,2 mg/l and in children it is 2,8 mg/l).

The serum concentration of CRP increases to 5 mg/l after 6 hours of activation of its synthesis in hepatocytes. In the absence of reasons, a slight increase in CRP may indicate chronic inflammation of the vascular wall, i.e. atherosclerosis. The determination of CRP allows for a more accurate assessment of the degree of activity of this disease, given that the protein concentration increases with increased cardiovascular risk.

Determination of the concentration of CRP is carried out with the help of classical and highly sensitive methods: radial immunodiffusion and immune-neoplotometry. They are used to detect the level of CRP in acute inflammation. This method is very sensitive and allows to determine the concentration of CRP, which is lower than 5 mg/l.

During the past 70 years, the RA standard marker is a rheumatoid factor (RF), but it is not a sufficiently specific indicator and can be found not only in RA but also in chronic infections and malignant neoplasms. Standard methods for determining the level of the RF are the agglutination reaction (latex test or Vaaler-Rose reaction) and the enzyme-linked immunosorbent assay. The most diagnostic value is the definition of IgM RF, with the diagnostic sensitivity reaches 50-90 %.

In addition to these indicators, an increase in fibrinogen occurs in RA, which is associated with the activity of the inflammatory process. Determination is performed using nephelometry and coagulant test. Therefore, it can act as an additional diagnostic criterion. A secondary indicator characterizing the process of chronic inflammation during RA is an increase in the erythrocyte's sedimentation rate (ESR), which is determined by the method of Vesteringer.

Conclusions. Having analyzed the literature data, it has been established that the most significant diagnostic value for both early detections of RA and chronic inflammation has a C-reactive protein. Equally important is rheumatoid factor, especially IgM RF. Additional laboratory methods include the study of fibrinogen and ESR.

MODERN STATE OF DIAGNOSTICS OF CANCER IN UKRAINE

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Introduction. The ecological crisis that swept the world in recent decades has posed to humanity almost the most difficult medical, social and economic problem – the irregular growth of cancer morbidity and mortality. Every year in the world more than 10 million new cases of cancer are registered and about 6 million deaths from them. Experts predict that in 2020 these figures will be 20 and 10 million respectively. Given this, the timely diagnosis of oncological diseases takes on special significance.

Aim. To conduct a retrospective analysis of the state of development of modern world technologies in the diagnosis of various types of cancer.

Materials and methods. statistical, epidemiological analysis, analysis of literary data.

Results and discussion. Today, in the diagnosis of cancer, apply general standards, which must be followed by all medical institutions and clinics oncology profile. Their main provisions are consistent with the standards of treatment in most European countries, the United States and Japan. Diagnosis of cancer is based on methods: clinical, instrumental researches. But despite this, the provision of assistance to cancer patients in our country today, unfortunately, has its own difficulties. The main problem is the lack of modern USD diagnostic tools for expert class, endoscopic devices, mammographs, immunoenzyme and hematological analyzers etc. It is known that up-to-date endoscopic equipment increases the incidence of in-situ stomach cancer by 10%. Most of the equipment requires the replacement of gamma-cameras, X-ray machines, infusomats, tracking equipment. The problem of medical staff is also acute.

The staffing of medical institutions by middle and junior medical personnel is about 60%, there is a shortage of radiologists, laboratory assistants, psychologists. Given the situation, many scholars and oncologists support the need for a reorganization of the oncology service in Ukraine. Namely the creation of interregional oncological centers and equipping them on the modern level. A very important issue is the reform of the system of pre-and post-graduate training of oncologists.

Conclusions. In order for the diagnosis of oncological disease to be timely and as accurate as possible, special attention must be paid to the preparation of clinical pathomorphologists, physicians of functional and radiological diagnosis and providing hospitals with advanced diagnostic equipment.

STUDY OF ADIPOKIN PROFILE IN PATIENTS WITH TYPE 2 DIABETES WITHIN THE OBESITY

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Introduction. Excessive body weight and obesity have become the causes of an increase in the number of patients with diabetes mellitus, arterial hypertension, coronary heart disease, and others. The set of manifestations of these diseases is a combined concept of metabolic syndrome, which is recorded in one-third of the planet's population.

Aim. The purpose of the work is to study the adipokin profile in patients with type 2 diabetes on the background of obesity.

Materials and methods. We examined 45 patients with obesity (body mass index (BMI) > 30 kg / m) and type 2 diabetes in the age group from 52 to 75 years old. All patients were on inpatient treatment in the departments of the therapeutic profile of the 2nd City Clinical Hospital in Kharkiv. Biochemical studies included determination of total cholesterol (CH), triglycerides (TG), high density lipoprotein cholesterol (HDL cholesterol). The level of glycemia was determined by the glucose oxidase method on the biochemical analyzer "Humalyzer 2000". The hormonal activity of adipose tissue was evaluated for adiponectin levels by ELISA using the LabAnalyt-2900 Plus (PRC) immunoassay analyzer.

Results and discussion. Initial examination showed that all patients had signs of a metabolic syndrome. We also observed a significant increase (by 18.1%) of the mean total blood cholesterol in patients, higher serum levels of TG ($p < 0,05$), very low density lipoprotein cholesterol (LDL cholesterol) ($p < 0,05$) and LDL cholesterol ($p < 0,05$) compared with control group. We have established clear trends in a valid decrease in the level of this adipokin, which were probably lower in people with excessive body weight and decreased with increasing obesity, hypoadiponectinemia was detected in 40 (90%) patients. The concentration of adiponectin in the plasma of blood of patients in the control group was 9.42 ± 0.95 mg / l. We also received a negative correlation between the level of adiponectin and the index of insulin resistance of NOMA ($r = -0.33$; $p < 0.001$).

Conclusions. In patients with diabetes mellitus type II with obesity, a violation of secretory activity of adipose tissue is revealed – hypoadiponectinemia is expressed, which is important in the formation and progression of carbohydrate and lipid spectrum disorders in patients with type 2 diabetes with adjunctive obesity.