

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.