

hepatoprotective activity. It was conventionally named "Prunophyte". The model of loperamide-induced constipation confirmed a moderate laxative effect of PEF extract at a dose of 200 mg/kg ("Prunophyte") without provoking secretory diarrhea in contrast to the comparison drug "Senadexin", increasing the distance passed by contrast mass and reducing the number of fecal bolus. The laxative effect of "Prunophyte" extract is realized mainly through the strengthening of intestinal motility. The hepatoprotective effect of "Prunophyte" is realized due to protein-synthesizing, detoxifying, anticytolytic and bile-secretory properties. "Prunophyte" extract can be a prospective alternative to a one-time complex treatment with herbal hepatoprotectors and laxatives, which will avoid polypragmatism in the treatment of comorbid conditions in gastroenterology associated with functional constipation and liver disease.

SOME FEATURES OF ACUTE OTITIS MEDIA COURSE IN PATIENTS WITH COMORBID TYPE 2 DIABETES MELLITUS: TREATMENT TACTIC CHOICE

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Introduction. Despite modern advances in the diagnosis and treatment of inflammatory diseases of the middle ear, the outpatient and inpatient acute otitis media (AOM) incidence does not decrease and amounts to 28-35%. The relevance of AOM effective treatment is due to the possibility of mastoiditis, intracranial complications, and latent, recurrent, or chronic form development (in more than 8% of cases). The social significance of AOM patients' rehabilitation is also due to hearing loss development at a certain pathogenesis stage, from which subsequent negative changes in the auditory system have begun, leading to persistent hearing loss. The formation of a conductive hearing loss is characteristic of AOM typical course. But, according to the literature review, in some cases, mainly with colds, a pathological process in the structures of the inner ear development is possible in consequence of microcirculation disorders. The pathogenesis of AOM tubal etiology, which prevails, is well understood. However, information about distinctive forms of the acute middle-ear diseases' course with concomitant viral infections, blood diseases, and somatic pathology appear more and more often. It has been proved that in patients with type 1 diabetes mellitus (DM) (insulin-dependent DM), the paranasal sinuses' inflammation predominantly occurs, while against the comorbid type 2 DM patients (non-insulin-dependent DM), AOM with an atypical course develops.

Purpose of the research. To study the features of acute otitis media course in patients with comorbid type 2 DM for the choice of treatment tactic.

Material and methods. Analysis of clinical and anamnestic data, as well as the results of an instrumental examination of 65 patients with AOM aged 24 to 69 years. The patients were divided into two groups. Group I (main group) included 35 patients with AOM with comorbid type 2 DM. Group II (reference group) included 30 patients with a typical AOM course.

Obtained results. Based on the analysis results, we have found the following features. Group 1 patients were characterized by complaints of pain in the behind-the-ear region (68.6% of cases), which was the reason for neurologist consulting and further neuralgia treatment (23% of cases). In

group 2 patients, complaints of pain in the ear with a clear localization prevailed (89% of cases). All patients of group 1 had no complaints of impaired nasal breathing and the presence of nasal discharge, as well as no history of colds (for the last three months). In group 2, 63% of patients either had the above complaints or were found to have changed according to X-ray or computed tomography of the paranasal sinuses. AOM otoscopic signs in group 2 in almost all patients corresponded to the timing and clinical manifestations of the disease, while in group 1 the tympanic membrane was gray (17% of cases), thickened with preserved separate contours (5% of cases), locally hyperemic and stagnant in posterior sections (25.7% of cases), and tympanic membrane perforations in the posterior-superior and posterior-inferior pars, which are atypical for AOM (24% of cases). All 65 patients had complaints of hearing loss. In group 2, patients noted varying intensity ear congestion with autophony. In group 1, patients were worried about a sharp hearing loss, ear noise (tinnitus), and impaired intelligibility without autophony. According to audiometry, in a typical course of AOM, hearing impairment was established as a sound conduction impairment with an air-bone rupture of up to 20-30 dB (conductive hearing loss). Against the background of the comorbid type 2 DM, all patients developed a combined lesion of the auditory analyzer with the involvement of the inner ear with a predominance of auditory perception impairment (mixed hearing loss). In group 1, III stage of hearing loss was detected in 46% of cases, II stage of hearing loss was diagnosed in 34% of patients. In group 2, I, and II stages of hearing loss was diagnosed in 56% and 27% of patients, respectively. All 65 patients had complaints of hearing loss. In group 2, patients noted varying intensity ear congestion with autophony. In group 1, patients were worried about a sharp hearing loss, ear noise (tinnitus), and impaired intelligibility without autophony. According to audiometry, in a typical course of AOM, hearing impairment was established as a sound conduction impairment with an air-bone rupture of up to 20-30 dB (conductive hearing loss). Against the background of the comorbid type 2 DM, all patients developed a combined lesion of the auditory analyzer with the involvement of the inner ear with a predominance of auditory perception impairment (mixed hearing loss). In group 1, III stage of hearing loss was detected in 46% of cases, II stage of hearing loss was diagnosed in 34% of patients. In group 2, I, and II stages of hearing loss was diagnosed in 56% and 27% of patients, respectively. A significant increase in the threshold sound perception of bone-guided sounds by 50-70 dB with a cutoff at 4000 Hz was observed in 37% of patients, the horizontal type of the curve of bone-guided sounds in the thresholds from 30 to 50 dB across the entire tone scale was in 25% of patients. The air conduction curve descended by 10-30 dB relative to bone conduction or was recorded as an «island of hearing» at frequency-transpose speech.

Conclusion. The data presented indicate that the type and depth of the auditory analyzer lesion in patients with AOM against the background of the comorbid type 2 DM can serve as a marker of the presence, activity, and depth of the inflammatory process in the mastoid process and inflammation of bone structures, including the inner ear. The identified changes should be taken into account when planning treatment tactics. At the stage of studying the features of the AOM course against the background of the comorbid type 2 DM, we proceeded from generally accepted indications for surgical treatment. The absence of obvious complications, purulent discharge, otoscopic signs of mastoiditis, and bone destruction according to computed tomography data determined the treatment tactic choice in favor of conservative tactic, taking into account the presence of sensorineural hearing loss. Since hemodynamic and hydrodynamic disorders develop in the cochlea, the nutrition of neuroreceptors is disturbed due to developing hypoxia, in complex treatment, it is advisable to prescribe drugs that act on sensitive nerve endings and the central nervous system, on cellular and tissue metabolism and reduce hypoxia.