
ХРОНИЧЕСКАЯ ИБС И АТЕРОСКЛЕРОЗ

COMPARISON OF INFLAMMATION MARKERS IN PATIENTS WITH ISCHEMIC HEART DISEASE

RADJABOVA D.I., ALYAVI A.L., TULYAGANOVA D.K., NURITDINOVA S.K.

Republican specialized center of Therapy

Aim. To conduct a comparative analysis of markers of inflammation in patients with coronary heart disease (CHD) of a stable (SA) and unstable (UA) flow.

Material and methods. A total of 78 patients aged from 36 to 75 years old were examined (mean age was $58,2 \pm 12,6$ years), 50 of them (64,1%) were men and 28 (35,8%) were women. Of these, 48 patients were diagnosed with stable angina, 30 patients with unstable angina. The diagnosis of CHD was established on the basis of clinical, instrumental, laboratory data. The determination of IL-6, TNF- α in plasma was carried out by enzyme immunoassay on a Humareader Single (Germany) solid-phase analyzer. The results were processed using Microsoft Excel 2002 and Statistica 6.0 under Windows XP.

Results. In patients with unstable angina (UA), the incidence of elevated levels of CRP, TNF- α , and leukocytes was statistically significantly higher than in the group with stable coronary artery disease, and the average levels of these markers were statistically significantly higher in patients with UA. IHD: CRP ($4,3 \pm 2,4$ and $2,9 \pm 2,3$ mg/l, $p < 0,05$, respectively), TNF- α ($10,5 \pm 2,5$ and $7,7 \pm 3,4$ pg/ml, $p < 0,05$, respectively) and leukocytes ($9,2 \pm 2,5$ and $6,9 \pm 2,3 \times 10^9/l$, $p < 0,05$, respectively). The level of interleukin-6 in

patients with NS was higher compared with patients with SS ($3,4 \pm 1,7$ and $2,9 \pm 0,5$ pg/ml, respectively), but the difference was not statistically significant ($p > 0,05$). No significant differences were found in the level of fibrinogen and ESR between patients with NS and SS. When comparing the levels of inflammatory markers in the group of patients with UA, it was found that patients with early post-infarction angina have significantly higher levels of leukocytes ($9,3 \pm 5,3$ and $7,7 \pm 2,1 \times 10^9/l$, $p < 0,05$ respectively) and (on the verge of statistical certainty) TNF- α ($11,0 \pm 2,8$ and $9,0 \pm 1,1$ pg/ml, $p < 0,05$, respectively) compared with patients with SA.

Conclusion. The obtained data may testify in favor of the fact that an inflammatory process may be observed in the vascular wall, despite the clinically stable condition of the patients, and when the course of IHD is aggravated, inflammation activates. It is noted that signs of inflammation are detected both in patients with unstable forms and in patients with a stable form of coronary artery disease, however, the severity of the inflammatory process in patients with NS (level of TNF- α , CRP and leukocytes) is higher than in patients with stable ischemic heart disease.

ОЦЕНКА ЭФФЕКТИВНОСТИ МЕТАБОЛИЧЕСКОЙ ТЕРАПИИ В КОМПЛЕКСНОМ ЛЕЧЕНИИ ИШЕМИЧЕСКОЙ БОЛЕЗНИ СЕРДЦА

АБДУЛЛАЕВ А.Х., АЛЯВИ Б.А., РАИМКУЛОВА Н.Р., УЗОКОВ Ж.К., АЗИЗОВ Ш.И., КАРИМОВА Д.К., ИМИНОВА Д.А.

*ГУ «Республиканский специализированный научно-практический медицинский центр терапии и медицинской реабилитации»;
Ташкентский педиатрический медицинский институт, г. Ташкент. Узбекистан*

Цель работы. Изучить влияние левокарнитина на течение ишемической болезни сердца (ИБС) после стентирования коронарных артерий.

Материал и методы. Под наблюдением находились пациенты с ИБС стабильной стенокардией напряжения III функционального класса, после

чрескожного коронарного вмешательства (стентирование венечных артерий). Пациенты I группы (20) на фоне базисного лечения, включавшего дезагреганты ацетилсалициловую кислоту и клопидогрел, аторвастатин или розувастатин, ингибиторы ангиотензин-превращающего фермента,