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# ХРОНИЧЕСКАЯ СЕРДЕЧНАЯ НЕДОСТАТОЧНОСТЬ

## EXTRA LIVER MANIFESTATION WITH HCV-INFECTION

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**Researchintend.** Define the frequency an extra liver manifestations in clinical picture chronic HCV-infections on modern stage.

**Materials and methods.** 72 sick chronic hepatitis are examined with (HGS). The diagnosis HGS was put (deliver) on the grounds of result IFA (immune ferment analysis) and PCR (polymerases chain reaction). Alongside with etiologic acknowledgement of the diagnosis program common clinic of the examination included the estimation of the complaints and anamnesis of the information, physical checkup, study of the functional condition liver by means of stale biochemical test, TIE liver and systems fibro max, as well as consultations adjacent specialist.

**Research results.** Have for the first time learned of infection HCV on stage chronic process more than 87 % sick. Before determination of the diagnosis HGS nearly quarter (24,5 %) patient for several years

suffered polyarthritis, 3,4 % – glomerulonephritis, 2,5 % – allergic dermatitis, 1,5 % – an hypochromic anemia, 0,45 % – a psoriasis. The treatment condition data in condition profile permanent establishment not give positive effect. The analysis blade of the picture day patient has reveal the prevalence asteno-vegetative (56,2%) and dispeptic (38,5%) and hepatomegaly ( 26,7%) syndrome. Extra liver manifestations (arthralgia, nephritis, allergic dermatitis, anemia, psoriasis) existed beside 32,35% sick. On background of the undertaking multifunction antivirustherapy was noted full or partial regression under study symptoms diseases.

**Conclusion.** On modern stage extra liver manifestations HCV-infections broadly wide-spread and prevail over classical (liver) in the general clinical structure of the disease.

## VASCULAR REMODELING IN PATIENTS WHO ARE IN PROGRAM HEMODIALYSIS

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Chronic kidney disease is associated with the accumulation in the blood of the so-called medium molecules, in particular parathyroid hormone, and the development of secondary hyperparathyroidism with a tendency to extracellular calcification. The most vulnerable organ in relation to calcification is the vascular wall.

**Objective.** To study the characteristics of remodeling of the vascular wall in patients with chronic kidney disease (CKD) undergoing treatment with programmed hemodialysis.

**Material and methods.** The study included 26 patients with CKD C5 (mean age  $47,44 \pm 5,04$  years) who are on programmed hemodialysis for at least 6 months. All patients were examined, including multislice spiral computed tomography (MSCT) with the assessment of calcium in the coronary arteries (Agatston index), ultrasound examination of the carotid arteries with the determination of the thickness of the intima-media complex, the degree of endothelium-dependent vasodilation in the sample with 5-minute

compression of the brachial artery and determination of the change in the diameter of the brachial artery. The data obtained (presented as arithmetic mean and its standard error) were compared with normal values characteristic of a healthy population.

**Results.** In patients included in the study, calcium was accumulated in the coronary vessels with an average Agatston index of  $146,83 \pm 13,26$  units. Also in the process of MSCT, calcinates were found in the aortic wall in 22 of 26 patients. The intima-media complex in patients with CKD was significantly increased and averaged  $1,21 \pm 0,06$  mm. The degree of endothelium-dependent vasodilation in patients with CKD was reduced and amounted to  $5,48 \pm 0,03$  % of the initial diameter of the brachial artery. Correlation analysis revealed significant positive relationships between the average force between the value of the Agatston index, the thickness of the intima-media of the carotid artery complex and the concentration of parathyroid hormone in peripheral blood. ( $r = +0,58$ ,  $p < 0,05$  with the Agatston index and  $r = 0,42$ ,  $p < 0,05$

with the thickness of the intima-media complex), as well as a significant negative relationship between the product of the concentration in the peripheral blood of calcium and phosphorus and the degree of endothelium dependent vasodilation ( $r=-0,49$ ,  $p<0,05$ ).

**Conclusion.** CKD stage 5 and programmed hemodialysis is associated with pronounced remo-

deling of the vascular wall, manifested in the progression of atherosclerotic lesions, calcium accumulation and impaired endothelial function – a decrease in endothelium-dependent vasodilatation correlated with the degree of secondary hyperparathyroidism.

## EXPERIENCE IN THE TREATMENT OF PATIENTS WITH CHRONIC HEART FAILURE

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**The purpose of study:** to evaluate the effectiveness of Ivabradine in the treatment of patients with chronic heart failure (CHF).

**Material and methods of research.** 95 patients with moderate and severe CHF and left ventricular (LV) systolic dysfunction were examined and treated. Patients were randomized into 2 groups: 1st-50 people (mean age –  $69\pm3,1$  years), 2nd – 45 people (mean age –  $67\pm3,3$  years). All patients received  $\beta$ -blockers for at least a month before admission to the hospital. Patients of the 1st group from the first day of treatment to the basic therapy were added Ivabradine 5 mg  $\times$  2 times/day, and the 2nd group continued treatment with  $\beta$ -blocker (Bisoprolol – 5 mg/day). The dose of Ivabradine in the first group was increased to 7,5 mg 2 times a day, if the heart rate was  $\geq 60$  per minute. The effectiveness of treatment was evaluated on 3 days, at discharge (10–14 days) and after 4 weeks (according to complaints, heart rate and Echocardiography).

**Results.** The initial heart rate was  $85,7\pm4,1$  and  $86,3\pm3,2$  beats per 1 min in the first and second groups, respectively. On the 3rd day of treatment, the target heart rate (50–60 beats per minute) was achieved in 18 (36%) patients of the first and 12 (27%) of the 2nd group, on the 10–14 day of treatment in

44 (89%) and 30 (68%), and after 4 weeks in 46 (92%) and 34 (77%) patients, respectively ( $p<0,02$ ). The decrease in the heart rate in the Ivabradine group on the average was 16,8 beats/min in comparison with the heart rate at the time of inclusion in the research. It is interesting to note that in patients with the highest baseline heart rate (average 85–90 beats/min) there was a maximum decrease in heart rate during reception of Ivabradine. In the group of Ivabradine there was an improvement in the functional class of heart failure by NYHA in 16 (33%) patients compared with 11 (26%) in the group with  $\beta$ -blocker. In patients treated with Ivabradine, echocardiography improved in dynamics: the left ventricular ejection fraction increased from  $30,9\pm2,5\%$  to  $38,6\pm1,4\%$  ( $p<0,05$ ), while in patients treated with Bisoprolol, this figure changed only from  $31,7\pm2,1\%$  to  $34,7\pm2,2\%$ .

**Conclusion.** The addition of Ivabradine to basic therapy in patients with CHF and LV systolic dysfunction leads to a decrease in clinical symptoms and an effective reduction in heart rate. This leads to an improvement in the contractility of the myocardium of the left ventricle, and, as a consequence, coronary blood flow. Ivabradine is effective and safe in patients with moderate to severe CHF.

## EFFECT OF HIGH DOSES OF ATORVASTATIN ON INDICES OF LEFT VENTRICULAR SEGMENTAL CONTRACTILITY DURING STRESS ECHOCARDIOGRAPHY WITH DOBUTAMINE IN ACUTE MYOCARDIAL INFARCTION

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**The aim** of the study was a comparison of the effect of early administration of high-dose atorvastatin (80 mg / day) and low dose (20mg / day) for acute myocardial infarction with elevation ST (AMI+ST) on myocardial stunning and regional contractility left ventricle (LV).

**Material and methods.** 164 patients with AMI+ST (age  $55,8\pm0,6$  years) were examined. Patients underwent reperfusion (thrombolysis) within 6 hours. In the 1st group included 82 patients

treated with atorvastatin 20 mg, in the 2 nd – 82 patients treated with atorvastatin 80 mg per day appointed for admission to the clinic, regardless of the lipid profile.

**Results.** In the low doses of dobutamine stress echocardiography (LDSE) in the  $3,88\pm0,14$  segments of 1 group and  $4,2\pm0,16$  segments of the 2 groups increased contractile function, as in these segments has taken place stunned myocardium (reversible myocardial dysfunction). Other segments when