What are thrombophilias to-day?
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Abstract: Modern concepts of thrombophilia, its role in pathogenesis of arterial and venous thrombosis are discussed. The author’s view of further development of this issue is expounded.
Key words: thrombophilia; venous thrombosis; arterial thrombosis.

Ulcerative colitis and Crohn’s disease E.A. Vagner Perm Medical Academy, Russia
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Abstract: Definitions of ulcerative colitis (UC) and Crohn’s disease (CD) are given, related terminological problems are discussed, the prevalence of UC and CD in the population is considered along with their etiology, pathogenesis, clinical symptoms, complications and extraintestinal (systemic) lesions. Classification and diagnostics of UC and CD are discussed with special reference to current international recommendations on their diagnostics and differential treatment, rejuvenation and extraintestinal lesions.
Key words: ulcerative colitis; Crohn’s disease; etiology and pathogenesis; classification; diagnostics; treatment.

Protein-synthesizing function of neutrophils and lipid-releasing ability of leukocytes in patients with atherosclerosis
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Abstract: Concentrations of defensins-alpha, lipoprotein(a), C-reactive protein, proBNP, VII-coagulation factor and von Wilebrandt factor were measured in supernatants of 3-day leukocyte cultures enriched with neutrophils in order to estimate their synthesis in patients with stable angina and atherosclerosis of lower extremities. In addition, in vitro tumor necrosis factor – alpha test was performed. Simultaneously, concentrations of serum interleukine-6, -8, defensins-alpha, C-reactive protein, proBNP, Vilcoagulation factor were determined. Neutrophil protein synthesis was impaired in the patients with stable angina. The same was true of defensins-alpha synthesis whereas production of lipoproteins, pro-BNP, C-reactive proteins, IL-8, and von Wilebrandt factor increased. Pathogenetic role of TNF-alpha was demonstrated.
Key words: neutrophils; defensins-alpha; citokines.

Effect of basal therapy on clinical symptoms, quality of life and systemic inflammation in patients with chronic obstructive pulmonary disease
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Abstract: The study included 38 men with moderately severe chronic obstructive pulmonary disease (COPD) (mean age 60.6±10.2 yr) and 42 ones with severe COPD (mean age 61.2 ± 7.2 yr). They were treated with tiotropium bromide, formoterol and beclomethasone dipherionate for 24 weeks (stage 1), TB alone for 12 weeks (stage 2) and TB+formoterol (long-acting bronchodilators, LABD) for another 12 weeks. Each stage was followed by evaluation of COPD symptoms using the St-George’s Hospital questionnaire, daily requirements for short-acting beta-2 agonists (SABA), heart rate (HR), forced expiratory volume in the 1st second (FEV-1) before and after SABA test, hemoglobin saturation with oxygen in arterial blood during pulse...
oxymetry before and after 6 min walking test, blood surfactant protein D level (SP-D). The control group was comprised of 34 healthy men (mean age 62.3 ± 5.8 yr). Patients with moderately severe COPD experienced worsening of clinical symptoms (p<0.001), required more SABA (p<0.001), had increased HR (p=0.01) and SP-D levels (p=0.01) whereas FEV-1 (p=0.05) decreased during stage 2 as compared with stage 1. Positive dynamics of all these variables except COPD symptoms and HR was observed at stage 3. Alteration in the extent of basal therapy in patients with stage III COPD did not result in dynamics of clinical and laboratory characteristics. The data obtained suggest the necessity of combined therapy with LABD or triple basal therapy of moderately severe COPD and the possibility of therapy with one or two LABD having different sites of action in the patients with clinically stable stage II COPD.

Key words: chronic obstructive pulmonary disease; basal therapy.

KM-1312-026
Risk factors of coronary disease
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Abstract: Archival materials (medical histories, results of coronary angiography) of 307 patients with coronary artery disease (mean age 57.12 ± 10.04 years) were analyzed. Professional activity of 59 patients was associated with prolonged exposure to industrial hazard (xenobiotics). It was shown that proximal and middle parts of the major epicardial coronary arteries were most susceptible to atherosclerosis. In these segments complete chronic occlusion most often occurred. In one of five patients with coronary artery disease changes in the coronary arteries were not visualized by angiography. Percentage of unaffected coronary arteries was significantly higher in patients who were not in contact with technogenic xenobiotics. The degree of stenosis depended primarily on the effects of harmful occupational exposures, triglyceride, HDLP and LDLP cholesterol levels and hypertension. The number of damages to coronary blood vessels was determined mainly by the age of the patients and the presence of diabetes. The results show the importance of harmful work conditions as a risk factor for atherosclerotic changes in the coronary vessels.

Key words: coronary artery disease; radiocontrast coronary angiography; risk factors of atherosclerosis; harmful work conditions.

KM-1312-030
Proinflammatory cytokine levels depending on the stage of hepatic fibrosis in patients with metabolic syndrome and non-alcoholic fatty liver disease
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Abstract: Aim. To study levels of systemic inflammation markers and plasminogen activator inhibitor-1 (PAI-1) in patients with metabolic syndrome (MS) and establish their relationship with the progress of selected stages of non-alcoholic fatty liver disease (NAFLD). Materials and methods. 129 patients aged 18-59 yr with abdominal obesity and MS underwent elastometry for the assessment of the degree of fibrosis depending on concomitant metabolic disorders and measurement of proinflammatory cytokine levels. Results. Disorders of carbohydrate metabolism in MS patients are associated with the high levels of systemic inflammation markers (CRP, TNF-a, IL-6) and a two-fold rise in the PAI-1 level. The progress of fibrosis is associated with the increase of cytokine levels. Conclusion. Patients with MS and NAFLD associated with disorders of carbohydrate metabolism need to be examined by elastometry for the detection of fibrosis with simultaneous measurement of IL-6 and PAI-1 levels as cardiovascular risk factors.

Key words: metabolic syndrome; elastometry; proinflammatory cytokines; non-alcoholic fatty liver disease.

KM-1312-035
Organoprotective effects of the combination of perindopril and amlodipine depending on the renal functional state in patients with arterial hypertension
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Abstract: Aim. To estimate effect of combined perindopril/amlodipine therapy on structural and functional characteristics of the heart and blood vessels, intrarenal hemodynamics in patients with essential arterial hypertension (AH) depending on the degree of renal dysfunction. Material and methods. 112 patients (63
men and 49 women) were included in the study; 35 of them (group 1) had the glomerular filtration rate (GFR) 90 ml/min/1.73 m² or higher, 43 (group 2) — 60—89 ml/min/1.73 m² and 34 (group 3) — 59—45 ml/min/1.73 m². The patients were treated with a fixed combination of dosage forms of perindopril and amlodipine at 10/5 mg/days or 10/10 mg/days for 24 weeks. Results. Pronounced antihypertensive effect of therapy was comparable in all groups. However dynamics of structural and functional indicators of the left ventricle (LV) and a brachial artery was apparent only in group 3. Endothelium-dependent vasodilation, cardiac index and LV ejection fraction increased significantly whereas myocardium mass index of LV decreased. A reduction of resistance and pulsation indices was recorded in interlobar renal arteries especially in groups 2 and 3. Serum creatinine level and urinary albumin excretion were significantly decreased while GFR increased. Conclusion. Manifestations of remodeling of cardiovascular system and protective efficiency of the fixed combination of perindopril and amlodipine correlate with the degree of renal dysfunction.

Key words: arterial hypertension; fixed combination of perindopril and amlodipine; organoprotection; intrarenal hemodynamics.

KM-1312-040
Comparative evaluation of subjective dyspnea sensation in patients with various diseases
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Abstract: Results of examination of 180 patients with various diseases (COPD, bronchial asthma, idiopathic interstitial pneumonia, chronic heart failure, obesity) are presented. They suggest qualitative and quantitative differences between dyspnea sensation that may be used for differential diagnostics of the above conditions.

Key words: dyspnea; indicators of dyspnea; qualitative characteristics; quantitative characteristics.

KM-1312-0
Pleiotropic effects of atorvastatin and dynamics of quality of life characteristics in patients with hypertensive disease and metabolic syndrome
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Abstract: Aim. To study pleiotropic effects of atorvastatin during 8-week therapy of metabolic syndrome and estimate their relationship with dynamics of quality of life characteristics (QLC). Material and methods. This 8-week study included 36 patients with stage II hypertensive disease associated with metabolic syndrome (MS). Comprehensive clinical, laboratory and instrumental examination was supplemented by QLC assessment using the MOS SF-36 questionnaire. Results. 8-week therapy of stage II hypertensive disease associated with metabolic syndrome using individually selected doses of atorvastatin (20 to 40 mg/d) significantly reduced atherogenic cholesterol fraction and serum leptin levels; it had positive effect on carbohydrate and purine metabolism and safely maintained positive dynamics of subjective assessment of most points of the MOS SF-36 questionnaire.

Key words: hypertensive disease; metabolic syndrome; quality of life; statins; inflammation markers.

KM-1312-051
Effectiveness and safety of losartan and its combination with amlodipine in therapy of arterial hypertension
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Abstract: Aim. To estimate effectiveness and safety of losartan and its combination with amlodipine in therapy of arterial hypertension. Materials and methods. The study based at 6 clinical centres was conducted in two stages. All 160 patients with grade I-II AH (103 women and 57 men aged 54 ± 12 yr) participated in stage 1 of the study and patients of centre No 1 (n=100) in stage 2. Losartan was used at a dose of 50—100 mg/24 h for 8 weeks (stage 1) and thereafter from week 9 to 26 (stage 2) in combination with amlodipine (5—10 mg/24 hr) if the desired AP level (<140/90 mmHg) was not achieved. The following parameters were
measured: systolic and diastolic AP (SAP and DAP) (office measurement and 24-hr monitoring), pulse wave propagation rate (PWPR), left ventricle mass index (LVMI), thickness of intima-media complex (IMT), blood biochemistry, tolerability of therapy and its side effects. Results. Losartan alone decreased SAP and DAP from 150 ± 11/91 ± 7 to 132 ± 12/81 ± 8 mm Hg (office measurement) and from 144 ± 10/86 ± 9 to 128 ± 12/76 ± 10 mm Hg (24-hr monitoring); heart rate decreased from 74 ± 8 to 70 ± 8/min (p<0.05). SAP and DAP in 66 patients who completed stage 2 was 122 ± 6/73± 6 mm Hg or significantly lower than before therapy (147 ± 9/87 ± 9) (p<0.001). Mean daily decrease of SAP and DAP according to 24-hr monitoring decreased from 144 ± 10 to 128 ± 12 and from 86 ± 9 to 76 ± 10 mm Hg respectively (p<0.001).The target AP value was reached in 73% of the cases (99 out of 136 patients) after stage 1 and in 95% cases (63 out of 66) after stage 2. The values of LVMI (105 ± 23 and 98 ± 26 g/m2), PWPR from 16± 2.1 to 13± 3.5 m/s (p<0.05), IMT (0.76 ± 0.16 and 0.80 ± 42 mm), and microalbuminuria (11.0 ± 1.7 and 8.6 ± 0.7 mg/24 hr) before and after completion of stage 2 were not significantly different in 66 patients (p>0.05). Biochemical parameters of blood did not appreciably change. The safety profiles of both drugs were on the whole positive. Deaths and adverse reactions were absent barring clinically insignificant side effects in 28 of the 160 patients (17.5%). Conclusion. Losartan and amlodipine are effective and safe agents for AH therapy.

Key words: losartan; amlodipine; arterial hypertension; antihypertensive therapy.

KM-1312-057
Clinical efficacy of reamberin in drug-addicts with hepatic lesions
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Abstract: Infusion of 1.5% reamberin solution was shown to be a safe tool for combined therapy of severe viral hepatitis in drug addicts with signs of polyorganic lesions. Reamberin had detoxicating, antioxidative, hepatoprotective and nephroprotective effects associated with clinical improvement, reduced hospital stay and normalized biochemical characteristics. Moreover, it increased the serum antioxidative potential and nonspecific resistance of the patients.

Key words: viral hepatitis B and C; drug addicts; reamberin therapy.

KM-1312-061
Iron deficiency anemia. Modern diagnostic and treatment strategy. Criteria for therapeutic efficacy
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Abstract: Modern views of epidemiology, etiology and pathogenesis of iron deficiency anemia are considered. Mechanisms of iron metabolism regulation are described based on the most important literature data and the results of the authors' research. The authors present their own and literature clinical experience of using iron-containing drugs with reference to the existing recommendations on the treatment of iron deficiency anemia. Causes of low treatment efficiency are discussed and the ways to address this problem are proposed based on the published results of clinical research.

Key words: anemia; iron metabolism; sideropenic syndrome; treatment of iron deficiency anemia.

KM-1312-068
A case of multifocal fibrosis
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Abstract: We report a case of multifocal fibrosis extending retroperitoneally (Ormond's syndrome) with urinary tract obstruction and bilateral ureterohydronephrosis that resulted in chronic renal insufficiency. The development of mediastinal and pericardial fibrosis was accompanied by clinical symptoms of exudative and constrictive pericarditis. Fibrosis of cardiac conducting system was associated with compromised sinus node and intraventricular blockade. Paraortic, paraorbital, and periportal extension of fibrosis was documented. Diagnosis was made based on clinical observations and results of MSCT. Duration of the disease was 20 years. Immunosuppressive therapy failed to improve the patient's condition because of irreversible structural and functional changes in the organs.
HIV infection in a patient with a referral diagnosis of sore throat
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Abstract: HIV infection was documented in a patient with hairy leukoplakia and oral candidiasis who had the wrong referral diagnosis of sore throat in the absence of dental complaints. Dental treatment at an infectious hospital led to regression of oral mucosa lesions, but failed to arrest the progress of severe pneumonia presumably caused by a specific pathogen.
Key words: HIV infection; oral mucosa; hairy leukoplakia; candidiasis.