THE WORKING CLASSIFICATION AND EARLY DIAGNOSTICS OF ANKYLOSING SPONDYLITIS
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A work classification of ankylosing spondylitis is presented including such novel concepts as the stage of the disease (instead of sacroiliitis), extra-axial and extra-skeletal manifestations. Modern approaches to the evaluation of disease activity are described. Extensive explanations of these notions are presented together with the recommendations on formulation of diagnosis. The advent of new and more efficacious methods of visualization as well as more sensitive and specific criteria for inflammatory nature of back pain are considered. The authors modified the traditional criteria for ankylosing spondylitis and developed their version to be verified in clinical practice in this country.

Key words: ankylosing spondylitis; early diagnosis; work classification.

ECTOPIC VARICOSIS: A RARE CASE OF GASTROINTESTINAL HEMORRHAGE
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The author discusses causes, diagnostics and treatment of ectopic varicosity of the gastrointestinal tract. Bleeding from these pathologically dilated protosystemic collateral veins at sites beyond the gastroesophageal junction is rare, but the high lethality rate associated with this condition is a serious challenge. The author emphasizes the necessity of multicentre clinical studies yielding important data on epidemiology of ectopic varicosity for the development of a diagnostic and therapeutic algorithm for the management of accompanying hemorrhage.

Key words: portal hypertension; ectopic varicosity; gastrointestinal tract; hemorrhage; diagnostics; treatment.

THE CLINICAL SIGNIFICANCE OF HEPcidin DETECTION IN THE PATIENTS WITH ANEMIA AND RHEUMATOID ARTHRITIS
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The prevalence of anemia in patients with rheumatoid arthritis (RA) varies from 30 to 70%. 25% of the cases are diagnosed within 1 year after onset of the disease. On the whole, anemia in RA is described as anemia of a chronic disease (ACD). Pathogenesis of ACD is a multifactor process underlain by an immune mechanism: cytokines and cells of the reticuloendothelial system cause changes in iron homeostasis, proliferation of erythroid precursors, erythropoietin production and lifespan of erythrocytes. The key pathogenetic factor is disordered iron metabolism. IL-6 increasing hepatic production acute-phase protein (hepcidin) is the most important cytokine involved in ACD pathogenesis. Hence the necessity to measure its serum level for differential diagnostics of anemic syndrome in patients with RA and the choice of effective basal therapy. Recent data on the therapeutic potency of tocilizumab (IL-6 receptor inhibitor) demonstrate not its safety and sustainable beneficial clinical effect in combination with the favourable action on hemoglobin profile and reduction of fatigue.

Key words: rheumatoid arthritis; anemia; hepcidin.

MULTICENTER RETROSPECTIVE ANALYSIS OF THE PATIENTS WITH SARCOIDOSIS WITH A 10 YEAR INTERVAL IN OBSERVATIONS
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Comparison of the state of 83 patients with histologically confirmed sarcoidosis observed with a 10 year interval revealed remission in 47% of the cases. The main factors having negative effect on prognosis of the
disease included extrapulmonary symptoms, the use of corticosteroids (at all stages, especially at stage 1 and in Lofgren syndrome) and antituberculosis drugs, positive TB test. Risk factors of relapses were stage II sarcoidosis, the use of systemic corticosteroids in patients with Lofgren syndrome and antituberculosis drugs, initially low FEV1/FVLC ratio and the number of lymphocytes in peripheral blood.

Key words: sarcoidosis; prognosis; treatment; remission; relapse.

KM-1406-035
COMMUNITY-ACQUIRED PNEUMONIA: FROM NATIONAL RECOMMENDATIONS TO REGIONAL STANDARDS
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Community-acquired pneumonia (CAP) is a major challenge facing health service.

The aim of this work was to estimate the effectiveness of introduction of Sverdlovsk region territorial CAP standards into clinical practice in 2002—2011.

Materials and methods. Retrospective analysis included 523 case histories of the patients who died from CAP and 127 one who recovered after treatment (groups 1 and 2 respectively). The primary end-point was general and intrahospital mortality rate, secondary end-points the day of admission to the intensive therapy unit (ITU) and the onset of starting antibiotic therapy (ABT), conformity of ABT to the regional standard. Independent and patient/hospital-dependent risk factors of unfavourable outcome of CAP were subjected to statistical analysis.

Results. In 2002—2011 mortality rate among the able-bodied population and hospitalized patients with CAP decreased by 46 and 15.4% respectively (overall 30.7%). Chronic alcoholism, poor social status (to 53.9 ± 2.4%), late application for medical aid (77% of the patients applied later than 3 days after the onset of CAP) were risk factors of unfavourable outcome. The time of CAP onset in groups 1 and 2 was 5.7 ± 10.3 and 2.2 ± 4.5 hr respectively (OR:5.31 [95% CI 2.32=12.16] p<0.01). ABT conformed with the regional standards in 7.4 and 92.1% of the cases in groups 1 and 2.

Conclusion. Strict compliance with national guidelines and regional programs ensures success of diagnostics and treatment of CAP.

Key words: community-acquired pneumonia; national guidelines; regional standard.

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PECULIARITIES OF THROMBIN GENERATION AND PROGNOSIS OF UNFAVOURABLE OUTCOME IN PATIENTS WITH SEVERE PNEUMONIA AND PNEUMOGENIC SEPSIS
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The study of thrombin production included 68 patients with severe pneumonia (SP) undergoing monitoring plasma thrombin potential in the thrombin generation test. Thrombin production was found to decrease in the patients who died compared with those alive on days 3-5 and 7-10 after the onset of CAP. Endogenous thrombin potential decreased progressively during the first 7-10 days among the patients with the fatal outcome of SP. This trend in thrombin generation can be used to predict the unfavourable outcome of SP.

Key words: severe pneumonia; pneumogenic sepsis; thrombin generation test; endogenous thrombin potential.

KM-1406-047
INTERSTITIAL LUNG DISEASES IN THE PRACTICAL WORK OF PULMONOLOGICAL AND RHEUMATOLOGICAL DEPARTMENTS OF A MULTIFIELD HOSPITAL
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The aim of this work was to study the incidence, diagnostics and clinical features of interstitial lung diseases (ILD) in the practical work of pulmonological and rheumatological departments of a multifield hospital. The analysis included 565 case histories of the patients admitted to these departments in 2008-2012. The structure of ILD was elucidated along with the frequency of major clinical symptoms of sarcoidosis and rheumatic diseases, the occurrence of clinico-morphological variants of ILD. Difficulties encountered in diagnostics of ILD and systemic scleroderma as well as their causes are discussed. Results of the 5 year followup of 40 patients are presented.

Key words: interstitial lung diseases; sarcoidosis; idiopathic interstitial pneumonia; rheumatic diseases; differential diagnostics.
THE USE OF STEPWISE ANTIBACTERIAL THERAPY OF COMMUNITY-ACQUIRED PNEUMONIA

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The need of stepwise antibacterial therapy of community-acquired pneumonia is an important indicator of patient’s condition and provides clinical and economic advantages for both the patients and the medical facility. High compliance with this approach is promoted by the regular retrospective assessment of its advantages and the availability of proper dosage forms of the prescribed antibiotics.

Key words: stepwise antibacterial therapy; community-acquired pneumonia; quality indicators.

SYSTEMIC AND LOCAL STIFFNESS OF THE ARTERIES IN YOUNG PATIENTS WITH ARTERIAL HYPERTENSION

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The aim of the work was to study characteristics of systemic and local arterial stiffness in young patients with arterial hypertension (AH) suffering this condition in the childhood or adulthood and to relate them to risk factors of cardiovascular complications.

Materials and methods. 54 patients aged 18—35 (mean 25.3 ± 3.4) years with AH. 37 of them had AH since 18 year and 27 ones starting from the childhood or adulthood. Control group included 26 healthy volunteers aged 25.8 ± 3.7 year. The carotid-femoral pulse wave propagation rate (PWPR) was measured by applanation tonometry with a SphygmoCor apparatus. Parameters of carotid stiffness of CCA were studied by the echo-tracking method using Aloka ProSound a7 device.

Results. Patients with AH and without it in the childhood or adulthood showed higher PWPR values than controls (7.1 ± 1.2 and 7.5 ± 1.4 vs 6.3 ± 1.0 m/s respectively) Ep and AC values were higher in patients who did not have AH in the childhood or adulthood: right Ep 89 ± 24.4 and 68.7 ± 18.4 kPa, AC 0.9 ± 0.2 and 1.1 ± 0.1 mm²/kPa respectively; left Ep 86.1 ± 20.3 and 71/4 ± 16 kPa, AC 0.9 ± 0.2 and 1.1 ± 0.1 mm²/kPa (p < 0.05). In the patients with AH since the childhood or adulthood with concomitant metabolic syndrome (MS) the PWPR values and carotid artery stiffness were higher than in the absence of MS (p<0.05).

Conclusion. Young patients with AH showed carotid-femoral PWPR compared with control regardless of AH in the childhood or adulthood. Parameters of local carotid stiffness were increased only in patients having no AH in the childhood or adulthood. Patients with AH since the childhood or adulthood with concomitant MS had higher carotid stiffness and carotid-femoral PWPR than in the absence of MS.

Key words: arterial hypertension; young age; arterial stiffness; pulse wave propagation rate; echo-tracking.

THE ROLE OF ADIPOSE TISSUE IN RHEUMATOID ARTHRITIS

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Aim. To estimate the frequency of obesity in a Russian cohort of patients with early rheumatoid arthritis (RA), determine adipocytokine (adiponectin, leptin) levels and their relation to RA activity.

Materials and methods. 47 patients with early RA fulfilling ACR/EULAR(2010) criteria and using no BAID or GC. Mean age 57 [47;62] yr, duration of disease 7 [4;8] yr, median of DAS28 5.9 [5.3; 6.9]. Control group included 30 age-matched healthy donors. The degree of obesity was assessed from metabolic syndrome criteria (NCEP/ATPIII, RSSC, WHO); leptin and adiponectin were measured by ELISA, the L/A ratio was calculated.

Results. Patients with RA had the same mean BMI but greater waist circumference (WC) and waist/hip ratio than controls (p=0.003 and p=0.04). Obesity was diagnosed in 63.8 and 40% of the patients in these groups (p=0.04) based on NCEP/ATPIII criteria and in 65.9 and 40% respectively by WHO criteria. The occurrence of obesity by RSSC criteria was not significantly different (p=0.9). In patients with RA adiponectin level was higher (p=0.04) while leptin level and L/A ratio lower (p= 0.02 and 0.003) than in controls. BMI correlated with ESR, CRB, DAS28, leptin and L/A (p<0.05) in both groups. ESR positively correlated with leptin level and AVL but negatively with adiponectin level (p<0.05).

Conclusion. The study showed high prevalence of obesity in patients with early RA and its relation to inflammation. It was associated with increased serum adiponectin level, decreased leptin level and insulin resistance.

Key words: rheumatoid arthritis; metabolic syndrome; obesity; insulin resistance; adiponectin; leptin.
CLINICAL, ENDOSCOPIC AND MORPHOLOGICAL MANIFESTATIONS OF OESOPHAGEAL LESION IN SYSTEMIC SCLERODERMA

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Oesophageal lesion is the commonest visceral manifestation of systemic scleroderma (SSD) affecting the quality of life and fraught with serious complications. The aim of this study was to evaluate clinical, endoscopic and morphological manifestations of oesophageal lesion in systemic scleroderma and its relationships with other clinical symptoms and pharmacotherapy of the disease.

Materials and methods. 479 patients with SSD (93.7% women, 6.3% men, mean age 48.7 ± 19.2 yr). All of them underwent EGDS in 2005—2010. 123 patients were examined for the detection of Barrett's oesophagus (BO), total screening regardless of complaints was conducted in 2010. Control group included 1018 age and sex-matched patients with RA who underwent EGDS in 2008—2009.

Results. Oesophageal lesions occurred much more frequently in SSD than in RA. Oesophageal symptoms were documented in 70.0 and 29.9% cases, non-erosive oesophagitis in 28.8 and 1.5%, erosive esophagitis in 22.5 and 2.2% ulcers in 0.8 and 0% (p < 0.001). BO manifested as intestinal metaplasia (histological study of mucosal biopsy) was found in 30 SSD patients (4.2%). Screening revealed BO in 8.9% of the patients. The development of erosive oesophagitis was unrelated to the age of the patients, duration of the disease and its form (localized or diffusive), lung pathology or Sjogren's syndrome. Cytotoxic medicines significantly increased the frequency of erosive oesophagitis, it tended to increase under effect of NSAID and low doses of aspirin. Long-term intake of PPI did not reduce the risk of oesophagitis and BO.

Conclusion. Half of the patients with SSD have oesophagitis. Over 20% of them suffer its complications (erosion and ulcers) and 9% have BO. All such patients need endoscopic study of oesophagus regardless of clinical symptoms.

Key words: systemic scleroderma; oesophagitis; Barrett's oesophagus.

RESULTS OF ANALYSIS OF CLINICAL EFFECTIVENESS OF CYTOPROTECTORS USED IN THERAPY OF WIDESPREAD FORMS OF PSORIASIS

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The authors report comparative analysis of the efficacy of cytoprotectors and basal therapy used to treat widespread forms of psoriasis. Combination of both modalities including remaxol and ademetionine increases the effectiveness of the treatment by 23% as appears from the decrease of PASI of 89.6% patients from 23.6 ± 2.2 to 5.7 ± 2.2 scores.

Key words: psoriasis; remaxol; ademetionine; basal therapy.