

При исследовании биологического материала методом ПЦР выявлена РНК SARS-CoV-2.

Показатели биохимического анализа крови: С-реактивный белок – 118,1 мг/л (<10), прокальцитонин – 0,94 (<0,5), ЛДГ – 275 Ед/мл (72-182), АСТ – 87 Ед/л (<38), АЛТ – 118,1 Ед/л (<41), креатинин – 118 ммоль/л (<80).

В общем анализе крови: лейкоциты – $2,67 \times 10^9$ /л, тромбоциты – 86×10^9 /л, СОЭ – 27 мм/ч. Гликемический профиль: 23,2-25,3-24,0-17,7 ммоль/л.

Клинический диагноз: Вирусная инфекция, вызванная SARS-Cov-2 (по данным КТ и клинико-лабораторным данным). Внегоспитальная двусторонняя интерстициальная полисегментарная пневмония. КТ2. ДН2. СД 2 тип инсулинонезависимый. АГ 2 риск 4. Морбидное ожирение (ИМТ – 54,6 кг/м²).

С учетом декомпенсации углеводного обмена и тяжелой сопутствующей инфекции метформин отменен и пациентка переведена на инсули-

нотерапию внутривенно по инфузому. Среднесуточная доза инсулина составила 0,9 ЕД/кг. В комплексном лечении использовалась антибактериальная, глюкокортикоидная, антигипертензивная и антикоагулянтная терапия.

На фоне проводимого лечения самочувствие пациентки улучшилось. Переведена на базис-болюсную схему введения инсулина в суточной дозе 40 ЕД п/к.

Выписана из стационара в удовлетворительном состоянии (гликемический профиль: 7,6-9,2-10,2-8,7 ммоль/л, С-реактивный белок – 13,6 мг/л, ЛДГ – 179 Ед/мл, креатинин – 79 ммоль/л).

На амбулаторном этапе рекомендовано: диета с ограничением углеводов и жиров. Моноинсулин ЧР 10-10-8ЕД п/к, Протагин ЧС 12ЕД в 22 п/к. Метформин – 1000 мг 2 раза в сутки. Самоконтроль гликемии с коррекцией дозы инсулина по гликемии. Контроль НВА1с через 3 месяца.

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MUTUAL EFFECTS OF DIABETES, OBESITY AND SARS-COV-2

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Since the first outbreak of SARS-Cov-2 in China, much attention has been paid by the medical community to people with diabetes, as it is well known that diabetes increases the risk of developing various infectious diseases. The reason for this is multifactorial: age, gender, ethnicity, concomitant diseases such as hypertension and cardiovascular diseases, obesity, as well as pro-inflammatory and procoagulatory conditions – all these factors contribute to a more severe course of SARS-Cov-2 in patients with diabetes mellitus. Moreover, severe SARS-Cov-2 infection itself may be a worsening factor for people with diabetes, as it can cause acute metabolic complications through direct negative effects on beta-cell function. This review is intended to provide a systematic assessment of potential prognostic factors and mutual effects in patients with diabetes mellitus, obesity and SARS-Cov-2.

Keywords: diabetes mellitus, insulin resistance, insulin, obesity, SARS-Cov-2.

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