

LIPID SPECTRUM OF BLOOD SERUM IN PATIENTS WITH ASTHMA AND OBESITY

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By the criteria of prevalence, severity, complexity of diagnosis, treatment and rehabilitation, social and economic problems asthma takes leading place among the "diseases of the century" and not without reason called "paradox of the twentieth century". Peculiarity of asthma at the present is an increasing of the proportion of severe forms, including among young people, with what is associated a high disability and mortality. It's explained by the presence of comorbidities, which include so-called "socially significant diseases" including hypertension, coronary heart disease, diabetes mellitus and obesity. According to WHO in the world today there are more than 1.5 billion people with overweight, and a third of them has an obesity. The combination of obesity and asthma has a negative influence on the quality of life of the patient, which is associated not only with mechanical barriers of excess fat, but also with the metabolic changes that occur in the body due to excess income of hormones and cytokines, which produces by fatty tissue.

The aim: to assess changes in lipid spectrum of blood in patients with asthma and obesity.

Materials and methods. We have analyzed the lipid profile in 32 patients with asthma and obesity - study group. Comparison groups accounted for 19 people with asthma and normal weight and 21 patients with isolated obesity. The average age of patients of the study group was 42.3 ± 4.6 years, comparison groups – 41.7 ± 5.2 and 44.1 ± 3.4 years respectively. In all groups dominated by women - 59.4%, 57.9% and 57.1% respectively. Asthma history ranged from 3 to 17 years. According to the body mass index 23 patients (71.9%) of the study group had an obesity stage I, 9 persons (28.1%) - II stage. In the comparison group such distribution was 76.2% and 23.8% respectively. Assessment of lipid profile was performed on total cholesterol, serum triglyceride, low density lipoproteins and high density lipoproteins.

Results and discussion. Studying the content of lipid spectrum of blood determined that the presence of obesity observed increases in total cholesterol levels. So a mild form of hypercholesterolemia was recorded in 12 patients (37.5%), cholesterol content was between 5.2 and 6.5 mmol/l; moderate hypercholesterolemia - cholesterol from 6.5 to 7.8 mmol/l - 15 (46.9%) and severe hypercholesterolemia (cholesterol above 7.8 mmol/l) - in 5 patients (15.6%). In patients with an isolated asthma mostly was observed normolipidemiya (12 patients - 63.2%) or mild hypercholesterolemia (7 patients - 36.8%). The isolated form of obesity also accompanied by cholesterol changes that led to the following indicators: mild hypercholesterolemia - in 33.3% of cases, moderate - in 47.6% and severe - in 19.1% of patients. So in the patients of the study group and the comparison group with isolated obesity was almost equal distribution of patients by forms of hypercholesterolemia. Moreover, level of triglyceride and low density lipoproteins was significantly higher while reducing blood levels of high density lipoproteins.

Conclusions. The course of asthma on the background of obesity accompanied by negative changes in lipid metabolism. This fact may contribute to the development of atherosclerosis and steatohepatitis, and the progression of hyperlipidemia - the formation of metabolic syndrome.

SECOND PRIMARY OVARIAN CANCER AFTER FIRST PRIMARY BREAST CANCER

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Background: Breast cancer is the most commonly diagnosed cancer after nonmelanoma skin cancer, and it is the second leading cause of cancer deaths after lung cancer and ovarian cancer is the fifth most deadly cancer in women. Breast and ovarian cancer are features of several he-