

increase was higher than the reference value in HS in 15.2%, in SH — in 50.7% of patients ($p < 0.05$).

The concentration of TNF- α in HS was $6,0 \pm 1,8$ pg/ml, in SH — $6,8 \pm 2,1$ pg/ml ($p > 0.05$), both of which were significantly different from those in healthy individuals — $3,8 \pm 1,1$ pg/ml ($p < 0.05$). The frequency of TNF- α increase was higher than the reference value in HS in 63.6% and in SH — in 79.5% of patients ($p < 0.05$).

CONCLUSION. Thus, TNF- α proved to be a more sensitive indicator of inflammation in comparison with the conventional markers of this syndrome - it significantly increased already at the stage of hepatosteatosis, allowing a timely forecast of the probability of the transformation of steatosis into steatohepatitis and justify therapy.

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FEATURES OF THE DAILY DYNAMICS OF BLOOD PRESSURE IN HYPERTENSIVE PATIENTS DEPENDING ON THE DEGREE OF HEPATIC ENCEPHALOPATHY DYSIRCULATORY

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Despite the large number of works devoted to the study of the state of the brain in patients with essential hypertension (GB), up to the present time is not the influence of developing disorders of cerebral blood flow on the clinical course of arterial hypertension.

Aim: to study features of the dynamics of HELL during the day a patient of GB at different stages of development DE using the method of daily monitoring of blood pressure (ABPM).

MATERIALS AND METHODS: To address this goal were examined in 150 patients. The ratio of men and women was 53 (35%) : 97 (65%) people. The average age of patients was $58,3 \pm 4,7$ years. The diagnosis

of GB was established in accordance with National guidelines and the European society of cardiology. Thus, patients with HD stage I in the sample was absent, whereas the incidence of stage II hypertension was 75%, and GB III stage — 25%. The degree of AG was determined in accordance with the classification who/ish 1999. The result of the distribution of patients according to the severity of hypertension in 54 patients (26.3%) were identified with its 1 degree, and 74 (49.3%) and 2 in 22 (14.6%) — 3rd degree. Determination of the degree of TE were made based on the neurological examination, as well as analyses of the magnetic resonance imaging of the brain was performed in 12% of patients. Gradation of the severity of the DAE was based on the classification proposed by E. V. Schmidt et al. (1971), E. I. Gusev (1985), by E.I. Burtseva et al. (1993).

1 group comparison ($n=45$) included patients of stage II hypertension with TE 1 degree. 2 group ($n=67$) included patients with stage II hypertension and DE 2nd degree. 3 group ($n=38$), consisted of patients with stage II hypertension and DE 3rd degree. All patients of this group had a documented history of acute ischemic stroke or transient ischemic attack, prescription for at least 9 months. A control group included 30 practically healthy individuals of appropriate study groups by sex and age.

ABPM was carried out using the apparatus “shiller” daytime every 15–20 minutes a night and 30 minutes. Were analyzed: a) average values of systolic blood pressure (SBP) and diastolic blood pressure (DBP) over 24 h, day and night. B) blood pressure variability that represents an estimate of the variance of AD curve circadian rhythm. In) the daily index (SI) or the degree of reduce night blood pressure, defined as the percentage of the night in blood pressure to his daily indicators, highlighting the type of diurnal profile HELL. G) index of time PRESSURE (PI) — indicator of the load pressure on target organs, presented as the percentage of elevated BP measurements in excess of the accepted upper limit of normal (for day — 140/90, for a night of — 120/20 mm. Hg.MT) to the total number of registrations. D) pulse PRESSURE (PAD), diurnal and srednesrochnoi. This index is an independent risk factor for cardiovascular and Cerebro-vascular complications in HD patients, especially older than 60 years.

SURVEY RESULTS: in patients with GB and DE of 1 degree, in comparison with the control, there was a tendency to increased daily GARDEN and revealed the predominance of EVE's GARDEN on DBP (52% and 47%, respectively), the increase of variability of the SAD ($p < 0.05$). When assessing the performance of daily monitoring in patients with GB, DE 2, sravneniju with 1 group, revealed a significant increase in the average GARDEN up to $162,4 \pm 12,5$ mm. Hg.St., fluorescent GARDEN to $172,5 \pm 2,7$ mm. Hg.St. night GARDEN to $162,3 \pm 2,3$ mm Hg.St. and a decrease in the average value of C to $5,9 \pm 1,6$, which reflected the predominant presence of diurnal profile of AD-type non-dipper ($p < 0.05$). In addition to this, there was an increase in the average values of the indicator of the load of the GARDEN more than 77% and DBP more than 60% in the daytime and at night. Special prognostic value in this group had a high value of blood pressure variability, which was significantly higher than in 1 and 3 groups. So, the variability of day the GARDEN was $17,4 \pm 2,3$ mm Hg.St, and 1 and 3 groups is 15.3 and 14.7 mm of mercury. St. respectively. In addition, patients GB, DE of 2 degrees was detected the highest numbers of PAD during day and night time is 76.8 mm.RT.St and 76.2 mm of mercury. St. respectively. In patients with GB $\Delta \exists 3$ extent the average figures of the daily Hell as a whole was comparable with that in group 2. At the same time, we observed a significant predominance of daytime and nighttime DBP more than 100 mm of mercury. St and the decrease in variability compared with the 2 groups. In addition, there was a high EVE in the GARDEN especially at night (over 80%) and the predominance of diurnal profile of AD non-dipper.

CONCLUSION: Thus, was to identify the relationship between the severity of DE in patients GB and ABPM parameters. The most significant indicators was the extent of the increase in a GARDEN, BP variability, PAD, EVE and the lack of blood pressure reduction at night. The growth changes of cerebral blood flow was noted to increase the AD load n and the target organs, especially the day and night GARDEN. An important feature revealed in patients of group 2 was the presence of the highest rates of PAD in the daytime and at night and blood pressure variability during daytime. The most severe degree of DE was characterized by the largest IV at night.

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