

FEATURES OF CHEST PAIN IN YOUNG PATIENTS WITH UNDIFFERENTIATED CONNECTIVE TISSUE DYSPLASIA SYNDROME

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Connective tissue dysplasia (CTD) is an abnormality of the tissue structure due to a decrease in the content of certain types of collagen or a violation of their ratio, which leads to a decrease in the strength of the connective tissue of many organs and systems. Undifferentiated connective tissue dysplasia syndrome (UCTDS) is a genetically heterogeneous group of CTD in which the totality of phenotypic characters does not fit into any of the syndromes of differentiated connective tissue dysplasia. UCTDS is characterized by a variety of clinical manifestations from benign subclinical forms to polysystemic pathologies, sometimes with a progressive course. The chest pain is present in these patients.

The aim is to determine of features of chest pain in young patients with undifferentiated connective tissue dysplasia syndrome.

Materials and methods. 48 patients (including 29 women) with UCTDS at the age of 17 - 24 years old were examined. The calculation of the Yule association coefficient (Q) was used for statistical processing of the results.

Results and discussion. Chest pains occurred in 9 (18.8 %) of these patients, including 7 women. These pains had no signs of angina pectoris in all cases. Thus, these pains in patients with UCTDS have been identified as cardialgia. Statistical processing of the results revealed a positive associative relationship of moderate strength ($Q = +0,460$) between the presence of cardialgia and the female gender. The cardialgia in patients with UCTDS were initiated by emotional distress (66,7 %), prolonged static load (22.2 %) and high dynamic exercise (11,1 %). At the same time, the dynamic exercise of moderate or low intensity and rest reduced the intensity and duration of the chest pain syndrome. Also 22.2 % of patients with chest pain noted a dependence between cardialgia and weather conditions.

Cardialgia in patients with UCTDS had various characteristics: from piercing short-term (several seconds) pains to aching long (several hours) pains. These pains were accompanied by signs of autonomic nervous system dysfunction in 77.8 % of cases (7 patients). In this case, cardialgia were combined with palpitations, a feeling of lack of air, sweating, facial redness, imperative urges to urination, etc. In contrast, the signs of autonomic nervous system dysfunction were observed only in 20 patients without chest pain (51.3% of cases). A positive associative relationship of moderate strength (Q

= + 0.538) between the presence of cardialgia and autonomic nervous system dysfunction has been established.

Conclusions. Pain in the chest (cardialgia) occurs in about 20 % patients with UCTDS. A positive associative relationship of moderate strength between cardialgia on the one hand and female gender and autonomic nervous system dysfunction on the other hand is present in these patients.

MEANING OF SCD40-LIGAND IN PREDICTION OF RECURRENT MYOCARDIAL INFARCTION IN PATIENTS WITH POST-MI CARDIOSCLEROSIS AND DIABETES MELLITUS TYPE 2

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Aim: to estimate an impact of endothelial-dependent mediators in occurrence of recurrent myocardial infarction during one year after acute myocardial infarction (AMI) in patients with diabetes mellitus type 2 (DM2) by measurement of sCD40-ligand.

Materials and methods: 60 patients with AMI and type 2 DM were enrolled in the study. They were divided in two groups depending on the development of recurrent myocardial infarction during one year after AMI: 11 patients were admitted to the hospital because of occurrence of recurrent myocardial infarction during one year after AMI; 51 patients did not have such complication during one year after AMI. sCD40L blood serum levels were determined with commercial enzyme linked immunosorbent assay ELISA kit (YH Biosearch Laboratory, Shanghai, China). The data were processed statistically with Microsoft Office Excel software: the mean arithmetic value (M) and standard error of theme an (m) were calculated, for estimated probability and validity of the obtained data, Student's t-test (p) was done.

Results: considering obtained data, development of recurrent myocardial infarction was associated with higher levels of sCD40-ligand, measured at the first ($4,14 \pm 0,10$ ng/mL and $3,79 \pm 0,03$ ng/mL accordingly; $p < 0,05$) and 10th day ($3,43 \pm 0,10$ ng/mL and $2,97 \pm 0,05$ ng/mL accordingly; $p < 0,05$) of AMI.

Conclusions: It has been shown that occurrence of recurrent myocardial infarction is accompanied by increasing of sCD40-ligand – marker of endothelial inflammation, that confirms a negative influence of endothelial dysfunction on delayed cardiovascular events in patients with post-MI cardiosclerosis.