

**Conclusions.** The status of the SLN, defined as the first lymph node to be involved in the metastatic spread, may change the medical or surgical approach, the follow-up and allows a precise staging, the calculation of the survival rates. The procedure should be executed for more cases in order to obtain a faithful result.

**Key words:** melanoma, SLNB

## DEPARTMENT OF INTERNAL MEDICINE RHEUMATOLOGY AND NEPHROLOGY

### 116. NERVOUS SYSTEM INVOLVEMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS

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**Introduction.** Rheumatoid arthritis (RA) is a pathology that leads to functional impairment with functional deficits, affects the patient's normal activity and reduces its productivity. From an economic and social point of view, it has a negative impact on both his family and society, greatly reducing the quality of life of the patient. According to the WHO data, RA prevalence in the general population is 0.6 - 1.3% and annual incidence - 0.02%. RA is an inflammatory, autoimmune disease of unknown etiology, which has a chronic and progressive evolution, affects the joints by symmetrical erosive arthritis and can be associated with extraarticular and systemic manifestations.

**Aim of the study.** To study the affection of the nervous system in patients with RA, to improve their quality of life. We have proposed to find effective ways to prevent infirmity through RA.

**Materials and methods.** We studied files of 50 patients who were suffering from RA and analyzed the results. Also, we studied specialized information and international publications with impact on the study. Of the 50 patients, 24 had oversegmental vegetative dysfunction with astenovegetative syndrome, 10 patients had paraesthesias, 4 patients had both. Of the 13 patients who had visceral RA, 10 of them had nerve damage.

**Results.** have shown that the duration of the RA disease and the nervous disorder are not correlated. Patients with RA history less than 5 years are more likely to develop nerve complications. 10% of the RA patients had illness for less than 5 years, but they had already nerve damage, while 100% of patients without nervous disorder had RA more than 5 years. Autonomic dysfunction in RA patients is associated with disease activity. 77,4% of those with nervous disorder had DAS > 5,1, i.e. high disease activity. RA may induce neuropsychiatric disorders, affecting nervous system functions. Early detection of these disorders can prevent debilitating changes in the nervous system and improve the quality of life in patients with RA.

**Conclusions.** The duration of the RA disease and the nerve damage are not correlated. Patients with RA history less than 5 years are more likely to develop nerve complications. Autonomic dysfunction in RA patients is associated with disease activity. Early detection of neuropsychiatric disorders allows prevention of debilitating changes in the nervous system.

**Key words:** rheumatoid arthritis, nervous system, autonomic dysfunction

### 117. CLINICAL AND TREATMENT SPECIFICITIES IN GOUT

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**Introduction.** Gout is a complex disease characterized by hereditary or acquired disorder of purine metabolism and uric acid excretion. It is characterized by hyperuricemia, recurrent arthritis attacks in which the synovial fluid contains monosodium urate crystals and formation of tofy (monosodic urethane monohydrate deposits), especially around the extremities of joints.

**Aim of the study.** Determining the lesion of key organs in gout; correlation analysis of clinical and biochemical indices in patients with gout.

**Materials and methods.** A retrospective study was carried out on patients hospitalized in the rheumatology and arthrology department of the Public Health Care Institution of the Republican Clinical Hospital in the period 2016-2017 diagnosed with gout according to ACR criteria. In the number of 45 patients all were male. The study was performed by laboratory analysis (uric acid in the blood, lipidogram, uric acid in the urine, glycemia) and by instrumental method (radiological examination).

**Results.** It was found that the first symptoms of gout appeared after the age of 45, in the presence of risk factors like hypertension, obesity, diuretic use. The presence of renal impairment (68% nephrolithiasis), cardiovascular disorder (88% arterial hypertension) and the presence of endocrine pathology (DZ 75%) was determined in the case of internal pathologies. As a basic treatment it was found that 71% of patients are currently taking allopurinol and 29% of patients are treated with adenuric.

**Conclusions.** Lesion of key organs was determined in gout. After correlation analysis of clinical and biochemical indices in patients I have found correlation between the level of uric acid and triglycerides, the level of uric acid and ABP values, uric acid and degree of obesity, uric acid and glycemia.

**Key words:** gout, kidney, risk factors, treatment

## 118. STUDYING PECULIARITIES OF CHRONIC KIDNEY DISEASE IN PATIENTS WITH CONCOMITANT OBESITY

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**Introduction.** Recently, much attention is paid to the study of obesity and overweight influence on the forecast of chronic kidney disease. The negative impact of overweight on renal function is still poorly understood.

**Aim of the study.** To explore the features of the course of chronic kidney disease in patients with and without concomitant obesity.

**Materials and methods.** The study involved 48 patients with stage 2 chronic kidney disease (CKD), who were hospitalized in the Nephrology department of Chernivtsi regional clinical hospital. The average age of the patients was  $43.5 \pm 1.5$  years (from 34 to 62 years). CKD was caused by: chronic pyelonephritis in 19 patients (39.5%), chronic glomerulonephritis in 12 patients (25%), diabetic nephropathy in 17 patients (35.5%). CKD duration ranged from 1 to 17 years (on average  $8,9 \pm 1,5$  years). All patients were divided into three groups.

**Results.** An analysis of renal function in the evaluation of patients with the second degree CKD and without concomitant obesity as compared with the healthy subjects showed the presence of proteinuria and deterioration of glomerular filtration rate ( $p < 0.05$ ) While studying the blood lipid spectrum indices, we identified impaired lipid serum metabolism as a reliable increase in levels of TC, triglycerides and LDL cholesterol due to lower HDL-C in patients with CKD and without obesity compared with healthy individuals ( $p < 0.05$ )

**Conclusions.** The analysis of clinical and laboratory parameters revealed the presence of an imbalance in fat metabolism in obese and non-obese patients with chronic kidney disease.