Introduction. Diabetic nephropathy is one of the most common causes of end-stage chronic kidney disease. Hyperglycemia and insulin resistance may lead to dyslipidemia. Dyslipidemia is one of the risk factors for the development of diabetic nephropathy.
Aim of the study. To determine possible correlations between indicators of lipid profile parameters and violation renal function in patients with diabetic nephropathy.
Material and methods. The study was performed on 67 patients who received medical treatment and care at the Chernivtsi Regional Clinical Hospital for a 3-month period. Women - 39 (58.21%) and men -28 (41.79%), mean age 62.8 ± 9.3 (40-65) years with diabetes duration of 10 - 15 years. The study groups included 36 patients with diabetic nephropathy III stage (group 1) and 31 patients with diabetic nephropathy IV stage (2 group). The control group were 17 healthy individuals. The levels of total cholesterol, triglycerides, high-density lipoproteins cholesterol, low-density lipoproteins cholesterol was determined in all subjects.
Results. The levels of total cholesterol, triglycerides and low-density lipoproteins cholesterol were significantly higher in the case of patients with diabetic nephropathy compared with results of healthy individuals ($p < 0.05$). The most significant imbalance of indicators of lipid metabolism was found in patients who had diabetic nephropathy IV stage ($p < 0.05$).
Conclusions. The level of lipid imbalance was most pronounced in patients with diabetic nephropathy IV stage. Diabetic dyslipidemia correlates with the progression of diabetic nephropathy. Correlation is moderate. To prevent deterioration of renal function is necessary timely diagnosis and the appointment of adequate treatment.
Key words: chronic kidney disease, diabetic nephropathy, hyperlipidemia, lipids.

121. FACTORS THAT INFLUENCE THE ACTIVITY OF SYSTEMIC LUPUS ERYTHEMATOSUS

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Introduction. Systemic lupus erythematosus (SLE) is a chronic autoimmune disease characterized by a diffuse chronic inflammatory process that can affect any organ or system and is associated with the overproduction of autoantibodies, the most representative of which are antinuclear antibodies. Globally, Lupus affects 40-100 people in every 100 000. Lupus strikes mostly women of childbearing age. However, men, children, and teenagers develop lupus, too. Most people with lupus develop the disease between the ages of 15-44.
Aim of the study. The disabling nature of SLE, the absence of curative treatment and the difficulties in diagnosing require the highlighting of the factors that induce or influence SLE activity.
Materials and methods. The retrospective study of a group of 30 people who were treated or monitored in the Republican Clinical Hospital in Chisinau in 2017.
Results. During the study, were identified the factors to which the patients have been exposed. 37% of patients had long contact with pesticides and other chemical substances, in 7% SLE was drug-induced, in 3% SLE was induced by the Epstein-Barr virus, in the remaining 54% the cause of the disease has not been identified. After analyzing the distribution of Lupus patients, it was noticed that the districts with the biggest number of patients with Lupus are those districts where the level of soil and air pollution exceeds the limits or the norm.
Conclusions. The influence of chemical substances remains the most important factor that induces SLE in the Republic of Moldova. SLE presents great difficulty in establishing the diagnosis and the factors that have induced this disease.
Key words: SLE, chemical substances, consequences of pollution, factors

122. PARTICULARITIES IN THE EVOLUTION OF PSORIATIC ARTHRITIS WITHOUT SKIN PSORIASIS

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Introduction. Psoriatic arthritis (APs) is a chronic seronegative inflammatory arthropathy, associated with skin psoriasis. Sometimes it can precede the skin psoriatic lesions. Etiology and pathogenesis remain unknown, but the genetic predisposition, the influence of the immune system and the environment are important in the development of the disease. APs is an invalidating disease with a different presentation in time, at one time it predominates as skin disease, and another time as articular disease, with erosive and destructive joint changes, which is found in about 40-60% of patients. Thus, a complex approach of the clinical features of the disease is needed, in order to make a correct and timely diagnosis of the disease.
Aim of the study. investigation of the evolution of psoriatic arthritis in patients without skin psoriasis
Materials and methods. the study group contains 40 patients diagnosed with psoriatic arthritis established in accordance with the CASPAR (2006) diagnostic criteria, admitted to the rheumatology and arthrology department of IMSP SCR *Timofei Mosneaga* during the period 2015-2017. In order to highlight the evolutionary particularities, the patients were grouped into 2 groups: I group (30 patients) psoriatic arthritis with skin psoriasis, II group (10 patients) psoriatic arthritis without skin psoriasis. Then group I and II were separated into 5 subgroups depending on the clinical variant of the disease. The description of each group was made by gender, mean age and the average age of joint affection.
Results. The study performed on a group of 40 patients revealed the clinical particularities of the evolutionary variants of psoriatic arthritis, characterized by a wide variety of manifestations of the articular syndrome, expressed by 5 clinical types: polyarticular (31 %), axial (25.5%), oligoarticular (17.4%), distal interphalangeal (14.5%) and mutilating (11.6%), as well as peculiarities of extraarticular disorders.
Conclusions. Severity of joint damage was assessed in relation to the presence or absence of skin manifestations of psoriazis. It has been established that the association of cutaneous psoriasis aggravates the clinical evolution of vertebral column lesions, especially in the polyarticular variant and less in the axial and mutilating variant.
Key words: psoriatic arthritis, immune-genetic status

DEPARTMENT OF INTERNAL MEDICINE, CLINICAL SYNTHESIS.

123. THERAPY WITH CLOPIDOGREL BASED ON CYP2C19 GENOTYPE

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Introduction. Combined therapy, clopidogrel plus aspirin, prevents secondary thrombotic in acute coronary syndromes (ACS), after percutaneous coronary interventions (PCI) with placement of a coronary artery stent. Clopidogrel is activated in the liver by cytochrome P450 enzymes. CYP2C19 is the principal enzyme. The most common loss-of-function variant is