50 times higher in women under 50 compared to the general population. In addition to traditional risk factors (hypertension, obesity), autoimmune mechanisms such as antiphospholipid antibodies, immune-mediated endothelial dysfunction, and neutrophil activation play a key role in atherogenesis. Standard cardiovascular risk scores tend to underestimate the real risk in systemic lupus erythematosus. Current discussions emphasize the need for more sensitive screening tools and early, individualized interventions targeting modifiable risk factors.

Conclusion(s). SLE significantly increases cardiovascular risk through traditional factors and disease-specific autoimmune mechanisms. Standard assessments often underestimate this risk, making personalized monitoring and early interventions essential to prevent complications and improve patient outcomes.

Keywords: systemic lupus erythematosus, cardiovascular risk, autoimmune

CARDIOVASCULAR CHANGES IN PATIENTS WITH GASTRIC ULCER

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Background. Gastric ulcer is one of the most common gastrointestinal disorders, with a global incidence of 5–10%. Studies have shown a significant association between gastric ulcers and cardiovascular changes, especially in the context of chronic inflammation and oxidative stress, with increased cardiovascular morbidity.

Objective(s). The aim of the study was to determine the incidence and types of cardiovascular changes reported in the literature among patients diagnosed with gastric ulcer and clinical outcomes.

Materials and methods. A systematic literature review was conducted using Medline, PubMed, Elsevier, Web of Science, Google Scholar, targeting publications between January 2023 and May 2025. Fifty studies were selected based on the Keywords: "gastric ulcer" and "cardiovascular changes", focusing on adult patients and clinically documented cases.

Results. Among the cardiovascular changes identified in patients with gastric ulcer, the following were reported: increased risk of arterial hypertension (28%), tachycardia (17%), silent myocardial ischemia (63%), and endothelial dysfunction (60%). Some studies demonstrated a correlation between ulcer severity and changes in blood pressure and heart rate. The mechanisms involved were associated with neurohormonal axis activation, systemic inflammation, and reduced nitric oxide bioavailability. Additionally, patients showed elevated inflammatory markers, contributing to vascular impairment and potential progression of cardiovascular disease.

Conclusion(s). Gastric ulcer was associated with multiple cardiovascular changes, influenced by inflammatory status and autonomic imbalance. Monitoring cardiovascular parameters is essential to prevent complications in these patients and to optimize therapeutic outcomes through early intervention strategies.

Keywords: gastric ulcer, cardiovascular changes, chronic inflammation