unit of Kyiv Regional Hospital over a period from 1 January 2009 to 1 January 2010. The average age of patients is 58,6±3,1. We assessed dynamics of ST segment reduction, depending on the time of thrombolytic medicine injection with the intervals of 2 hours, 2-4 hours and 4-6 hours from the beginning of clinical manifestation of acute coronary syndrome. 34 patients (20 %) underwent thrombolysis with 2 hour interval, 89 patients (51 %) – with 2-4 hour interval, 51 patients (29 %) – with 4-6 hour interval. Thrombolysis was considered to be more efficient in patients with more than 50% reduced ST segment with damaged front parts of aortic ventricle, more than 70% with damaged back parts of aortic ventricle, 90 minutes after medical injection according to ECG data in leads with maximum ST segment elevation. The results showed that thrombolysis, with 2 hour interval was effective in 30 patients (88 %), with 2-4 hour interval – in 74 patients (83 %), with 4-6 hour interval – in 28 patients (55%). Proved ST segment reduction was more frequently observed in those groups of patients who underwent thrombolysis with interval up to 4 hours comparing to the group of patients where thrombolytic therapy was carried out with 4-6 hour interval.

Insulin resistance and adiponectin

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The aim of the paper was to demonstrate the relationship between plasma adiponectin levels and insulin resistance of peripheral tissues as well as the mechanism of action of adiponectin. There is positive correlation between plasma adiponectin levels and insulin sensitivity of peripheral tissues independently of age, gender and BMI. However, there is negative correlation between adiponectin and insulin plasma levels and HOMA index (Homeostasis Model Assessment). Adiponectin levels predict potential alterations of insulin sensitivity of tissues. High levels are associated with decreased risk of developing diabetes. Adiponectin can also constitute an index for predicting an underlying disorder of carbohydrates metabolism in people with normal glucose tolerance test. Finally, variations in its gene expression can predispose to hyperglycemia. Mechanism of adiponectin influencing insulin resistance of tissues is not well known. Potential mechanism is decrease of fatty acid levels in plasma as well as triglycerides in liver and skeletal muscles resulting in increased insulin activity and muscle glucose up taking. In addition, it limits fatty acids hepatic flow. Other mechanisms appear to be: inhibition of gluconeogenesis, TNF-a action in adipose tissue and increase of AMP-activated kinase. Adiponectin is an adipose tissue hormone that increases the sensitivity of tissues to insulin action .Further studies are needed to determine precisely action mechanisms.

Hodgkin's Disease - Case Presentation

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Hodgkin's lymphoma is a type of cancer of the lymph tissue found in the lymph nodes, spleen, liver, and bone marrow. The diagnosis can be set strictly morphological and it is based on the presence of Sternberg-Reed cells in the structure of an enlarged lymph node. The disease occurrence shows two peaks: the first in young adulthood (age 15–35) and the second in those over 55 years old. The cause is not known but risk factors include male gender, history of Epstein-Barr virus infection and a genetic predisposition. At onset the disease affects one lymph node and it slowly disseminates