

141,1±5,98 units, GP in plasma -0,97±0,04 units, GR in erythrocytes- 141,1±5,98 units, GR in plasma -1,69±0,06 units, content of MDA 3,46±1,08 nmole/ml, UA - 0,29±0,01 mmole/l.

In patients with neurodystrophic form of lumbar ischialgia it was detected in blood serum: increased activity G (p<0,05), PNP (p<0,001), XO (p<0,001), GP in plasma (p<0,001), decreased activity ADA (p<0,001), AMPDA (p<0,001), SOD in erythrocytes (p<0,05), SOD in plasma (p<0,05), GR in plasma (p<0,01), increased content of MDA (p<0,05) and UA (p<0,05). Progredient type of course was characterized by the increase of activity in blood serum of G (p<0,05), PNP (p<0,001), XO (p<0,001), content of MDA (p<0,05), UA (p<0,05), in blood serum decrease of activity ADA (p<0,001), AMPDA (p<0,001), XDH (p<0,05), SOD in erythrocytes (p<0,01) and GR in plasma (p<0,01). In stable course activity ADA (p<0,001), AMPDA (p<0,05), GR in plasma (p<0,05) is lower in comparison to healthy ones and activity PNP (p<0,001), XO (p<0,001), GP in plasma (p<0,001) is higher. In regredient course only activity XDH in blood serum was higher (p<0,05). In patients with progredient course activity in blood serum ADA (p<0,001), AMPDA (p<0,001), SOD in erythrocytes (p<0,001) and GR in plasma (p<0,05) was lower in comparison to stable course, but activity PNP (p<0,001), XO (p<0,001), MDA level (p<0,001), UA (p<0,01) was higher. In comparison to regredient course activity in blood serum G (p<0,05), PNP (p<0,001), XO (p<0,01), MDA level (p<0,001), UA (p<0,001) was higher, activity ADA (p<0,001), AMPDA (p<0,001), SOD in erythrocytes (p<0,001), SOD in plasma (p<0,05) and GR in plasma (p<0,05) was lower. In patients with stable course activity in blood serum G (p<0,05), PNP (p<0,01), was higher in comparison to regredient, but activity ADA (p<0,01), AMPDA (p<0,001), XDH was lower.

Conclusion. The undertaken research of patients with neurodystrophic form of lumbar ischialgia detected the decreased activity of enzymes of antioxidant blood system, strengthening of the lipid peroxidation process, catabolism of purine bases and activity increase of proinflammatory enzyme – XO, conducting to hyperproduction of superoxide radical that may be one of the pathogenetic mechanisms of osteochondrosis of lumbar spine. The studied enzyme blood data conduce to specification of the character of disease course and ordering suitable therapy.

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PERIVASCULAR LYMPHOID NODULES IN MESENTERY

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Pervascular lymphoid nodules (PVLN) do not comprise of any microdistrict of mesentery hemolymph microvasculature (HLMV). Their quantity, sizes, forms, structure and topography are very variable. PVLN surround gathering venule and its tributaries. PVLN can be dissipated all around the microdistrict, not approaching the edge (main arteriola and venule) or concentrate boundaries (prenodules) or formed, are often specified around postcapillary venule. All listed lymphadenoids can be in one microdistrict – stages of PVLN morphogenesis when functional load increase and proper alteration of HLMV. PVLN is situated between terminal arteriola and gathering venule, and all together with their branches and tributaries compose a complex, “immune” module of HLMV. PVLN may function as counterflow system: antigens come through interstitially channels or lymph capillary with endothelial walls without basal membrane and lymphocytes from postcapillary venule. Inflow of their great quantity in these venules with antigen stimulation may be through arteriola-venule anastomosis, by-passing capillary net with stenopaic. Increase of blood inflow to forming PVLN brings to local growth and magistralization of HLMV.

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CITROCARD INFLUENCE ON NEUTROPHIL PHAGOCYTOSIS OF PERIPHERAL BLOOD

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Taking into consideration an important role of immune disorders in genesis of different pathological processes from the side of central immune system, pharmacological research of psychotropic medication, showing immune modulating properties becomes up to date. Citrocard prepared on the basis of phenibut, is of interest as a psychoimmunomodifier.