equals 0,3 and environmental – 0,7, for OM – 0,17 and 0,83 correspondingly.

Thus it is determined that GDD, OM, and PMK are multi-factoral diseases, and for OM and PUB an impact of environmental factors turns out to be the most important and for GDD – genetic factor is the determinant one.

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P CHRONIC PIELONEPHRITIS, ARTERIAL HYPERTENSION AND OXIDATIVE MODIFICATION OF THE BLOOD PLASMA PROTEINS

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Oxidative modification of the blood proteins is stress-marker in various types of pathologies.

The aim of this work was study protein oxidative modification (POM) in blood plasma of patients with chronic pyelonephritis (CP) and chronic pielonephritis associated with arterial hypertension (CP+AH).

We examined 71 patients (age 19-59 years) including 40 patients with chronic pyelonephritis and 31 patients with chronic pyelonephritis associated with arterial hypertension. Control group consisted from 25 healthy persons.

There were examined basic and neutral classis of dinitrophenylhydrazons (KDNPG and ADNPG) in blood plasma which are catabolits of protein oxidative modification and its defined by R.L. Levine methods.

Shown data demonstrated same alterations of free-radical oxidations of proteins in blood plasma at patients with chronic pielonephritis and chronic pielonephritis assotiated with arterial hypertension.

According to these data KDNPG level of neutral class at patients with chronic pielonephritis decreased in 2,3 times than in control group and KDNPG level of basic class decreased in 2,5 times.

More significant alterations of POM data were fixed at patient with CP+AH in blood plasma in compare with control. Thus, the level of KDNPG of neutral class was reliably decreased in 3,1 times than in control and the level of KDNPG of basic class was lower in 4 times in compare with control.

ADNPG in blood plasma was decreased in 1,8 times for neutral class at patient with CP than control, but the level of basic class of ADNPG in plasma no significant modified compare control.

There were fixed a deep oxidative products falling both basic and neutral classis of ADNPG in the next patients group with CP+AH. So, the content of neutral class of ADNPG was lower than control in 2,9 times in blood plasma at patient with CP+AH and the content of basic class of ADNPG was lower in 2 times than control.

The POM data (basic and neutral KDNPG) were reliably lower in 1,4 and 1,6 times at patient with CP+AG in compare with CP. The content of neutral and basic classis of ADNPG were reliably higher in 2,5 times in blood plasma at patients with CP than in patient with CP+AH.

As a whole, according to our data it was fixed the developing of deep oxidative stress with one-directed modifications of free radical proteins at patients with chronic pielonephritis and chronic pielonephritis assotiated with arterial hypertension

The decrease of POM level by our opinion was determined by circulation of oxidative proteins in blood plasma which are indifferent to reaction with carbonyl catabolits.

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