

was seen in each 2nd patients of the 1st group and in each 4th patients of the 2nd group.

It necessary to mark that in the 1st group in 100% of patients the elevation of C-reactive protein was registrated. At the same time in the 2nd group no one case with signs of inflammatory syndrome were marked by clinical and laboratory examinations.

Conclusions

1. Clinico-biochemical prognostic factor of possible development of restenosis of coronary arteries may be the elevation of C-reactive protein, hypercholesterinemia, hypertriglyceridemia, hyperlipoproteinemia and inclination to hypercoagulation.

2. The elevation of thrombocyte level may also be possible factor, as intervention of thrombocyte aggregation, including stenting zone.

3. Marked clinical and laboratory damages are to be seen as indications for making of coronarography for the diagnosis of possible restenosing.

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LUNGS FUNCTION BY THE OPIUM INTOXICATION

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The research aims. Assessments of the lung function at opium consumers depending on intoxication duration.

Material and research methods. There are observed 70 narcomaniacs consuming opium daily in a number of 2,0–3,0 grams. Middle age of opium narcomans was 26,5 years old. Depending on the narcotic consumption, duration the observed patients are distributed in two groups: I – 2–3 years lasting of intoxication, II – a narcotization within the 4–5 and more years. The control group was 20 almost healthy men comparable on age. By the assessment of the lung function condition of the observed patients defined the following indicators: vital capacity (VC), forced vital capacity (FVC), forced exhalation volume for 1 Sec. (FEV1), Tiffno's index (FEV1/FVC), the maximum exhalation

volume rates at the lung volumes 25, 50 and 75% of FVC (MEF25, MEF50, MEF75), average maximum expiratory flow at the lung capacities from 25 to 75% of FVC, the peak expiratory flow (PEF). The lung function researched conducted on the spirometry computer «Pneumos 300» of Car-diette firm (Italy).

Research results. By the lung function analysis of the I group changes from pulmonary volumes and capacities it isn't found. So, VC in the I group was $98,4 \pm 1,91\%$, FVC – $102,35 \pm 2,10\%$ that significantly didn't differ from the control group measurements ($99,6 \pm 3,71\%$ and $103,1 \pm 2,79\%$). Air flow studying on a bronchial tree allowed to note that in the I group FEV1 decreased in 7,2%, and Tiffno's index – at 8,6%. More significant deviations were outlined from MEF and MMEF reflecting of a bronchial tree proximal and distal departments permeability condition.

So, in the I group is noted the MEF25 and MEF50 decrease on 12,8% and 10,1% ($p < 0,05$) though MEF75 decrease (on 5%) didn't differ from control measurement. MMEF25-75 were 9,2% lower, than at almost healthy ($p < 0,05$). PEF also decreased to 14% ($p < 0,05$). When testing with berotec for identification of respiration mechanics disturbance by bronchi smooth muscles fibers tonus increase of 69.2% of the I group persons tests was positive and at the other – negative. In other words, in most of the cases the obstruction was reversible.

The lung function analysis in the II group testifies about the progression of pulmonary ventilation disturbances. So, high-speed indicators are authentically lowered: OFV1 on 16,1%, Tiffno's index – on 15,1%. The bronchial permeability disturbances, mainly central respiratory tracts are confirmed by more expressed decrease of MEF25 ($77,5 \pm 2,48\%$) in the II group in comparison with a similar indicator in the I group ($102,9 \pm 4,73$). PEF decreases to $81,4 \pm 2,30\%$ (also to $84,7 \pm 3,02\%$ in the I group). The special attention is drawn to the dynamic characteristics decrease at the level of distal bronchi, making 11,3% for MEF75 ($p < 0,05$) and 16,1% for MEF50 ($p < 0,001$). At more long opium intoxication MMEF25-75 decreases by 9,5% also. The VC and FVC in the II group tended to decrease, however the difference from comparing groups was not reliable. At observed patients of the II groups 47,7% a pharmacological test was positive, at 50% – negative, at 1 patient – paradoxical.

Thus, in process of opium intoxication duration augmentation high-speed indicators of air flow on a bronchial tree are aggravated. The obstruction of the periphery respiratory tracts recorded the express progressing decrease of MEF50 and MEF75. With the augmentation of intoxication term the reversible component of bronchial obstruction decreases. The diagnosed rejections of high-speed characteristics of air flow a bronchial tree can be surveyed as an early (preclinical) stage of chronic obstructive

illnesses of the lungs. In the other words the systematic narcotization within the 4–5 and more years should be regarded as a condition of prebronchitis.

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THE OPIOMANIACS' INFECTION WITH THE HEPATITIS VIRUSES B AND C

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Patients with a narcomania are a group of high risk of hepatitis B (HBV) and hepatitis C (HCV) development. They are consisting a peculiar tank for the diffusion of narcotic and virus epidemic [1]. The toxic influence of narcotic preparations, infection by hepatitis B and C viruses or their combination, of narcotics intravenous administration promotes pathological process in a liver. The hepatitis C virus has the highest chroniogenic potential and is the main reason of all groups of a chronic liver disease formation– chronic hepatitis, cirrhosis, hepatocellular carcinoma [2].

Research aim is the assessment of hepatotropic viruses (B and C) infection degree in groups with high risk where finding injection narcomaniacs.

Materials and research methods. We are observed 113 narcomaniacs consuming opium intravenously in a number of 2,0–3,0 grams daily. Middle age of opiomaniacs is $24,6 \pm 1,6$ years old (from 19 to 39 years). The majority of observed were males (85,1%), only 14,9% – female.

It was used diagnostic immune enzyme test-system. It is a set of the components the basis of which was recombinant antigens of the hepatitis C virus, corresponding to the HCV genome proteins coded sites. For identification of a hepatitis B virus antibodies and antigens applied also a reagent set. The principle of it was consisted in the interaction of antibodies to HCV with the antigens immobilized in the small cavities of a polystyrene tablet. Formation of an antigen antibody complex was discovered by the serum immune enzyme conjugate which yielded primary positive results. Then repeatedly was checked in a confirming test strip. The immune enzyme analysis, it was spent on a Sanofi Paster spectrophotometer.

Results and discussions. The analysis of HCV and HBV infection of frequency testifies to their high prevalence among injection narcomaniacs: HBsAg – 18%, HBeAg-6%, anti-HBcIgM – 17,6%, anti-HBe – 45%, anti-HBs – 43%, and anti-HBcIgG – 19,6%. It should be noted at the 6% of narcomaniacs with chronic hepatitis was found anti-HBcIgM and HBsAg combination that testified about the condi-

tion of HBV replication. Anti-HBcIgG is defined at the 19,6% of narcomaniacs and it was criterion of the acute virus hepatitis transferring. Expressed frequency (45%) anti-HBV at opium consumers excluded of HBV replication activity practically at a half of patients. Thus, it wasn't excluded infected by a mutant form of a virus.

It is noted high HCV infection of the injection narcomaniacs. So, anti-HCV – positive observed patients appeared 83,1%. Thus, the frequency of HCV depended on opium consumption, duration: at narcomaniacs lasting narcomania of 1 year – anti-HCV – positivity is revealed at 33,3%, with the term of opium intoxication 2–3 years – at 41,4% and lasting 4–5 and more than years – at 83,9%. There are data that the average duration of the chronic hepatitis C formation after an initial infection deviates from $10,0 \pm 11,3$ to $13,7 \pm 10,9$ years and in 20 years at 20% of such patients develops cirrhosis and a hepatocellular carcinoma [3].

Thus, the special attention is deserved by the fact of high frequency of circulation of virus hepatitis B and C markers at narcomaniacs of young age, and extent of HCV infection directly depends on of a narcotization experience and is progressively enlarged in process of narcotic intoxication time elongation.

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NONSPECIFIC ULCERATIVE COLITIS IN COMBINATION WITH RHEUMATOID ARTHRITIS

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Introduction. Rheumatoid arthritis, in the structure of rheumatologic diseases, consists about the 10% and is one of the most widespread inflammatory joint diseases. According to different authors mention [1] joints damage often meets at nonspecific ulcerative colitis, but a separate combination of rheumatoid arthritis and nonspecific ulcerative colitis is rare. In our clinical case of the patient with long-term rheumatoid arthritis with the expressed joints deformation and full disability