METHOD OF DIAGNOSIS NONALCOHOLIC FATTY LIVER IN PATIENTS WITH TYPE 2 DIABETES MELLITUS

K. Kvit¹, E. Sklyarov¹, O. Bochar¹

¹Danylo Halytsky Lviv National Medical University, Lviv, Ukraine, <u>akskris@ukr.net</u>

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Introduction. Usually for the determination of nonalcoholic fatty liver disease (NAFLD) there are instrumental and laboratory techniques, including ultrasound, transaminases level, fibrotest etc. These methods in the diagnosis of NAFLD clinical forms is not specific and do not allow make difference between steatosis and steatohepatitis. However, more attention is paid to early diagnosis of NAFLD by using a special set of design formulas biochemical parameters, data Fibroscan or respiratory test with 13C-methacethine (C13-MBT). The determination of NAFLD clinical form is a priority in the prediction of further disease and choice of treatment. Steatohepatitis isan active form of NAFLD and often progresses to fibrosis with subsequent liver parenchyma degeneration into cirrhosis. Simultaneously, steatosis could be possibly treated in the early stages of disease.

Methods. The study involved 65 patients with type 2 diabetes and coronary heart disease with metabolic syndrome, aged 37 to 82 years (mean age $55,82 \pm 3,46$), 29 men, 36 women. According to the ultrasound, the level of fatty infiltration were differentiated by such criteria as diffuse liver parenchyma echogenicity intensification

against the background of a slight increase in its size (liver echogenicity was significantly higher than normal kidney or lumbar muscle echogenicity) for steatosis; hyperechogenicity of liver parenchyma and expansion of portal vein (13 mm or more in diameter) - for steatohepatitis.

Results. For steatosis and steatohepatitis determination the ALT monitoring was used, where the level exceeding 0.68 mmol/l signed to steatohepatitis, and below 0.68 mmol/l - to steatosis. Portal vein diameter size above 13 mm subscribed steatohepatitis, and below 13 - steatosis. 13C-MBT data, which showed the level of liver antitoxic function, was used. 13CO2 range on 120 minute from 15% till 10% was classificated as decreased detoxification liver function means steatohepatitis, range from 20% till 15% - steatosis. The present study found that ALT and portal vein diameter negatively correlated with cumulative dose 13CO2 on 120 minute in patients with steatohepatitis.

Conclusion. Cumulative dose 13CO2 on 120 minute range from 15% to 10% with simultaneously ALT level increasing (more than 0.68 mmol/l) and portal vein diameter enlargement (over 13 mm) are criteria of steatohepatitis.

THE SCREENING OF ADAPTATIONAL POTENTIAL IN PATIENTS WITH SURGICAL STRESS

O.Mokryk, <u>O.Danylyak</u>, S.Mokryk

Danylo Halytsky Lviv National Medical University, Lviv, Ukraine, danylyakoleh@gmail.com

Key words: stress, electromyography, pain perception, autonomic nervous system

The degree of stress expressiveness in surgical patients depends on the adaptation reserve of their organisms. That is why we aimed to make a screening of the adaptational potential in stomatological patients with different individually-typological peculiarities under condition of surgical stress.

The objects of clinical observation were 95 surgical stomatological patients. Their individual psychological characteristics were assessed by special questionnaire (S.Novikova, 2007) allowing defining the preference of either sthenic or asthenic manifestations in both emotions and behavior of the pa-