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Conclusion. It has been established experimentally that ELGSP exhibits a pronounced anti-ulcerogenic effect, which is the basis for further pharmacological study as a promising anti-ulcer drug.

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A CLINICAL CASE OF SUCCESSFUL BALLON ANGIOPLASTY IN THE REMOTE PERIOD IN A MIDDLE-AGED PATIENT AFTER LATE STENT RESTENOSIS

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Introduction. Percutaneous coronary intervention with stent implantation is currently the most widely performed procedure for the treatment of coronary heart disease. However, in-stent restenosis (ISR) occurs in 16% - 32% cases after stent placement and remains a challenging problem. Balloon angioplasty (BA) showed higher efficacy in treating ISR in middle-aged patients during the first 6 months.

The aim of the study. To study a clinical case of successful balloon angioplasty in a middle-aged patient after stent restenosis.

Materials and methods. Patient I. is a 50-year-old unemployed man. He has a history of hypertension, which was diagnosed 10 years ago when blood pressure (BP) was noted to be elevated in the range of 160/100 mmHg. On August 2016 was diagnosed with left ventricular posterior wall myocardial infarction. On September 2016 was performed coronary angiography with implantation of two non-drug-eluting stents. On February 2017 symptoms of progressive angina, diagnosed ISR and performed BA. On 18.10.18 admitted to the cardiological department with complaints: palpitations that were connected with physical exercises; breathlessness while ascending to the fifth floor. Hospitalized with the diagnoses: Ischaemic Heart Disease. Postinfarction (posterior STEMI of LV 18.08.16) cardiosclerosis. Arterial Hypertension, stage III, grade 3, high risk. Chronic heart failure, NYHA class II, stage C, with preserved EF (50%). Patient was treated with Bisoprolol 5 mg, Eplerenone 25 mg, Aspirin 100 mg, Clopidogrel 75 mg, Ramipril 5 mg, Atorvastatin 40mg. Different laboratory and instrumental test were made in the clinic.

Results. Complete blood count and biochemical tests were without specific changes. Echocardiography showed sclerotic changes of aortic walls, left ventricular dilation, left ventricular hypertrophy. During 24 hours electrocardiography monitoring was recorded: supraventricular premature contractions (total 210); short supraventricular tachycardia episodes; monomorphic ventricular premature contractions (total 10). Daily heart rate - 55 beats/min (bpm). The cardiac stress test was negative, stopped after increasing the intensity by 150 watts, response with heart rate 110 bpm, BP 210/100 mm Hg, the appearance of infrequent ventricular extrasystoles, no signs of coronary insufficiency.

Conclusions. BA is one of the earliest treatments that has been used in patients with ISR, and as it was shown in a current clinical case, associated with a significantly

lower rate of adverse cardiac events and progression of coronary disease after coronary intervention.

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CURRENT OPINIONS AND MODERN APPROACHES IN THE DIAGNOSIS AND TREATMENT OF BALO CONCENTRIC SCLEROSIS

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Introduction. Balo's concentric sclerosis is a rare demyelinating disease, firstly described by a Hungarian neurologist Josef Balo. It is characterized by the appearance of concentric demyelination rings of the type "tree rings on the tree cut" or "bulbs" with alternating layers of remyelination and demyelination. Clinically manifested by focal neurological symptoms in combination with cerebral symptoms such as headache, epileptic syndrome, and often with cognitive impairment.

The aim of the study. To highlight the polymorphism of the clinical picture, the modern principles of diagnosis and treatment of atypical form of multiple sclerosis-concentric sclerosis Balo.

Materials and methods. Patient Y., according to anamnesis at the term of 33rd-week of pregnancy, low grade fever, and lethargy and euphoria were observed. Neurological symptoms began to manifest, manifested by bilateral pyramidal insufficiency, disorientation in time and space. Neurological status the mind is clear, the instructions are performed with repeated reminders - instructions are elementary, the forced position of the body to the left, down to the left, reacts to the response by turning the eyes to the right, but does not fix the gaze. She complained of memory counting and vision impairment, photorealization was preserved. The pharyngeal reflex is preserved. Muscle tone is changed on the left for a mixed type of subcortical syndrome. Positive pathological stop signs, spontaneous Babinsky, intention when performing coordinator tests, left-sided adiadochokinesis. In the Romberg's test of is unstable. There are synesthetic disorders, acalculia, agnosia. The patient first developed epileptic seizure with loss of consciousness up to 5 minutes, cramps in the limbs with loss of urine. Then a headache arose and disorientation, numbness of the tongue could be traced. MRI brain scans study was performed that revealed uneven concentric regions of the iso- and low-intensity MR signal at T1 and T2. **Diagnosis:** Balo concentric sclerosis with an epileptic seizure.

Results and discussions. The article highlights the significance the importance of clinical polymorphism manifestations. The gold diagnosis standard is MRI of brain scans, which displays concentric rings that are pathognomical for Ballo's sclerosis on weighted T2 and T1 images with alternating patterns that change and do not change in the corresponding MR signal mode. The treatment was with Dexamethasone 4 mg, L-lysine escinate, Diacarb 250 mg /day and a combination of Finlepsin at a dosage of 200 mg 2 times a day and Keppra 250 grams and the patient's condition was improved. Modern aspects of KSB include glucocorticosteroid drugs, high volume plasmapheresis or Mitoxantrone.