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INVESTIGATION OF ENDOTHELIAL AND RENAL DYSFUNCTION IN PATIENTS WITH STABLE ANGINA PECTORIS AND ASSESSMENT OF THEIR RELATIONSHIP

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Purpose of the study: Early diagnosis of kidney dysfunction in coronary heart disease.

Material and research methods. 42 patients with coronary heart disease (CHD) aged 45 to 70 years (mean age 63.5±4.5 years) were examined. The first group consisted of 22 people, including 15 men and 7 women (mean age of patients 56.4±7.5 years) with functional class II coronary heart disease and without kidney damage. The second group included 20 people (14 and 6 women), mean age 62.0±5.5 years, with functional class III ischemic heart disease and no primary kidney disease in men. 10 people of the first group and 16 people of the second group suffered from hypotonic 52 diseases, 8 and 12, respectively, history of diabetes. All patients underwent a general clinical examination with an assessment of the content of cystatin and calcium in the blood. The glomerular filtration rate calculates the plasma concentration of cystatin using the formula of Hoek et al. (2003): GFR [mL/min/1.73m2] = (80.35/cystatin C [mg/mL]) - 4.32.

Research results. The levels of the measured parameters in the 1st group were: cholesterol - 5.05±1.66 mmol/l; calcium - 2.13±0.38 mmol/l; cystatin C - 0.9 (0.87-1.28) mg/l; eGFR -88±22.4 ml/min. In the 2nd group: cholesterol - 5.20±1.67 mmol/l; cystatin C - 1.2 (1.05-1.81) mg/l; calcium 2.18±0.24; eGFR -81±9.09 ml/min. Correlation analysis in all groups revealed a direct relationship between the content of cystatin C in blood plasma, on the one hand, and the amount of calcium (r=0.418; p=0.017) and cholesterol (r=0.600; p=0.000) - on the other.

Conclusion. An increase in the content of cystatin C is associated with an increase in the level of risk factors, calcium and cholesterol in the blood plasma, as well as with the worsening of FC of coronary heart disease.