

# DIAGNOSTIC SIGNIFICANCE OF SOME MARKERS OF SYSTEMIC INFLAMMATION IN INFECTIOUS EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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## *Summary*

Systemic inflammation is one link of pathogenesis of chronic obstructive pulmonary disease (COPD). However, the role of many molecular markers in different categories of patients, at different phases of the pathological process, depending on the presence and degree of microbial load, etc. is also currently not defined and specified.

We determined in infectious exacerbation of COPD compared with stable phase an “unbalanced” cytokine response: increased serum levels of granulocyte-macrophage colony-stimulating factor (GM-CSF) and decreases serum levels of soluble intercellular adhesion molecule-1 (sICAM-1), which can be considered meaningful criteria for patients infected by *S. pneumoniae* and *H. influenzae*. The level of tumor-necrosis factor- $\alpha$  (TNF- $\alpha$ ) can not be considered an additional criterion for the degree of microbial load of lower respiratory tract during exacerbation of COPD, as a marker of acute pathological process itself.