

THE INFLUENCE OF PATHOGENETICALLY SUBSTANTIATED MEDICINAL THERAPY OF COMMUNITY-ACQUIRED PNEUMONIA IN COMBINATION WITH CONCOMITANT CORONARY ARTERY DISEASE IN PATIENTS, INFECTED BY CHLAMYDOPHILA PNEUMONIAE, ON ENDOBRONCHIAL NON-SPECIFIC RESISTANCE FACTORS AND LOCAL IMMUNE RESPONSE

M. M. Ostrovskyy, O. I. Varunkiv

Abstract

102 community acquired patients aged 50-65 years were examined. 58 of them were additionally diagnosed with coronary artery disease; among them 18 patients were infected with Chlamydomphila pneumoniae. A detection of Chlamydomphila pneumoniae was done using the method of detection of serum antibodies IgM by means of EIA on "StatFax 303 Plus" (SeroCP IgG, Savyon, Israel). For the purpose of phentyping of T-lymphocyte population [CD4+, CD8+, CD95+ (Fas/APO-I)] using monoclonal antibodies, the cells were extracted from the blood using L. B. Heyfets and V. F. Abalkin method (1973). The level of interleukin 1 β , 2, 4, 6, TNF α were measured in peripheral blood lymphocytes, whereas interleukin 6 was determined in bronchoalveolar fluid using EIA. All tests were performed according to one protocol: at the admission to the hospital and on 21st day after start of therapy.

It was established that L-arginin (tivortin aspartate) had immunomodulating effects and decreased production of pro-inflammatory cytokines by alveolar macrophages. The administration of endogenous substance for local production of nitrogen oxide normalizes the balance of cytokins in patients with community-acquired pneumonia, developing on the background of coronary artery disease and infected by Chlamydomphila pneumoniae.

Key words: community-acquired pneumonia, developing on the background of coronary artery disease, Chlamydomphila pneumoniae infection, tivortin, immunomodulating effects.

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Mykola M. Ostrovskyy

Ivano-Frankivsk National Medical University

Head of Chair of Phthisiology and Pulmonology

with courses of occupational diseases

MD, professor

117a/1, Chornovola str., Ivano-Frankivsk, 76005, Ukraine

Tel.: 380679796690, fax: 380342712062, dr.ostrovskyy@rambler.ru