



ASSESSMENT OF RENAL DYSFUNCTION IN PATIENTS WITH CHRONIC HEART FAILURE

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Purpose. To study the indicators of renal dysfunction in patients with chronic heart failure (CHF).

Material and methods. 64 patients with postinfarction atherosclerosis complicated by CHF aged 40-60 years were examined. The patients were divided into two groups according to the functional class (FC) of CHF according to the New York Heart Association (NYHA). Creatinine levels were determined in all patients, and the glomerular filtration rate (GFR) was calculated using the formula MDRD (Modification of Diet in Renal Disease Study). Determination of enzymes in urine — alanine aminotransferase (ALT), aspartate aminotransferase, alkaline phosphatase (ALP), cholinesterase was carried out by spectrophotometric method.

Results. In 33.3% of patients with CHF II FC and in 66.7% of patients with CHF III FC, GFR <60 ml/min/1.73 m² was noted. The study of the parameters of fermenturia in patients with CHF, depending on the functional state of the kidneys, revealed that in patients with GFR <60 ml/min / 1.73 m², among which patients with III FC CHF were 66.7%, significantly high indicators of fermenturia were noted. At the same time, the ALT level was 39% ($p<0.01$) and the alkaline phosphatase was 35% ($p<0.001$) higher than in patients without impaired renal function.

Conclusion. In patients with CHF, as the disease progresses, there is a subclinical impairment of renal function, characterized by a decrease in GFR, an increase in the level of residual nitrogen and fermenturia. Determination of the level of enzymes in urine in patients with CHF can be considered as a diagnostic approach for early diagnosis of kidney dysfunction.