

IMMUNOINFLAMMATORY MARKERS AND THEIR DYNAMICS UNDER IMMUNOCORRECTIVE THERAPY IN PATIENTS WITH ISCHEMIC HEART DISEASE ASSOCIATED WITH ARTERIAL HYPERTENSION

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Relevance. Ischemic heart disease associated with arterial hypertension is characterized by a high risk of cardiovascular complications and progression of atherosclerotic vascular damage. In recent years, systemic inflammation and immune dysregulation have been recognized as key pathogenetic mechanisms contributing to endothelial dysfunction and adverse cardiovascular remodeling. However, the effectiveness of immunocorrective therapy in modulating inflammatory and cytokine responses in this patient population remains insufficiently studied.

Aim of the study. To evaluate the dynamics of immunoinflammatory markers under immunocorrective therapy in patients with ischemic heart disease associated with arterial hypertension.

Materials and methods. The study included 120 patients divided into three groups depending on the therapeutic approach. Group I received thymus-dependent immunocorrective therapy, Group II received an alternative immunomodulatory regimen, and Group III received standard therapy. Serum levels of hs-CRP, interleukin-6, and interferon- γ were assessed before and after treatment. Statistical analysis was performed with significance set at $p < 0.05$.

Results: Baseline levels of hs-CRP were elevated and comparable across all groups, indicating the presence of systemic inflammation. After treatment, a significant reduction in hs-CRP was observed in Groups I and II ($p < 0.001$), whereas only a modest decrease was noted in the control group. A similar trend was observed for interleukin-6, with a marked decrease in Groups I and II, reflecting suppression of pro-inflammatory activity, while no significant changes were detected in the control group. In contrast, interferon- γ levels increased significantly in the groups receiving immunocorrective therapy, indicating activation of Th1-mediated immune response, whereas changes in the control group were not statistically significant.

Conclusion. Immunocorrective therapy contributes to effective modulation of systemic inflammation and restoration of immune balance in patients with ischemic heart disease associated with arterial hypertension, demonstrating both anti-inflammatory and immunoregulatory effects.

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