p=0,5022). Результаты морфологического исследования материалов биопсий слизистой оболочки желудка и ДПК показали, что у пациентов II и III групп преобладает выраженная лейкоцитарная инфильтрация во всех отделах желудка и ДПК. Атрофические изменения слизистой оболочки желудка выявлены лишь у 4 (1,5%) пациентов всех трех групп.

Заключение. С прогрессированием ХБП патология гастродуоденальной зоны приобретает свои особенности. У пациентов с ХБП С4-5Д преобладают эрозивно-язвенные поражения гастродуоденальной зоны. Ранняя диагностика и терапия гастродуоденальной патологии у пациентов с ХБП позволят своевременно предупредить развитие желудочно-кишечных осложнений, улучшить качество жизни и осуществить персонализированный подход в диагностической и лечебной тактике ведения этих пациентов.

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Nephroprotective treatment with dapagliflozin in patients with diabetic kidney disease

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The relevance of the problem. Albuminuria in patients with diabetes presents a higher risk for adverse renal and cardiovascular (CV) outcomes. Sodium glucose co-transporter 2 (SGLT2) inhibitors demonstrate improved albuminuria and reduces the risk of end-stage renal disease in patients with chronic kidney disease.

The study aim was the impact of the SGLT2 inhibitor dapagliflozin on urine albumin-to-creatinine ratio (UACR) and GFR decline.

Materials and methods. In the single center trial, total 132 participants with CKD and type 2 diabetes (T2D) were randomly assigned to dapagliflozin (n=78) 10 mg once daily or placebo (n=54). Kidney inclusion criteria were eGFR 30-60 ml/min/1.73 m^2 and any UACR. The primary end point was a composite of sustained decline in eGFR >50%, end-stage renal disease, or kidney or cardiovascular death. Percentage of treatment difference was estimated by geometric mean ratio for the overall cohort and by eGFR and UACR subgroups. Progression/regression of UACR were assessed. Hazard ratios, 95% confidence intervals (CI), and p-values were estimated by Cox proportional hazards model.

Results. Median baseline eGFR was 42.3 ml/min/1.73 m^2, with 5% at <30 ml/min/1.73 m^2. At baseline, median UACR was 103 mg/g, and 1/4 of patients had normoalbuminuria, 2/4 had micro, and 1/4 had macroalbuminuria. Median follow up was 18 months. The UACR difference for dapagliflozin *vs* placebo was -25.1% (95% CI -27.5, -23.2; p<0.001). Reductions were similar across eGFRs. In UACR 30-299 mg/g and >300 mg/g, reductions were significant in dapagliflozin (p<0.001). Progression risk was lower and regression risk higher in dapagliflozin vs placebo (p<0.001).

Conclusion. Dapagliflozin significantly slowed long-term eGFR decline in patients with CKD with T2D compared with placebo, and significantly reduced UACR and had favorable effects on UACR progression and regression.

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Гломерулярная микроангиопатия: этиологическая структура и клинико-морфологическая характеристика

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Glomerular microangiopathy: etiological structure and clinical and morphological characteristics

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