

CONCENTRATION OF FERRIFEROUS PROTEINS AT WOMEN OF THE PERIOD OF THE MENOPAUSE, WITH THE DIAGNOSIS THE BREAST CANCER

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Relevance. The central link, the fagotsitoza at inflammation is the system of neutrophils and mononuklearkary phagocytes which interactions occurs through a tsi-tokinovy complex and proteins of a phase of inflammation. The important part in this proktsess is assigned also to a ferriferous protein - a laktoferrina (LF) [3]. Its direct or mediated participation in immune processes is shown [2]. Now the LF following functions are described. It is an iron homeostasis, differentiation and growth of cages of various type, antimicrobial protection and also anti-inflammatory and antineoplastic properties [1]. The LF immune properties are actively studied also at the breast cancer (BC). Considerable reorganizations in immune and endocrine systems at women of the period of a menopause, exert a great influence on the course of a disease. From these positions studying of the LF level of serum of blood at women, sick RMZh is expedient, especially at chemotherapy as there is a powerful pressure of immunity. For reduction of such negative manifestations use of immunotropy medicines is expedient. One of them protatrana are salts bioactive ки-слот a trietanolammoniya. Among them medicine – Trekrezan (shopping mall) is of particular importance. It is known that the shopping mall increases the LF level in a human body [1].

Materials and methods. For studying of concentration of LF at RMZh its concentration in blood serum at 105 almost healthy women (donors), aged from 45 up to 55 years was defined in the beginning. Average concentration of LF made – $978 \pm 27,1$ of ng/ml. All donors on the date of inspection had the conclusion of the doctor – "almost healthy" (extract). For studying of concentration of serumal LF at RMZh an object of a research were patients also aged from 45 up to 55 years (middle age $50,7 \pm 2,6$ years). At receipt in a hospital, before a chemotherapy course at all patients defined concentration of LF (for an experiment chose patients with concentration of LF much below than the standard norm – up to 1000 ng/ml), i.e. with the weakened level of immunity [2]. In total 99 people were selected. Patients were divided into 2 groups: 50 people – the main, with concentration of LF of $396,32 \pm 24,82$ ng/ml. Accepting basic chemotherapy + the course Trekrezana in a dose of 600 mg/days within the first 4 weeks of treatment, in 15-30 minutes prior to food. The group of control consisted of 49 people (concentration of LF - $337,81 \pm 28,89$ ng/ml), receiving only chemotherapy.

Results and discussions. It is established that in the main group Trekrezan's application in addition to basic chemotherapy, caused earlier (for 7-10 days) increase in concentration of LF – from $396,32 \pm 24,82$ to $4069,32 \pm 114,06$ ng/ml, in comparison with group of control - $1335,41 \pm 39,71$ ng/ml.

Along with increase in the LF level, at patients of the main group earlier improvement of the general health, the best shipping of cytostatic treatment, minimizing complications after carrying out neoadjuvant chemotherapy was noted.

Conclusion. On the level of serumal LF it is possible to judge immunity level at this category of patients – the concentration of LF at the beginning of a disease is higher, the immune forces of an organism are higher. And at decrease in immunity, the condition of disadaptation develops that leads to weakening of protective forces of an organism. During this period, disease begins to progress strenuously, patients strongly weaken and basic therapy, unfortunately, becomes less effective. During this period there is an obvious need for increase in immune forces and level of adaptation at this category of patients. Trekrezan as an immunomodulator, with its adaptogenic properties, completely fills these missing medical effects that is proved by results of our researches.

Literature:

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