Z. Kamenov and Zl. Kolarov. OSTEOPOROSIS IN MEN

Summary. Osteoporosis in men is an undeservedly underestimated problem. One in eight men over the age of 50 years will suffer an osteoporotic fracture. Men have a higher risk for disability and death after hip fracture than women. Trabecular bone loss begins early in both sexes – after reaching the peak bone mass around thirty years of age. Cortical bone loss starts considerably later and in men remains stable until 65-70 years. Male osteoporosis is divided in primary (age-dependent and idiopathic), and secondary (caused by other established diseases – endocrine, gastrointestinal, systemic, neuro-muscular, pulmonary etc., unfavorable lifestyle factors, medications etc.). Complete medical history and laboratory differential diagnostic process is of paramount importance for the adequate treatment. Almost all hormones, including androgens, decrease with age (exclusions – leptin, parathyroid hormone etc.), this being the argument for defining terms like Partial Androgen Deficiency in Ageing Men (PADAM), male climacterium etc. Testosterone, as well as estradiol, play important role in the control of bone metabolism. The studies evaluating the influence of both hormones on the fracture risk are scarce. The criteria for screening, diagnosis with DXA, determination of bone remodeling turnover with biochemical bone markers, and indications for treatment are discussed. Therapeutic algorithm in eugonadal men includes elimination of the lifestyle risk factors, appropriate calcium and vitamin D intake with control of calcium excretion and use of bisphosphonates. Injectable or transdermal testosterone is applied in cases of classical hypogonadism or late onset hypogonadism. It is still not determined which serum testosterone levels should be kept during the therapy, but they must be in the normal range for healthy young men. During the last decade, a reevaluation of the concept for the role of testosterone in cardiovascular system occurred, and some contraindications for testosterone use in this field were suspended. The causal relationship of testosterone replacement therapy and prostate carcinoma was also not confirmed. Osteoporosis in men represents a serious medical problem, which importance is expected to increase with men’s life span increase. There are still many unresolved questions in diagnostic and therapeutic aspect. Bisphosphonates are the first-line therapy in male osteoporosis. The results of large scale interventional studies are expected to specify the position of testosterone replacement therapy in osteoporosis treatment algorithms.

Key words: osteoporosis in men, bisphosphonates, late onset hypogonadism in men, testosterone-replacement therapy
Summary. Inclusion body myositis (IBM) is a form of myositis characterized by: 1. Proximal and distal muscle weakness and atrophy, with early involvement of the distal muscles; 2. Pathohistological features of inflammatory and degenerative process; 3. Resistance to immunosuppressive therapy. There are two main forms of inclusion body myositis – sporadic (sIBM) and hereditary (hIBM). In the article, there are discussed and considered the basic aspects of cause, immunopathogenesis, diagnosis and treatment of IBM. For the time being, the cause of sIBM is undesignated. Genetic factors and different viruses (paramyxoviruses, HTLV-1, HIV) are supposed as probable causes. Mutations of different genes are determined in hIBM. Two processes are described in the pathogenesis – autoimmune and degenerative. Immunogenetic association with definite alleles, CD8+ T-cells surrounding muscle fibres, ubiquitous expression of MHC class I molecules on muscle fibres, costimulatory molecules, upregulation of cytokines, chemokines and their receptors prove an inflammatory pattern of disease. The degenerative features involve the presence of vacuoles in the muscle fibres and the intracellular deposition of amyloid-related proteins. Essential role for diagnosis of the disease has a muscle biopsy with examination of muscle sample through immunohistochemistry, light and electron microscopy. Despite the involvement of immune factors in the pathogenesis of sIBM, the disease remains resistant to corticosteroids and immunosuppressive therapy.

Key words: inclusion body myositis, inflammation, degeneration

ORIGINAL ARTICLES

V. Yordanova. DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF THE PATIENTS WITH SYSTEMIC PROGRESSIVE SCLEROSIS (SCLERODERMA), TREATED IN THE CLINIC OF CARDIOLOGY AND RHEUMATOLOGY AT THE HIGHER MEDICAL SCHOOL IN PLEVEN FOR A 5-YEAR PERIOD

Summary. The aim of the research was to make characteristics of the patients with systemic progressive sclerosis (scleroderma) treated in the Clinic of Cardiology and Rheumatology at the Higher Medical School in Plevno for a 5-year period as well as to establish the most frequent reasons for hospitalization. 41 patients have been treated of whom the newly diagnosed patients were 10 (24.4%). Most of the patients were between 41-50 years of age. The reasons for hospitalization were: in 7 patients (17.1%) – left-sided congestive heart failure, in 6 patients (14.6%) – high activity of the disease, in 5 patients (12.2%) – respiratory insufficiency, in 3 patients (7.3%) – vasculitis, in 2 patients (4.9%) – heart rhythm disturbances, also in 2 patients (4.9%) – heart failure due to arterial pulmonary hypertension.

Key words: systemic sclerosis, hospitalization, clinical characteristics

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