



hypersensitivity to abacavar, atazanavir, efaverens (with the development of pneumonia and hepatitis).

Thus, as a rule, the clinical symptoms of kidney damage regress the level of creatinine in the blood serum through a few weeks after administration of the antiretroviral drug in HIV-infusion

forged return to normal. At the same time, in some patients there were irreversible changes - a gradual loss of kidney function, possibly due to the transformation of acute disorders into chronic.

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COGNITIVE IMPAIRMENT IN PATIENTS WITH HIV INFECTION

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The objective is to establish the frequency and features of cognitive impairment in patients with HIV infection.

116 patients with HIV infection were examined in different clinical stages of the disease. All patients underwent neuropsychological examination which included testing using a number of scales and tests. Before neuropsychological testing all respondents were offered questionnaires to assess the presence and severity of depressive symptoms (Beck depression scale - Beck A. T. et al., 1961) and assessing the level of situational (reactive) anxiety (Spielberger-Khanin test, 1976). Character accentuation was determined by the Leonhard K test, personal characteristics according to the multifactor questionnaire Kettell R.B. (1949). The control group consisted of 39 practically healthy volunteers that are fully comparable in age and gender with the study group.

Regardless of the clinical stage of HIV infection, patients complained of memory impairment. HIV-infected people were also concerned about headache and dizziness of a non-systemic nature. All HIV-infected people did not have any organic diseases, that is the cause of neuropathy was HIV infection.

Clinical signs of HIV-associated CNS lesions are found in 22.4% of HIV patients in the form of a moderate decrease in neurocognitive functions. Moreover with increasing degree of immunodeficiency, the number of people with mild cognitive impairment increases.

HIV infection is the cause of minimal focal neurological symptoms in the form of symptoms of oral automatism and vestibular-atactic disorders ($P < 0,05-0,001$). Almost every second patient with mild cognitive impairment has vestibulo-cerebral syndrome, pyramidal syndrome (less often), extrapyramidal syndrome (even less often). The difference in the frequency of all these neurological symptoms is statistically significant - $P < 0,05-0,001$ in comparison with healthy people.

Assessment of disorders of higher cortical functions in the I-II clinical stage of HIV infection proved predominant changes in somatosensory gnosis, memory, attention, significant changes in dynamic praxis. HIV-infected in stage III-IV almost always inferior in the ability to focus, write, read, memorize (first of all series of numbers), count, in visual, somatosensory, auditory gnosis, dynamic praxis as well as in intelligence ($P < 0,05-0,001$).

In the III-IV clinical stages of HIV infection, most patients were in a state of subdepression, accompanied by a high level of anxiety (compared with relatively healthy individuals $P < 0,001$).

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NEW APPROACHES TO COMPREHENSIVE TREATMENT OF PSORIASIS

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Psoriasis is a chronic recurrent genetically determined dermatosis of multifactorial nature, characterized by hyperproliferation of keratinocytes and violation of their differentiation, inflammatory reaction in the dermis, immune disorders and damage to the skin, nails, joints and other organs. The aim of the work is to study the effectiveness of Enterogermina forte and hepatoprotector Chophytol drugs in complex treatment of Psoriasis. We examined 54 psoriatic patients 36 male and 18 females, aged 20 to 60 years old and with duration of dermatosis from 10 to 15 years. We explored that 19 patients have a progressive phase of dermatosis and other 35 patients



have a stationary phase of dermatosis. In order to optimize the treatment of patients with Psoriasis we used probiotic Enterogermina forte and hepatoprotector Chophytol in the complex therapy. We recommended next regimen of talking Enterozhermina probiotics and hepatoprotector Chophytol to psoriatic patients. During progressive phase - 3 capsules per day or 1 bottle of suspension 2 times a day for 12 days. Hepatoprotector Chophytol - oral solution: 2.5-3 ml 3 times a day before meals for 14-21 days. Established that the complex therapy of such patients provokes positive dynamics of psoriasis clinical manifestation on the 8 – 12 day of treatment. Patients were observed an improvement in general condition, their sleep becomes better, the intensity hyperemia of papules reduced, desquamation decreased. Thus, the results of the study indicate that Enterozhermina forte and Chophytol drug is effective and important component of a complex therapy of adult psoriasis patients with different ages with stable clinical manifestations, accompanied by functional and dysbiotic disorders of the gastrointestinal tract. Enterogermina forte and Chophytol promotes a regression of erythematous or infiltrative skin rash. Also observed a PASI index decreased of study group patients at the end of their treatment process compared to its original rate (67,5%). Despite the fact that PASI index of patients who received only basic therapy decreases by 68 percent which allow us to recommend a usage of probiotic Enterogermina forte and hepatoprotector Chophytol in complex therapy of Psoriasis.

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**THE SIGNIFICANCE OF COMORBIDITY ASSESSMENT IN PATIENTS
WITH URTICARIA**

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To start with, the American Academy of Allergy Asthma and Immunology estimates that between 15–24% of people have experienced acute urticaria, angioedema, or both at some point in their lives. Moreover, most cases are observed at ages between 20 to 40 years. The prevalence of chronic urticaria (CU) in the general population is 0.5-1%. Although, because most individuals can diagnose urticaria and realize that it is a self-limited condition, they do not seek medical attention despite the substantial decrease in quality of life. As a result, the real number of patients with this ailment exceeds the aforementioned figures. Thus, we decided to identify triggering or exacerbating factors and indicate any underlying causes that may provoke a long recurrent course of urticaria. This study aimed to examine the prevalence of comorbidities in patients suffered from urticaria (U). In our specialized dermatological unit, 15 patients with U were observed from February 2020 to October 2020. Chronic urticaria (CU) was defined by the presence of hives and itch for 6 weeks or longer, acute urticaria (AU) – less than 6 weeks. U activity was evaluated by using a simple unified validated system, the UAS7 score. Also, the urticaria control test (UCT), was used to assess the impact of the disease on quality of life and disease control. All patients included in the study group were consulted by related specialists, following the current Protocol providing medical care to patients with U. The main issues to be studied were the gastrointestinal ecosystem, especially, the features of the intestinal biocenosis of patients with U. Except for routine clinical examination, special laboratory (immunological, bacteriological) and statistical research methods were applied too. According to the results of received data, female cases (67% versus 33%) aged 45-65 year old prevailed among 15 patients diagnosed with U. 9 (60%) of the surveyed persons lived in the city, 6 (40%) patients lived in the rural areas. During follow-up, only 3 patients out of 15 suffered from AU and 12 cases had CU, such as chronic spontaneous urticarias (CSU) in 8 patients and 4 cases - chronic inducible urticarias (CIndUs) (1 patient - cholinergic urticaria, 3 patients reported concomitant physical triggers). Disease course of 2 cases showed familial cold urticaria, and in 2 patients were revealed an overrepresentation of mast cell-mediated diseases including mastocytosis, namely, urticaria pigmentosa (maculopapular cutaneous mastocytosis) and isolated mastocytoma; 1 patient had hereditary angioedema and atopic dermatitis. Depression and anxiety were confirmed in 13 patients, sleep difficulties – in 11 cases. Among the endogenous factors that could cause the development and recurrence of chronic urticaria, the endocrine disorders were revealed: 3 patients