

allergic contact dermatitis. The point prevalence of contact sensitivity is 15.2% in teenagers whereas in adults it can reach 18.6%. Urticaria (U) (“hives”) may affect up to a quarter of people at some time in their lives. Due to the fact that 100% of patients with allergodermatoses have various disorders of the gastrointestinal tract and changes in the microbiocenosis of the intestine, which in turn leads to sensitization and deterioration skin diseases. Thus, we decided to indicate peculiarities of clinical course of allergic diseases (AD) (urticaria and irritant/allergic contact dermatitis) in patients with the intestinal biocenosis disorders.

The aim of this study was to evaluate the features of the clinical manifestation in patients with various clinical forms of allergodermatoses on the underlying changes of intestinal microbiota profiles. In our specialized dermatological unit 25 patients were diagnosed with allergic dermatoses, such as, urticaria and irritant/allergic contact dermatitis from February 2020 to October 2021. 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. All patients included in the study group were consulted by related specialists, in accordance with the current Protocol providing medical care to patients with AD. The main issues to be studied were the features of the intestinal biocenosis of patients with AD. We performed a prospective study on patients who underwent routine clinical examination and special laboratory (immunological, bacteriological) and statistical research methods were applied as well. According to the results of received data, among 25 aged between 45 and 67 patients diagnosed with AD cases of female obesity were more frequent than cases of male obesity (52% versus 48% correspondingly). 17 (68%) of the surveyed persons lived in the city and 8 (32%) patients – in rural areas. The majority of patients had (84%) the pathological process spread over the large area of skin and in 4 patient (16%) the spread was limited; in 22 (88%) patients the dermatosis had a chronic course from 6 months to 20 years, and in 3 (12%) - was diagnosed for the first time. During follow-up research, only 3 patients out of 15 suffered from AU and 12 cases had U, such as chronic spontaneous urticarias (CSU) in 8 patients and in 4 cases - chronic inducible urticarias (CIU) (1 patient - cholinergic urticaria, 3 patients reported concomitant physical triggers). Throughout the course of disease in 3 cases familial cold urticaria developed. Due to microbiological method, used to study the composition of the gut microbiota in patients with AD, dysbiotic disorders were characterized by a decrease in the quantitative content of aerobic and anaerobic bacteria, predominantly, with moderate and severe clinical course and widespread skin lesions. The number of Bifidumbacteria was most frequently reduced in patients with AD - 8 cases, there was a decrease in seeding of Lactobacilli in 5 patients. In 7 patients with allergodermatosis there was observed an increase in the number of Clostridia, Bacteroids and some strains of Escherichia coli as well. The increase in the number of pathogenic microorganisms was detected in 16 patients (*H. alvei*, *K. pneumoniae*, *Proteus spp.*, *E. aerogenes*) and also frequent detection of fungi of the genus *Candida* (21 patients) and *Staphylococcus aureus* (6 cases - mainly with moderate clinical course and extended rash). In the most of patients (92%) digestive impairment with concomitant, often combined, have been detected as well as diseases of the hepatobiliary system or intestinal tract (6 – chronic latent hepatitis of mixed etiology, 7 - chronic cholecystitis, 4 - chronic pancreatitis, 8 - chronic gastroduodenitis, 25 - dysbiosis I-III grade). Intestinal parasitosis was found in 8 cases (*Helicobacter pylori* – 4 patients, Lambliosis – 6 cases).

In conclusion, allergodermatoses (urticaria, irritant/allergic dermatitis) impaired with the gut microbiota might lead to the chronicity and severer course of AD in patients.

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PECULIARITIES OF IMMUNOLOGICAL INDICES IN HIV INFECTION IN THE TUBERCULOSIS ASSOCIATION

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The relationship between tuberculosis and HIV at the cellular level is very complex and poorly understood. Reducing the number of CD4 + T lymphocytes in HIV infection significantly

increases susceptibility to tuberculosis infection or reactivation of initially latent tuberculosis infection. Foreign authors point to the great role of cytokines in the pathogenesis of HIV infection. There are very few such studies in the combined pathology of HIV/TB in the domestic literature.

The aim of the work: is to perform comparative analysis of individual laboratory parameters of groups of patients with HIV combined with tuberculosis (TB) and TB monoinfection. A comprehensive immunological examination of 231 patients was performed, including 155 HIV-infected with active tuberculosis and 76 tuberculosis alone. The HIV/TB group was divided into 3 subgroups, depending on the time when the TB was joined to the HIV infection. CD4 + T-lymphocyte, CD8 + T-lymphocyte, CD4 +/CD8 + index, interleukin-4 (IL-4), interferon- (IFN-) and tumor necrosis factor- (TNF-) were compared with combined HIV/TB infection and patients with TB monoinfection. We established a significant difference between the CD4 + T lymphocyte indices, the CD4 +/CD8 + ratio in the associated HIV/TB infection, as well as in the 1st and 3rd subgroups of HIV/TB compared to the TB monoinfection patients, which was significantly higher. CD4 + T lymphocytes and higher CD4 +/CD8 + index in patients with TB monoinfection.

In the HIV/TB group, there was an average feedback force between the CD4 + T lymphocyte count and serum IFN- concentration (correlation coefficient $r = -0.36$, confidence level $P < 0.05$); weak feedback between CD4 + T lymphocyte count and serum TNF- concentration ($r = -0.29$, $P < 0.05$); a weak direct relationship between viral load level and serum IFN- concentration ($r = 0.25$, $P < 0.05$); the mean direct link between the viral load level and serum TNF- concentration ($r = 0.38$, $P < 0.05$); the mean strength was the inverse relationship between the number of CD4 + T lymphocytes and the level of viral load ($r = -0.44$, $P < 0.01$). In the group with TB monoinfection, no correlation was found between CD4 + T lymphocyte counts and cytokine parameters.

Thus, in the case of associated HIV/TB infection, CD4 + T lymphocyte indices, CD4 +/CD8 + ratios were significantly lower compared to patients with TB monoinfection. As HIV infection progresses (decrease in CD4 + T lymphocyte count and increase in HIV load), there is an increase in serum IFN- and TNF- content, which probably indicates a decrease in the number of anti-inflammatory T-regulatory cells, or a decrease in their suppressor cells. activity. The signs of progression of combined HIV/TB infection should be considered a rapid decrease in CD4 + T lymphocyte count, CD4 +/CD8 + ratio, an increase in HIV load, an increase in serum TNF- and IFN- content.

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A COMPREHENSIVE TREATMENT OF PATIENTS WITH ROSACEA CONSIDERING FUNCTIONAL CHANGES OF THE HEPATOBILIARY SYSTEM ORGANS

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Improvement of the results of treatment of patients suffering from rosacea is a topical issue of modern dermatology. Rosacea is a common chronic dermatosis registered in different regions of Ukraine among 3-5% of the population. Clinical manifestation of rosacea is localized on the open skin areas – for example, the face. It possesses long chronic course, often resistant to standard therapy. All these factors are a cause of reduced ability-to-work and social activity of patients which stipulates the importance to increase the effect of treatment of such patients. Rosacea is known to be a poly-factor dermatosis. An important role in its pathogenesis belongs to disorders of the neuroendocrine regulation, vegetative dysfunctions, microcirculation changes, and functional disorders of the digestive organs, which should be taken into account in the treatment of such patients. Objective of the research was to increase the effect of treatment of patients with rosacea considering changes of the functional state of the hepatobiliary system organs. 37 patients aged from 28 to 69 years suffering from rosacea were examined including 26 women and 11 men. According to clinical signs on the skin 17 patients were diagnosed to have erythematous-teleangiectatic form of rosacea, and other 20 individuals – papulopustular form of dermatosis. Dermatitis lasted from 2 to 6 months in 11 patients, and the rest 26 patients – from 7 months to 1