МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

104-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
06, 08, 13 лютого 2023 року

Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2023 році №5500074

Чернівці – 2023

імунокорегуючих препаратів.

Аналізуючи отримані результати лікування системної поліхіміотерапії (групи 2 і 5) та дистанційної гама терапії (1 і 4) групи, встановлено токсичні ефекти цисплатину (включно з гематологічною, нирковою, неврологічною та ототоксичністю), що обмежує спроби застосування більших доз препарату або схем з інтенсифікацією дози. Виживання хворих у даній ситуації складає від 6 до 9 місяців. Враховуючи обмежений вибір методів лікування у пацієнтів з раком глотки, стає очевидною потреба в ефективних і добре переносимих підходах до лікування. Для вирішення цієї проблеми ми розрибили нову схему хіміотерапії з використанням токсонів. Токсони – це цитостатики рослинного походження із тихоокеанського та європейського тиса, так звані (таксол, таксотер), токсичність яких значно нижча, ніж традиційних хіміопрепаратів. Проведення курсу лікування у досліджуваних групах (3 і 6) проводилось з використанням паклітакселу (Таксол), який призначався як в монорежимі, так і в комбінації з 5-фторурацилом. Таксол призначався в дозі 100 мг/м2 в 1-й день внутрішньовенно впродовж 1 години, 5-фторурацил в дозі 600 мг/м2/д в 1-5-й дні. Паралельно с поліхіміотерапією проводилась стандартна променева терапія в СВД 60-64 Гр. Загальна річна виживаємість складала 64% досліджуваних хворих.

Висновки. Одержані результати проведеного нами дослідження дозволяють вважати за доцільне включення до схеми внутрішньовенної системної поліхіміотерапії токсонів (паклітакселу), оскільки їх використання збільшує тривалість і якість життя хворих, та дає основу для розробки органозберігаючих методів лікування хворих.

СЕКЦІЯ 18
АКТУАЛЬНІ ПИТАННЯ ШКІРНО-ВЕНЕРИЧНИХ, ІНФЕКЦІЙНИХ ХВОРОБ ТА ТУБЕРКУЛЬОЗУ

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THE INFLUENCE OF ANTIRETROVIRAL DRUGS ON THE LOAD OF HIV IN BLOOD AND CSF

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Introduction. Despite the general regularity - a lower concentration of HIV compared to blood and a decrease in the content of the virus in body fluids against the background of successful ART, there are data indicating cases of discordant results of determining the viral load in the blood and other biological samples of the same patient.

The aim of the work is to determine the HIV load in the blood and cerebrospinal fluid of patients, depending on the use of antiretroviral drugs (ARV).

Material and methods. In 116 patients with HIV infection, paired samples of blood and cerebrospinal fluid were examined to determine the level of viral load in both biological fluids, as well as the number of CD4+ lymphocytes in the blood.

Results. It was established that in patients receiving antiretroviral therapy (ART), the difference between the HIV load in blood plasma and cerebrospinal fluid (CSF) was significantly smaller than in persons who did not take ARVP.

In patients who did not receive ARVP, a statistically significant inverse relationship between the HIV load in the blood and the number of CD4+ lymphocytes was found - r=-0.626...-0.678 at P<0.001. In addition, there is a clear positive correlation of medium strength between the level of viremia and the clinical stage of HIV infection - r=0.414...0.451 at P<0.01, as well as the duration of the disease - r=0.391...0.430 at P<0. 01. The number of CD4+ lymphocytes was expected to be inversely weakly correlated with the clinical stage of HIV infection (r=-0.084...-0.129, P<0.05) and its duration (r=-0.116...0.202, P<0.05). Accordingly, a direct correlation of average strength was established between the levels of viral load in blood and cerebrospinal fluid (r=0.342, P<0.01).

In the group of these persons, the viral load in the blood ranged from 2.6 to 6.9, making an average of 5.3 lg RNA copies/ml (95% CI 5.1-5.5), in SMR – from an undetectable level to 5 .9 lg

RNA copies/ml, on average – 3.8 lg RNA copies/ml (95% CI 3.6-4.1). On average, the level of viremia exceeded the viral load in CMP by 1.5 lg RNA copies/ml (P<0.05). An increase in the viral load in the blood by 1 lg of RNA copies/ml corresponded to an increase in the HIV load in the cerebrospinal fluid by only 0.36 lg (non-parametric regression, P<0.05).

Conclusions. Taking ARVP leads to a decrease in the amount of virus in both blood and cerebrospinal fluid, but the dynamics of virus suppression in these biological fluids differ significantly. In patients receiving ART, the difference between HIV loads in blood and cerebrospinal fluid was significantly smaller than in untreated patients, reaching negative values in the group of patients with experience of taking drugs for more than 6 months.

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A COMBINED USE OF ANGIOPROTECTIVE AND ENZYMATIC AGENTS IN A COMPREHENSIVE TREATMENT OF ALLERGODERMATOSIS

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Introduction. Improvement of therapeutic efficacy of patients suffering from allergodermatosis is a topical task of modern dermatology. Allergodermatosis is a widespread group of allergic skin diseases including allergic dermatitis, eczema, atopic dermatitis etc. According to clinical observations in recent years allergodermatosis has been marked to have a tendency to more severe clinical course with diffuse skin lesions, the signs of acute inflammation in the skin lesion foci (erythema, swelling, infiltration), which becomes a cause of decreased or lost ability to work and social activity for a long time. According to the results of the scientific research conducted, allergodermatosis possesses a multifactor pathogenesis. Changes of the immune and neuroendocrine regulation, metabolic disorders, as well as skin microcirculation disorders are of considerable value for its development and course. It should be considered in the process of indicating medicines of systemic and external therapy for patients.

The aim of the study. To improve the efficacy of treatment of patients suffering from allergodermatosis with the signs of acute inflammation in the skin lesion foci by means of administering a combined angioprotective drug containing Diosmin and Hespiridine, and the enzymatic drug containing Serratiopeptidase in addition to a comprehensive therapy.

Material and methods. 49 patients suffering from allergodermatosis were examined including 26 males and 23 females aged from 19 to 78 years. Eczema was diagnosed in 36 patients (12 patients with true eczema, 24 – with microbial forms of eczema, that is, paratraumatic and varicose), and atopic dermatitis was diagnosed in 13 patients (eczema-like or lichenoid forms). All the patients presented diffuse skin lesion foci. They were associated with acute inflammatory signs (erythema, swelling). In the process of treatment, patients were divided into two groups: comparative (25 patients including 18 ones with eczema and 7 with atopic dermatitis) with standard treatment, and the main group (24 patients including 18 individuals with eczema and 6 with atopic dermatitis). In addition to the standard therapy, the latter received a combined angioprotective drug containing Diosmin and Hespiridine (1 tablet 2 times a day during 7 days followed by 2 tablets once a day during 14 days more), and the enzymatic drug containing Serratiopeptidase (1 tablet 3 times a day during 10 days) possessing anti-inflammatory and anti-swelling effect.

Results. As clinical observations have shown, patients with eczema and atopic dermatitis from the main group, who were prescribed an angioprotective drug containing Diosmin and Hesperidine and an enzymatic drug containing Serratiopeptidase against the background of the standard therapy, experienced a reduction in hyperemia and edema in earlier periods, while patients with eczema - cessation of wetting in foci of skin lesions with a reduction in the duration of their treatment (an average of 5-7 days). On completion of treatment, the condition of clinical recovery was stated in 8 (32,0%) patients with allergodermatosis, considerable improvement – in 17 (68,0%) individuals. Among the patients from the main group there were 15 (62,5%) and 9 (37,5%) patients respectively, which according to the applied nonparametric dispersive Friedman's analysis has a