

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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DETERMINATION OF THE MICROBIOME STATE OF THE LARGE INTESTINE IN PATIENTS WITH ECZEMA

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Introduction. Eczema is a common skin disease from the group of allergic dermatoses. The share of eczema in the structure of skin pathology is from 12% to 34%. According to clinical observations, eczema in recent years has a tendency towards a more severe clinical course with widespread skin damage, acute inflammatory manifestations, frequent and long relapses, which causes a decrease in the patients' ability to work and their social activity. Therefore, an urgent task of modern dermatovenerology is to determine the pathogenetic factors of the aggravated clinical course of eczema in order to improve the effectiveness of its treatment. According to modern research, eczema is a multifactorial skin disease. Both exogenous and endogenous factors play an important role in its development and course. They include changes in immune and neuroendocrine regulation, hemodynamic disturbances, foci of chronic infection, etc., which should be taken into account when prescribing a comprehensive therapy to this group of patients.

The aim of the study. Learn and analyze the nature of changes in the indicators of the microbiome of the large intestine in patients with eczema.

Material and methods. The results of clinical and laboratory examination of 34 eczema patients, including 19 men and 15 women aged 19 to 73, were analyzed. The microbiome state of the large intestine in eczema patients was studied by means of the microbiological method inoculating feces on standard differential diagnostic and selective nutrient media.

Results. During the clinical examination, microbial forms of eczema (infectious dermatitis) were diagnosed in the majority – 23 (67.6%) out of 34 patients with eczema. These forms were paratraumatic, varicose, and nummular. Idiopathic eczema was diagnosed in 11 (32.4%) patients. In the majority – 30 (88.2%) patients, the pathological process on the skin was widespread, in 4 (11.8%) patients it was limited. In 29 (85.3%) patients, the skin disease had a chronic course from 6 months to 24 years, and in 5 (14.7%) it was diagnosed for the first time. During the laboratory study of the microbiome of the large intestine, it was found that only 6 (17.6%) patients with eczema (mostly with limited skin damage and a short-term course of dermatosis) had a state of normobiocenosis of the colon, and in the majority – in 28 (82.4 %) of patients there were changes in the parameters of the intestinal flora with signs of dysbiosis I - IV degrees. It was manifested by a decrease in the population level of bacteria of the genus *Bifidobacterium* and *Lactobacillus* against the background of an increase in the content of enterobacteria (*Enterobacter*, *Proteus*), staphylococci, yeast-like fungi of the genus *Candida* and others, with a predominance share of persons with II (39.3%) and III (28.6%) degree of colon dysbiosis. At the same time, the interdependence between the degree of changes in the state of the intestinal microbiota and the clinical forms of eczema was established. Thus, among 11 patients with idiopathic eczema, the majority (8 persons – 72.7%) were diagnosed with normocenosis or dysbiosis of the I degree, and only in 3 (27.3%) persons – II and III degrees. Among 23 patients with microbial forms of eczema 6 (26.1%) individuals were found to have normocenosis or dysbiosis of the I degree, and the remaining 17 (73.9%) patients – II - IV degrees. According to Friedman's non-parametric variance analysis it has a probable difference ($\chi^2 = 6.68$ for the critical value of this indicator – 3.84).

Conclusions. Among the examined patients with eczema, patients with microbial forms of dermatosis, widespread skin damage and long-term course prevail. In a significant part (82.4%) of eczema patients, changes in the indicators of the microbiome of the large intestine with signs of dysbiosis of varying degrees of severity were found, while more significant manifestations of intestinal microbiome dysbiosis were found in patients with microbial forms of eczema. It might be one of the reasons for the formation of microbial sensitization in this group of patients and should be considered when planning diagnostic and therapeutic tactics for them.