MECHNIKOV READINGS
THE INTERNATIONAL CONFERENCE 2016

# МАТЕРІАЛИ

**науково-практичної конференції за участю міжнародних спеціалістів**
**МЕЧНІКОВСЬКІ ЧИТАННЯ – 2016.**
**Актуальні проблеми парентеральних інфекцій**
12-13 травня 2016 р., м. Харків, Україна

Харків, 2016

**Міністерство охорони здоров'я України**
**Харківський національний медичний університет**
**Асоціація інфекціоністів України**
**Обласна клінічна інфекційна лікарня, м. Харків**
**Харківський міський благодійний фонд «Благо»**

# МЕЧНІКОВСЬКІ ЧИТАННЯ - 2016. АКТУАЛЬНІ ПРОБЛЕМИ ПАРЕНТЕРАЛЬНИХ ІНФЕКЦІЙ

**Матеріали науково-практичної конференції**
**за участю міжнародних спеціалістів**
**(12-13 травня 2016 року, м. Харків)**

**ЗАТВЕРДЖЕНО**
**вченою радою ХНМУ.**
**Протокол №5 від 21.04.2016**

**Харків**
**2016**

**УДК: 616.98(062.552)**



**Генеральний спонсор:**

**PHARCO Corporation, European Egyptian Pharm. Ind., Ayapharma**

**Партнери конференції:**

**ТОВ «Рош Україна»**

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# CLINICAL CASE OF THE SEVERE CYTOMEGALOVIRUS INFECTION IN COMBINATION WITH COMORBID DISEASE

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Congenital cytomegalovirus (CMV) infection is one of the most common manifestation of intrauterine infections (IUI) with a prevalence of 0,2-2,2%. In asymptomatic at birth cases the consequences of this IUI could occur in the first five years of life. In 10% of infants with CMV IUI petechiae, hepatosplenomegaly and jaundice are revealed. Symptoms of early postnatal CMV infection are very similar to the IUI, except of the severe injury of the central nervous system in congenital cases. Hematological symptoms of congenital CMV infection in infants are often accompanied by thrombocytopenia, CMV is the cause of the erythropoiesis suppression. The most typical manifestation is also the hemolytic anemia with severe erythroblastosis, polychromasia, damage and pathological morphology of the membrane of red blood cells and possible development of complication - an autoimmune hemolysis. Difficulty in diagnosis of the CMV-infection is associated with the low specificity of clinical manifestations and the multiple organ injury, prolonged persistence of the pathogen in the body, a significant prevalence of mixed infections and their frequent combination with the somatic disorders in newborns.

Aim of the research: to present the clinical case of CMV IUI with possible postnatal parenteral transmission in the child of early age.

Material and methods. Clinical observation, methods of verification of the viral, protozoa, bacterial infections.

Results. The full-term boy was born with severe anemic syndrome, indirect hyperbilirubinemia and hepatosplenomegaly. According to clinical observation and ultrasound of the abdomen the size of his liver and spleen increased progressively for six days after birth, it was accompanied by dynamic increase of direct fraction of bilirubin, decrease of platelets count. ELISA-diagnostics of the child's serum

revealed the presence of the anti-toxoplasma (IgG 114 IU/ml, IgM 0,2 AI) and anti-CMV antibodies (IgG 4,9 AI, IgM less than 0,2 AI). The newborn child was diagnosed with mixed IUI with primary hematopoietic and liver damage (cholestatic-cytolytic variant). Anti-toxoplasma immunoglobulin was administered to child, but because of severe liver injury specific causal treatment of toxoplasmosis was postponed due to its hepatotoxicity. Later on anemic syndrome with indirect hyperbilirubinemia recurrently repeated in a child, it was dependent on transfusions but refractory to treatment. The presence of DNA of CMV and herpes virus type 6 was confirmed by PCR in the dynamic study of the five-month old child's blood. The child was diagnosed with severe congenital CMV infection in the replication phase and comorbid congenital nonspherocytic hemolytic anemia of unknown origin with continuous crisis. The genesis of comorbid congenital nonspherocytic hemolytic anemia was not set despite the study of enzyme activity in red blood cells, assessment of their osmotic resistance and Coombs tests. The patient received anti-CMV ganciclovir intravenously, antiherpetic valaciclovir orally. As a result of the treatment positive clinical dynamics was observed, which was accompanied by a decrease of the hepatolienal syndrome and gaining weight, but multiple red blood cell transfusions were not accompanied by significant or prolonged rise in hemoglobin levels. After the treatment twice done PCR child's blood tests for CMV DNA were negative. Taking into account the crisis duration of the disease, splenectomy was discussed. Because of the recurrent multiple transfusions of packed red blood cells due to onset of the severe anemia since the first days of life it is impossible to rule out the postnatal parenteral transmission of the CMV infection.

Conclusion. The clinical case refers to the rare clinical diagnostic situations in medical practice when it is difficult to make a final conclusion about the etiology of the IUI. Verification of the intrauterine mixed infection was problematic in the neonatal period and during follow-up. The complexity of the diagnostic process was caused by the absence of the typical neurological symptoms and coexistence of the congenital nonspherocytic hemolytic anemia. Because of the recurrent multiple

transfusions of packed red blood cells was impossible to rule out the postnatal parenteral transmission of the CMV infection.

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## THE ROLE OF BACTERIAL MICROFLORA IN DEVELOPMENT OF PYOINFLAMMATORY PROCESSES IN PATIENTS WITH TRICHOMONIASIS

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Infectious protozoal diseases of female genital organs are serious medical and social problem. Despite significant advances in diagnosis and treatment of urogenital infections, they continue to occupy a leading position among obstetric morbidity. One of the etiological factors of vaginitis are protozoan, against which joins a secondary infection caused by viruses, pathogenic microflora and fungi type of Candida. Trichomonas vaginalis is the main causative agent of protozoal vaginitis. As a rule, 50% of women infected with the protozoan bacterial vaginitis have asymptomatic disease course.

The aim of our study was to determine the species composition of the associated microflora isolated from the vagina of women with protozoal bacterial vaginitis.

Materials and methods. Test material was selected on the base of "Mechnikovs institute of microbiology and immunology". 34 patients were examined with a confirmed diagnosis of trichomoniasis (from medical history). The selection of material was carried out in accordance to current normative documents of the Ministry of Health of Ukraine. On the recommendations of "Identification of bacteria Bergey" clinical strains of microorganisms were identified. The identification of Candida spp. performed with the help of "Determinant of pathogenic and opportunistic fungi", Moscow, 2001.

Results. Species composition of the associated microflora isolated from patients with trichomoniasis was established. In 60.0% of cases the cause of