

ated and the number of CD4⁺-lymphocytes increases rapidly due to it, then there is an excessive stimulation of their activity by cytokines secreted by infected macrophages. As a result, there is an overwhelming increase in concentration of T-helper-1 proinflammatory cytokines, such as IFN- γ , IL-2 and IL-12. The next chain is increased synthesis of proinflammatory IL-6 and TNF- α by macrophages which leads to the appearance of new or progression of existing pathomorphological and clinical manifestations of tuberculosis.

Thus, T-helpers play a key role in the pathogenesis of IRIS. However, there are probably additional factors that influence the formation of an excessive inflammatory response to TB infection. This opinion is prompted by the fact that in some patients IRIS develops before a significant increase in the number of T-lymphocytes in the peripheral blood. Such situations are thought to be associated with a local cell-mediated immune response involving CD4⁺-lymphocytes.

Conclusions. The immunopathogenesis of immune reconstitution inflammatory syndrome is based on a sharp increase in the number of T-helpers against the background of opportunistic infection in the body with subsequent excessive activation of macrophages and the synthesis of a large amount of pro-inflammatory cytokines with corresponding pathomorphological changes.

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ADVERSE REACTIONS TO DRUGS IN PATIENTS WITH COMORBID DISEASES MULTIDRUG-RESISTANT TUBERCULOSIS AND DIABETES MELLITUS

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Introduction

The problem of tuberculosis in patients with diabetes mellitus (DM) has received increasing attention in recent years. Increased interest is due, on the one hand, to an increase in the number of tuberculosis patients with multiple drug resistance of the pathogen, and on the other - a steady increase in the prevalence of diabetes in Europe.

Materials and methods. A retrospective analysis of 1687 medical records was carried out, that were listed in the registry database of Chernivtsi Regional Clinical TB Dispensary.

Results and discussion.

Having conducted a retrospective study, the polymorbidity of TB / DM was found in 6.6% of cases which slightly differs from the index that co-researchers had found, that was 6.3%. In the following diagram the frequency of comorbid TB / DM disease in Chernivtsi region is shown. The results rather indicate on increase in the proportion of diabetes mellitus in the population

than the increase of tuberculosis infection.

From a gender perspective, there are more men in the examined sample which is statistically a common occurrence for patients with TB. According to age distribution, there were more middle-aged and elderly people in both samples, comorbidity of TB and diabetes, however, was definitely more common among people over 45 years old (the difference was 3.9 times, $p=0.05$).

According to the results of our research presented on the slide, diabetes is registered in 16.9% of TB cases with diagnosed poli- and comorbidity. It was discovered that common types of tuberculosis are definitely more often diagnosed in the examined group of patients (58% – disseminated clinical type). In the sample of TB/diabetes comorbidity, type 2 diabetes, diagnosed in 81.4% of cases, prevailed.

Conclusions

To sum it up, according to the results of our research, the prevalence of TB/diabetes comorbidity constitutes 6.7% in the general sample. Comorbidity of TB/diabetes prevails among males (79.9%) aged between 45 and 70 and in more than half the cases is characterized by the disseminated clinical form (58%). Drug-susceptible TB constitutes 86%, multiresistant – 7.2%, drug resistant tuberculosis divided according to the resistance profile: 3.4% – monoresistant and 3.4% – poliresistant tuberculosis.

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СУЧАСНІ ПІДХОДИ ДО ДІАГНОСТИКИ МЕДИКАМЕНТОЗНОЇ АЛЕРГІЇ

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Діагностика медикаментозної алергії (МА) являє достатньо велику складність, що обумовлено як самою структурою лікарських алергенів, так і різними варіантами імунної відповіді на ліки. Згідно з Міжнародним Консенсусом по медикаментозній алергії (International Consensus on drug allergy) реакції на ліки, за клінічними ознаками, які нагадують алергію, рекомендується позначати терміном «реакції лікарської гіперчутливості» (РЛГ). У той час як «медикаментозна алергія» – це РЛГ, для якої продемонстрований певний імунологічний механізм.

Головним патогенетичним механізмом АР на лікарські засоби (ЛЗ) є змінена імунна реактивність, яка проявляється у гіперпродукції специфічних антитіл, частіше IgE, рідше IgG4, специфічно сенсibiliзованими В-лімфоцитами, прозапальних цитокінів та інших медіаторів, таких як преформовані (гістамін, триптаза, гепарин, хімаза, хемоаттрактанти), так і вторинних (цістеїнові лейкотрієни, простагландини, тромбосани, фактор, який активує тромбоцити, брадікін).

При пошуку «винного» алергену анамнез є визначальним. Характерний зв'язок клінічних симп-