



In the presence of secondary diseases and opportunistic infections, the number of CD4 + T lymphocytes was significantly lower compared to patients without these diseases. However, the level of serum concentration and spontaneous production of IL-4 and IFN- $\gamma$ , as well as viral load was higher than other secondary diseases.

HIV load levels, CD4 + T lymphocytes IL-4, IFN- $\gamma$  rates for individual secondary infections and conditions in HIV / TB patients were also evaluated. It was found that the smallest number of CD4 + T-lymphocytes was in patients with frequent recurrences of herpes zoster, which led to the formation of a "herpetic label"-(102,0 $\pm$ 10,3) cells / mm<sup>3</sup>, compared, for example, with a group of individuals, which revealed oropharyngeal candidiasis or mycosis of the hands and feet. The concentration of spontaneous IL-4 production was characterized by a statistically significant increase in the case of registration of cerebral toxoplasmosis, continuously recurrent shingles and cachexia.

The serum concentration of IFN- $\gamma$  was lowest in cerebral toxoplasmosis-(7.8 $\pm$ 1.6) pg / ml, and spontaneous cytokine production in patients with frequent recurrent gingival herpes - (2.4 $\pm$ 0.6) pg / ml / 10<sup>6</sup> compared to all other secondary diseases and opportunistic infections.

Viral load was the highest with cerebral toxoplasmosis, continuously recurrent herpetic infection and cachexia, and the lowest with fungal lesions of the oropharynx, hands, and feet.

Thus, the most significant increases in spontaneous production of IL-4, serum concentrations of IFN- $\gamma$ , viral load, and decrease in spontaneous production of IFN- $\gamma$  are observed in such extensive symptoms as cerebral toxoplasmosis, recurrent herpetic infection with herpetic infections, non-motivated weight loss (over 10% for 6 months)-cachexia. Less significant deviations were found in the localized form of mycosis and in the case of clinically manifest CMVI reactivation. In the case of secondary diseases and opportunistic infections incidence of death of patients was significantly higher than in their absence.

**Perepichka M.P.**

### **ANALYSIS OF CLINICAL AND LABORATORY CONSEQUENCES OF A COMPREHENSIVE TREATMENT OF PATIENTS WITH PSORIASIS AFTER THE USE OF MULTIPROBIOTIC AND POLYENZYMATIC DRUG**

*Department of Dermatovenereology  
Higher State Educational Establishment of Ukraine  
"Bukovinian State Medical University"*

Psoriasis is a widespread chronic dermatosis affecting about 2-5% of the world population. In recent years psoriasis is characterized by more severe clinical course with frequent and long relapses, resistance to treatment, which is a reason of low ability to work and social activity of patients. All these determines an important medical and social value of psoriasis and substantiates essential improvement of its treatment.

Objective of the study was to analyze clinical-laboratory consequences of treatment of patients with psoriasis using multiprobiotic and polyenzymatic drug. The study involved 83 patients with psoriasis (57 men and 26 women) aged from 21 to 76. 62 (74,7%) of the patients were diagnosed with vulgar psoriasis (common), 21 (25,3%) of them were diagnosed with complicated forms of psoriasis – exudative, invert, pustulatory. To assess clinical signs and efficacy of treatment the Psoriasis Area Severity Index (PASI) was determined. The mean value of PASI in patients with psoriasis before treatment was 27,1 $\pm$ 0,64. Microbiota state in the colon cavity of patients suffering from psoriasis was examined by means of a classical microbiological method.

According to the results of the study 69 (83,1%) of patients with psoriasis developed colon dysbiosis of I-II degree mainly, with decreased content of bifidus and lactic acid bacilli, and increased amount of opportunistic and pathogenic flora. In the process of treatment the patients with psoriasis were divided into 2 groups correlated with their sex, age and clinical signs of dermatosis: I (comparative) group – 42 patients administered to the standard therapy, II (main) group – 41 patients additionally administered to the multiprobiotic containing *Bifidobacterium*, *Lactobacillus*, *Lactococcus*, *Propionibacterium* (Symbiter acidophilic) and polyenzymatic drug



containing highly active enzymes of plant and animal origin (Wobenzym) possessing anti-inflammatory, antioxidant, immune modulating and resolving action.

Administration of the multiprobiotic Symbiter acidophilic and systemic polyenzymatic drug Wobenzym in a comprehensive treatment of psoriasis was found to promote normalization or a tendency to normalization of the colon microbiota indices. It was manifested by decreased signs of dysbiosis, accelerated regression of the elements of skin rash with a reliable decrease of PASI among the patients from the main group at the end of treatment compared with its initial value by 74,9% (among patients from the comparative group – by 51,6%). Observation of patients with psoriasis during a year determined a longer period of clinical remission and decreased frequency of dermatosis relapses (1,73 times, in patients from the comparative group – 1,24 times;  $p < 0,001$ ).

Therefore, administration of the multiprobiotic Symbiter acidophilic and systemic polyenzymatic drug Wobenzym in a comprehensive treatment of psoriasis with dysbiosis signs promotes normalization or a tendency to normalization of the colon microbiota indices of patients, and improves clinical results of treatment: accelerates regression of the elements of skin rash, continues the state of clinical remission and decreases relapse frequency during observation of patients for a year.

**Pudiak Kh.I.**

### **CARDIOVASCULAR COMPLICATIONS ACCORDING TO ECHOCARDIOGRAPHY AMONG ASYMPTOMATIC HIV-INFECTED PATIENTS**

*Department of Internal Medicine and Infectious Diseases  
Higher state educational establishment of Ukraine  
«Bukovinian State Medical University»*

Before the availability of antiretroviral therapy (ART), cardiovascular diseases were commonly found in adult HIV-infected patients with advanced HIV disease. However, nowadays the involvement of the heart in the pathological process in HIV-positive patients is relatively widespread and is associated with an increase mortality rate despite the existence of ART. Therefore, it is important to find simple prognostic features for early detecting cardiovascular disease in HIV-infected patients. Echocardiography, a noninvasive technique, contributes to the diagnosis of cardiac lesions in asymptomatic HIV-positive subjects.

Objectives – to investigate the structural changes of heart muscle in patients with HIV by comparing different prospective observational echocardiographic studies.

The results of our studies show almost the same percentage of cardiovascular damage in the examined HIV-infected patients. Partially different results of the research can be explained by the different ages of the studied populations, mean CD4 count, immunosuppression level, criteria for selecting patients, including the inclusion/exclusion of patients who received antiretroviral therapy. According to the investigation of Indian scientists, 35.7% patients had some abnormal 2D echofindings which was associated with low CD4 count.

Among the echocardiographic findings 23.2% patients had low left ventricular ejection fraction (LVEF). By another Indian's scientists, echocardiographic abnormalities were noted in 42.3% patients. Most common abnormalities found was reduction in fractional shortening – 34.6%. These echocardiographic findings were associated with clinically apparent opportunistic infections and also low CD4 cell count. At the same time SUN study shows: 20% decreased LVEF. 34,3% of participants had LVEF reduction in HIV-HEART study.

Echocardiographic abnormalities were found in 78% of the cases in Nigeria. Of the 100 cases studied, 30% had systolic dysfunction. At the same time in a study led by Eric A. Secemsky left ventricular systolic dysfunction was rare in this cohort – only 5%. According to the investigation of first Indian scientist, 26.4% patients had diastolic dysfunction (DD), which is similar as the findings of an American's scientist. In a Study done by Pravesh Aggarwal et al. on 52 AIDS patients 19.2% had left ventricular DD. 32% patients from Nigerians study had DD. Among HIV-infected patients of Secemsky's study, 45% had DD.