have a stationary phase of dermatosis. In order to optimize the treatment of patients with Psoriasis we used probiotic Enterogermina forte and hepatoprotector Chophytol in the complex therapy. We recommended next regimen of talking Enterozhermina probiotics and hepatoprotector Chophytol to psoriatic patients. During progressive phase - 3 capsules per day or 1 bottle of suspension 2 times a day for 12 days. Hepatoprotector Chophytol - oral solution: 2.5-3 ml 3 times a day before meals for 14-21 days. Established that the complex therapy of such patients provokes positive dynamics of psoriasis clinical manifestation on the 8 – 12 day of treatment. Patients were observed an improvement in general condition, their sleep becomes better, the intensity hyperemia of papules reduced, desquamation decreased. Thus, the results of the study indicate that Enterozhermina forte and Chophytol drug is effective and important component of a complex therapy of adult psoriasis patients with different ages with stable clinical manifestations, accompanied by functional and dysbiotic disorders of the gastrointestinal tract. Enterogermina forte and Chophytol promotes a regression of erythematous or infiltrative skin rash. Also observed a PASI index decreased of study group patients at the end of their treatment process compared to its original rate (67,5%). Despite the fact that PASI index of patients who received only basic therapy decreases by 68 percent which allow us to recommend a usage of probiotic Enterogermina forte and hepatoprotector Chophytol in complex therapy of Psoriasis.

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THE SIGNIFICANCE OF COMORBIDITY ASSESSMENT IN PATIENTS WITH URTICARIA

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To start with, the American Academy of Allergy Asthma and Immunology estimates that between 15–24% of people have experienced acute urticaria, angioedema, or both at some point in their lives. Moreover, most cases are observed at ages between 20 to 40 years. The prevalence of chronic urticaria (CU) in the general population is 0.5-1%. Although, because most individuals can diagnose urticaria and realize that it is a self-limited condition, they do not seek medical attention despite the substantial decrease in quality of life. As a result, the real number of patients with this ailment exceeds the aforecited figures. Thus, we decided to identify triggering or exacerbating factors and indicate any underlying causes that may provoke a long recurrent course of urticaria. This study aimed to examine the prevalence of comorbidities in patients suffered from urticaria (U). In our specialized dermatological unit, 15 patients with U were observed from February 2020 to October 2020. Chronic urticaria (CU) was defined by the presence of hives and itch for 6 weeks or longer, acute urticaria (AU) – less than 6 weeks. U activity was evaluated by using a simple unified validated system, the UAS7 score. Also, the urticaria control test (UCT), was used to assess the impact of the disease on quality of life and disease control. All patients included in the study group were consulted by related specialists, following the current Protocol providing medical care to patients with U. The main issues to be studied were the gastrointestinal ecosystem, especially, the features of the intestinal biocenosis of patients with U. Except for routine clinical examination, special laboratory (immunological, bacteriological) and statistical research methods were applied too. According to the results of received data, female cases (67% versus 33%) aged 45-65 year old prevailed among 15 patients diagnosed with U. 9 (60%) of the surveyed persons lived in the city, 6 (40%) patients lived in the rural areas. During follow-up, only 3 patients out of 15 suffered from AU and 12 cases had CU, such as chronic spontaneous urticarias (CSU) in 8 patients and 4 cases - chronic inducible urticarias (CIndUs) (1 patient - cholinergic urticaria, 3 patients reported concomitant physical triggers). Disease course of 2 cases showed familial cold urticaria, and in 2 patients were revealed an overrepresentation of mast cell-mediated diseases including mastocytosis, namely, urticaria pigmentosa (maculopapular cutaneous mastocytosis) and isolated mastocytoma; 1 patient had hereditary angioedema and atopic dermatitis. Depression and anxiety were confirmed in 13 patients, sleep difficulties – in 11 cases. Among the endogenous factors that could cause the development and recurrence of chronic urticaria, the endocrine disorders were revealed: 3 patients

suffered from hyperthyroidism, 2 patients – from autoimmune thyroid diseases. In the vast majority of patients (86,7%) digestive impairment with concomitant, often combined, diseases of the hepatobiliary system or intestinal tract (5 – chronic latent hepatitis of mixed aetiology, 4 - chronic cholecystitis, 3 - chronic pancreatitis, 7 - chronic gastroduodenitis, 10 - dysbiosis) were diagnosed. Intestinal parasitosis was found in 7 cases (Helicobacter pylori – 4 patients, Lambliosis – 5 cases). To sum up, these small case-control studies suggest an association between the co-morbidities at the time of their U diagnosis. So, more women (67%) than men (33%) were diagnosed with U predominantly with CU (80%) that led to decreasing quality of life. There was demonstrated an evident risk of developing U in patients having abnormalities of the endocrine and digestive systems and the presence of helminthiasis. Thus, U patients constitute a multimorbid group of patients that must be recognized among treating physicians to take into consideration for future treatment models.

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DISTRIBUTION OF PARASITIC INFECTIONS IN PATIENTS WITH ACNE

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Acne vulgaris is one of the most common chronic skin disorders which is registered in most of teenagers and young working people (80-90%). This disease belongs to pyoderma and effects pilosebaceous unit. The localization of acne on the face, upper trunk, shoulders (the exposed skin), development of resistance to the methods of basic therapy cause psycho-emotional disorders, decrease in quality of their life, and social activity which defines the essential health and social importance of this dermatosis. According to current researches, pathogenesis of acne vulgaris is complex and multifactor, however it has not been studied properly. Acne is attributed to multiple factors such as increased sebum production, alteration of the quality of sebum lipids, inflammatory processes, dysregulation of the hormone microenvironment, interaction with neuropeptides, follicular hyperkeratinisation and the proliferation of Propionibacterium acnes within the follicle. Recently, chronic foci of infection, in particular helminthiasis, have become important in the pathogenesis of acne. Numerous studies have shown an inverse association between helminth infections and inflammatory diseases such as allergies, autoimmunities, and inflammatory bowel disease, but only a few studies are dedicated to helminthiasis associated with acne. Ascariasis is an infection of the small intestine caused by Ascaris lumbricoides, which is a species of roundworm and are fairly common. Due to different sourses of information the parasite is present in 10-25% of the world population and is one of the major public health problems. Giardiasis is an infection in small intestine. It's caused by a microscopic parasite called Giardia lamblia. Giardia lamblia (also known as Giardia duodenalis or Giardia intestinalis) is a flagellated protozoan parasite and causes both epidemic and sporadic disease, which mainly proceed subclinically, latently. However, their prevalence in patients with acne has not been sufficiently studied.

Assessment of the frequency of IgG antibodies directed against Ascaris lumbricoides and Giardia lamblia in the sera of patients with acne vulgaris and the stool sample for parasites and ova (eggs).

The Acne vulgaris patients (24 females and 19 males) aged 18-24 were examined The diagnosis of Acne vulgaris was established based on the characteristic morphology and distribution of skin lesions. In the serum of patients with acne IgG class antibodies to Ascaris lumbricoides and Giardia lamblia were determined by ELISA method using VectorBest (Ukraine) commercial kits. The stool sample for parasites and ova (eggs) of such patients were also studied.

Among the examined patients with acne vulgaris, mild acne was diagnosed in 11patients (25.6%), moderate acne – in 23 patients (53.5%), and severe acne – in the remaining 9 patients (20.9%). In all patients, the process on the skin was common with localization on the face, upper torso, shoulders. All patients received standard treatment, but 12 (27.9%) patients with predominantly moderate to severe acne showed resistance to basic therapies, which had a negative impact on the quality of life of such patients. In a comprehensive examination of acne patients using