



serological and laboratory methods, the presence of a high titer of IgG antibodies against *Ascaris lumbricoides* was detected in 8 (18.6%) of 43 patients with acne vulgaris, the parasite eggs were found in the feces of only 3 (6.9 %) of patients; whereas the presence of a high titer of IgG antibodies against *Giardia lamblia* was detected in 5 (11.6%), positive result was found in one sample (2.3%) by conventional microscopic examination which justifies the feasibility of a comprehensive (both serological and bacteriological) examination of such patients. It is noteworthy that it was in these patients noted torpid course of acne, resistant to treatment.

While examining patients with acne vulgaris, ascariasis was mainly diagnosed in 18.6% and giardiasis was mainly diagnosed in 5 (11.6%) with the aggravated clinical course of acne, which should be taken into account in a comprehensive examination and treatment of such patients.

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CLINICAL FEATURES OF COMBINED HIV/TB INFECTION

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Today, the problem of combined pathology of HIV/TB remains extremely relevant, because in patients with HIV, tuberculosis is the most common and earliest opportunistic infection. In the near future, an explosive increase in associated HIV/TB infection is possible due to the growth of HIV-positive people in the current tuberculosis epidemic.

The objective of the work is to carry out a comparative analysis of clinical features of groups of patients with HIV infection associated with tuberculosis and TB monoinfection.

There were 351 people under observation-280 (79.8%) men and 71 (20.2%) women aged 23 to 60 years. The mean age was (38.8 ± 1.2) years.

All patients were divided into the following groups: 1 group-uninfected HIV persons with active newly diagnosed tuberculosis-76 patients (TB group); Group 2-uninfected HIV persons with chronic tuberculosis-58 patients; Group 3-HIV-infected with active newly diagnosed tuberculosis-155 patients (HIV/TB group); Group 4-HIV-infected with chronic tuberculosis-62 patients.

In the study of the structure of clinical forms, it was found that significantly more often in HIV-infected such forms as infiltrative TB- $(47.5 \pm 3.4)\%$ and $(35.8 \pm 4.1)\%$, caseous pneumonia- $(7.4 \pm 1.8)\%$ and $(0.7 \pm 0.7)\%$, fibrocavernous tuberculosis- $(7.4 \pm 1.8)\%$ and $(2.2 \pm 1.3)\%$, disseminated - $(13.4 \pm 2.3)\%$ and $(3.0 \pm 1.5)\%$, as well as generalized- $(3.7 \pm 1.3)\%$ and $(0.7 \pm 0.7)\%$, respectively $0.05-0.001$ were diagnosed, than in the group with TB monoinfection. The same trend is observed mainly for the third and fourth groups of patients with associated infection, compared with monoinfection ($P < 0,05-0,01$). Disseminated TB clearly dominated in the 3rd and 4th groups of patients- $(22.0 \pm 4.6)\%$, compared with all other compared individuals ($P < 0.05-0.01$).

In most patients there were manifestations of general intoxication syndrome - a condition of moderate severity, weakness, fever, sweating, weight loss. However, in patients with HIV/TB, weakness was registered significantly more often than in the group of patients with TB alone- (92.0 ± 2.6) and $(94.4 \pm 3.1)\%$ against $(84.7 \pm 2,5)\%$, respectively ($P < 0,05$). The same pattern was characterized by the ratio of febrile fever- (50.9 ± 4.7) and $(55.6 \pm 6.8)\%$ against $(39.1 \pm 3.4)\%$, respectively ($P < 0,05$). Enlargement of lymph nodes, including all groups, weight loss of more than 20%, chest pain, shortness of breath at rest, profuse wheezing in the lungs, severe hospitalization were most often registered in the group of HIV/TB compared with patients with TB monoinfection ($P < 0,05-0.01$). Hemoptysis was also significantly more often recorded in the HIV/TB group compared with patients in the TB group without HIV ($P < 0.05$). But there were no significant differences between the groups in the frequency of sweating and coughing. Thus, the most striking symptoms at hospitalization were characterized by all patients with HIV/TB, which indicates the suppression of the immune system of these individuals.

Thus, infiltrative TB, caseous pneumonia, generalized and disseminated TB are significantly more often diagnosed in HIV/TB-infected people. Fibrocavernous tuberculosis is more typical for patients with TB monoinfection.



Individuals with HIV/TB-associated infection differ from TB patients only by more pronounced clinical symptoms and significantly higher mortality.

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EVALUATION OF CONDITION OF THE HEPATOBILIARY SYSTEM ORGANS IN PATIENTS WITH DIFFERENT CLINICAL SIGNS OF ROSACEA

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Rosacea (erysipelatous acne) is an urgent medical and social issue which is caused by occurrence of dermatosis in Ukraine (among 3% - 5% of the Ukrainian population) and peculiarities of clinical development – localization on the open skin areas (face), a long chronic character, often resistant to the standard treatment. All these factors reduce patients' ability-to-work, their social activity, which substantiates the necessity to specify rosacea pathogenic links with the purpose to improve therapy. Rosacea is found to be multifactor dermatosis. Its development occurs due to all-round influence of exogenous factors (hot food, insolation, chemical irritants etc.) and endogenous mechanisms including disorders of the neurogenic and endocrine regulation, vegetative dysfunctions, immune disorders, and functional digestive disorders. Objective of the study was to determine and analyze the parameters of the functional state of the hepatobiliary system organs in patients with different clinical signs of rosacea. 32 patients suffering from rosacea were under observation. Their age was from 29 to 68 including 25 women and 7 men. According to clinical manifestation on the skin erythematous-telangiectatic form of rosacea was diagnosed in 15 patients, and papulopustule form of dermatosis was diagnosed in 17 individuals. Dermatitis lasted from 2 to 6 months in 9 patients, and in the rest 23 patients – from 7 months to 1 year and more. The following methods of examination were applied to determine the functional state of the hepatobiliary system organs in patients suffering from rosacea: instrumental (ultrasound diagnostics of the abdominal organs), laboratory (biochemical, immune-enzymatic) and statistical. Before examination 15 (46,9%) patients suffering from rosacea had not been registered at the gastroenterologist's, other 17 (53,1%) patients consulted a gastroenterologist from time to time due to various digestive diseases. A comprehensive examination did not find any changes from the side of the hepatobiliary system in 9 (28,1%) patients suffering from rosacea, and in the majority of cases – 23 (71,9%) individuals – comorbid, often combined, diseases of the liver and gallbladder were diagnosed; in 21 (65,6%) – chronic cholecystitis (including 17 individuals with non-calculous form, 4 – calculous); 10 (31,3%) patients suffered from chronic hepatitis (3 – viral and 7 – non-viral origin), manifested by changes found by the ultrasound examination of the liver and gallbladder, with deviations (more than 30%) in the content of cholesterol in the blood serum, lipid spectrum, activity of gamma glutamyl transpeptidase (GGT), alanine aminotransferase (ALT), aspartate aminotransferase (AST), alkaline phosphatase (ALP) etc. It should be noted that 6 (18,8%) patients presented changes from the side of the hepatobiliary system organs for the first time, and those changes were of a latent character. Analysis of the examination of patients with different clinical signs of rosacea showed that changes from the side of the hepatobiliary system organs were found in 8 (53,3%) out of 15 individuals with primary erythematous- telangiectatic form of rosacea, and in 15 (88,2%) out of 17 individuals with papulopustule form of dermatosis, which according to nonparametric dispersion Friedman test was found to be more reliably often ($\chi^2 = 4,80$ with the critical value of this parameter – 3,84). Therefore, the majority (71,9%) of the examined patients suffering from rosacea experience certain changes of the functional state of the hepatobiliary system organs, which are found more frequently among patients with more severe clinical manifestation of dermatosis (papulopustule form). It should be considered during a comprehensive examination of such patients and indication of pharmacological agents in order to normalize the functions of the liver and gallbladder.