



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 sources 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 11 patients (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



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.