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THE COMORBIDITY PREVALENCE OF DIABETES MELLITUS AND TUBERCULOSIS

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It is generally known that diabetes is the background for the development of tuberculosis and such comorbidity not only significantly complicates the specific process, but also is one of the main risk factors for tuberculosis recurrence.

The aim of the study is a comprehensive retrospective assessment of the prevalence, features, course of treatment of multidrug-resistant tuberculosis and diabetes mellitus.

Our study is based on an analysis of statistical data obtained from a retrospective study of 762 case histories and cases of MDR-TB in the register of tuberculosis patients for 2015-2019.

Depending on the type of TB case in our patients, we found that in both groups of the study the recurrence of TB prevailed – 49 cases (55.7%) against TB 39 cases (44.3%) of people in the main group; 363 cases (53.9%) against 311 (46.1%) in the control group ($p < 0.05$).

The rate of successful treatment in gr.2 is probably higher than in gr. 1 (64.7% vs. 61.4%; ($p < 0.05$)). However, a more significant probable difference is characterized by the treatment rate, which in the main group is 27.3% versus 40.3% in the control group (almost 2 times; $p < 0.05$). The rate of ineffective treatment, which in patients with comorbidity was 27.3% (almost every third patient) against 17.6% in group 2 is also important for scientists and practitioners.

So, there is a clear tendency to increase the combined pathology and chemoresistance in the structure of the incidence of tuberculosis, the proportion of recurrences of tuberculosis in the presence of diabetes mellitus The pulmonary tuberculosis developed significantly more often in middle-aged patients with type 2 diabetes mellitus with moderate and severe states, the subcompensated form, with a complicated course. In patients with diabetes more often was registered a common tuberculous process in the lungs (79.5% of patients) and in all 100% of patients with syntropy bacterial excretion was registered, as well in all 100% of patients with syntropy bacterial excretion was registered. The rate of successful treatment for the presence of MDR-TB / diabetes syntropy is probably lower in the main group (61.4% vs. 64.7%; ($p < 0.05$)).

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PECULIARITIES OF IMMUNE STATUS IN PATIENTS WITH HIV-ASSOCIATED HERPETIC INFECTIONS

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Recently, a large number of works have been devoted to the issue of immunity in herpes infections and HIV infection. At the same time, some immunopathogenetic changes in the combined course of these diseases are insufficiently studied, and the information is often contradictory, especially from the standpoint of modern technologies for assessing immune status.

The objective of the work is to identify features of the dynamics of cellular immunity and cytokine status of patients with HIV-associated herpes infections.

The study involved 279 people who were divided into 4 groups. The first included 117 patients with various clinical forms of herpes infection: labial herpes and / or aphthous stomatitis, genital herpes, shingles and infectious mononucleosis. The second group included 65 patients with HIV infection, the third group included 67 patients with HIV-associated herpes infections. The control group consisted of 30 healthy people. All individuals who participated in the study studied the indicators of immune status using a set of standard techniques, an extended range of immunological parameters was studied by flow cytometry.

It was found that in patients with HIV-associated herpes infections, the content of lymphocytes in the III and IV clinical stages of HIV infection was lower than in herpes infection- (0.85 ± 0.35) and (0.52 ± 0.35) G/l, respectively, against (2.77 ± 0.75) G/l ($P<0.05$). There was also a significant decrease in CD4+levels in stage II-IV HIV infection in combination with herpes infection and an increase in the number of T-suppressors compared with herpes monoinfection