рак прямої кишки та анального каналу, які перебували на лікуванні та диспансерному обліку в Чернівецькому обласному клінічному онкологічному диспансері у 2018-2020 роках.

За останні десятиріччя спостерігається ріст захворюваності на рак товстої кишки в усьому світі. Високу захворюваність зафіксовано в країнах Західної Європи та Північної Америки: США - 17,7 на 100 тисяч населення; Канаді - 14,1. У країнах Азії та Африки ця патологія трапляється рідше (Сенегал - 1,5; Шрі-Ланка - 1,0). Захворюваність, розповсюдженість і смертність від цього захворювання в різних країнах світу відрізняються і залежать від багатьох факторів. Серед основних захворювань кишок, на тлі яких може виникнути рак, є поліпоз та неспецифічний виразковий коліт. Однак, не всі поліпи перетворюються на рак. Серед практично здорових осіб поліпи під час масових обстежень виявляються в 3% обстежених, а рак - лише в 3-6 випадках на 100 тисяч населення, тобто майже в 1000 разів рідше.

Існує зв'язок між кількістю поліпів і їх розміром та частотою малігнізації. Виявлено, що один поліп малігнізується в 15-20% випадків, два - в 20-30%, а три - в 50%. Множинний дифузний поліпоз усього шлунково-кишкового каналу трансформується в рак. При клінічних спостереженнях відзначено, що поліпи розміром до 5 мм малігнізуються в 0,5-1,0 % випадків, розмірами до 10 мм – в 4-7%, а більше 10-20 мм – у 30% випадків. Поліпи розміром понад 2 см на широкій основі завжди викликають підозру на злоякісну пухлину. Більша частина поліпів товстої кишки не перетворюється на рак, але практично всі види раку товстої кишки і прямої починаються з цих пухлин. Спочатку вони розвиваються як доброякісні новоутворення, а потім частково перетворюються в злоякісні. Рідко малігнізуються дрібні ювенільні та гіперпластичні поліпи (2-3 мм), аденоматозні поліпи малігнізуються частіше.

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АКТУАЛЬНІ ПИТАННЯ ШКІРНО-ВЕНЕРИЧНИХ, ІНФЕКЦІЙНИХ ХВОРОБ ТА ТУБЕРКУЛЬОЗУ

Boiko I.I.

HIV-ASSOCIATED NEUROLOGICAL DISORDERS TAKING INTO ACCOUNT THE LOAD OF HIV IN THE CSF

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The issues of replication and concentration of HIV in various tissues and body fluids remain insufficiently studied. The solution to this problem is hampered by the lack of simple, cheap and affordable methods for quantifying HIV in various tissue samples.

Despite the general pattern - lower concentration of HIV compared to blood and reduced virus content in body fluids on the background of successful antiretroviral therapy (ART), there is evidence of discordant results in the determination of viral load in the blood and other biological samples of the same the same patient.

Aim of the study: establish a relationship between the presence of HIV-associated central nervous system damage, the number of CD4 + lymphocytes in the blood, the level of HIV load in the blood plasma and cerebrospinal fluid.

The amount of HIV in the blood of patients (viral load) was determined in the laboratory of the Ivano-Frankivsk Regional Municipal Center for AIDS Prevention and Control using test systems on equipment manufactured by Hoffman La Roche. The Amplicor HIV-1 MONITOR Test used polymerase chain reaction (PCR) technology to detect very little genetic material (RNA) contained in human immunodeficiency viruses.

SMR studies were performed by the same method as for plasma, because the chemical composition and rheological properties of SMP allow the use of this technique without further modification. The sensitivity of the method for blood plasma was 40 copies of RNA / ml, the linear measurement range from 40 copies of RNA / ml (1.6 lg copies of RNA / ml) to 10 million copies of RNA / ml (7 lg copies of RNA / ml).

It was found that the patient's clinical signs of CNS damage were significantly correlated with the level of HIV load in the cerebrospinal fluid and was not related to the content of CD4 + lymphocytes or the level of HIV load in the blood.

Thus, the method of determining the level of HIV load in cerebrospinal fluid samples can be used to optimize the algorithm for diagnosing HIV-associated CNS lesions, differential diagnosis with neurocognitive disorders of non-infectious etiology. In the absence of therapy in patients with clinical signs of HIV-associated CNS damage, the load of HIV in the cerebrospinal fluid is on average 1.5 lg copies of RNA / ml higher than in patients without CNS dysfunction, and the difference between HIV and cerebrospinal fluid is only 0,8 lg copies of RNA / ml. A high level of HIV load in the cerebrospinal fluid, exceeding 4.00 lg copies of RNA / ml, in the presence of signs of CNS damage can be considered as an additional indication for the administering of ART.

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A COMPREHENSIVE TREATMENT OF PATIENTS WITH ALLERGIC DERMATOSIS USING ANGIOPROTECTIVE MEANS

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A topical issue of clinical dermatology is to increase effect of treatment of patients suffering from allergic dermatosis. Allergic dermatosis (allergic skin diseases) constitute from 20 to 40% in the structure of dermatologic pathology in Ukraine. According to clinical observations, today allergic dermatosis have a tendency to more severe clinical course with acute inflammatory signs, generalized skin lesions, frequent relapses, which become a cause of temporal disability for patients and loss of social activity for a long time. According to current investigations allergic dermatosis possesses a complicated multi-factor pathogenesis. Changes of the neuroendocrine and immune regulation, imbalance of the oxidative-antioxidative homeostasis, changes in the microcirculation play an important role in the development and course of allergic dermatosis, which should be considered in prescribing a comprehensive treatment for such patients.

Objective of the research was to increase the effect of treatment of patients suffering from allergic dermatosis and acute inflammatory skin signs by means of addition of a current combined angioprotector containing diosmin and hesperedin to a comprehensive therapy. 39 patients suffering from allergic dermatitis were observed (21 men, 18 women) aged from 19 to 76 years, including 28 individuals with diagnosed true or microbial (infectious) form of eczema, and 11 – with atopic dermatitis. Pathological process on the skin of all the patients was of acute inflammatory and diffuse character, often with localization on the lower limbs. In the process of treatment the patients were distributed into two groups: the group of comparison (20 patients including 15 with eczema and 5 with atopic dermatitis) receiving a standard treatment, and the main group (19 patients including 14 with eczema and 5 with atopic dermatitis), who in addition to a comprehensive treatment received a combined angioprotector containing diosmin and hesperidin (1 tablet twice a day during 7 days followed by 2 tablets once a day during 14 days). According to clinical observations patients suffering from eczema and atopic dermatitis from the main group who received angioprotector containing diosmin and hesperedin in addition to the comprehensive treatment, presented much earlier decrease of hyperemia and swelling, and patients with eczema – the foci of skin lesions became dry quicker (on an average 5-6 days earlier than in patients from the group of comparison). The period of treatment became shorter as well (on an average 5-7 days shorter). When the treatment was over, the state of clinical recovery among patients with allergic dermatosis in the group of comparison was registered in 9 (45,0%) patients, considerable improvement – in 11 (55,0%) individuals. Among the patients from the main group – in 15 (78,9%) and 4 (21,1%) patients respectively, which according to Freidman test of nonparametric dispersing analysis possesses a reliable difference ($\chi^2 = 4,74$ with a critical value of this index – 3,84).

Thus, addition of a current combined angioprotector containing diosmin and hesperedin to a comprehensive therapy of patients suffering from allergic dermatosis and acute inflammatory skin signs promotes a reliable increase of clinical effect of treatment for such patients.