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PROBIOTICS AND HEPATOPROTECTORS USAGE IN THE COMPREHENSIVE TREATMENT OF PSORIASIS

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Psoriasis is a chronic, systemic immune-mediated disease characterized by the development of erythematous, indurated, scaly, pruritic and often painful skin plaques. Nowadays Psoriasis characterizes whith higher behavior that proves an importance of treatment of psoriatic patients.

The aim is to research the effect of probiotics and hepatoprotectors in a complex psoriasis treatment. 169 patients with psoriasis 89 of them were men and 80 women aged 20-58 years with duration of dermatosis from 10 till 19 years, were observed. To include patients to investigation they should have clinical manifestations of psoriasis, patients age should be 19 years and over dermatosis duration of more than 10 years. To evaluate the clinic manifestations of Psoriasis and to analyze the effectiveness of dermatoses treatment we identify skin affect index and Psoriasis Area Severity Index (PASI) analysis with a help of standard technique. In all patient's pathological process on the skin had a prevailing character, aggravate stage of psoriasis was diagnosed in the majority (118) of patients, 51 patients had stationary stage of the disease. In order to optimize the treatment of patients with Psoriasis we use probiotic Enterozhermina and hepatoprotector in the complex therapy. Hepatoprotector Chophytol can be used both in the acute stage of the disease case (as a detoxicant and donator of nitric oxide) and during the convalescence (as a hepatoprotector). An antagonism towards apportunistic and pathogenic organisms, and activation of lactobacilli breeding and compensation of B vitamins deficiency due to their synthesis, provide probiotic and immunomodulatory Enterozhermina function. In the process of treatment, the patients with psoriasis were divided into 2 groups: 63 patients (comparative group) received fundamental therapy of dermatosis, 106 patients (basic group), taking into consideration the available disease case of hepatobiliary zone, were administered hepatoprotective and probiotic means: - Enterozhermina probiotics (During progressive phase - 3 capsules per day or 1 bottle of suspension 2 times day for 12 days) and Chophytol (0.5g thrice a day during 15 days) stage-by-stage in a complex treatment of dermatosis. The drug usage requires maximum drinking water to normalize the water-electrolyte balance. We have established that the complex therapy of such patients provokes positive dynamics of psoriasis clinical manifestation on the 8-12 day of treatment. The patients showed an improvement in a general condition, their sleep became better, the intensity hyperemia of papules reduced, desquamation decreased. During the final stages of treatment, patients with psoriasis of both groups showed a decrease of index of PASI. However, more significant decrease ,72% of it, was determined in patients of the basic group; in patients of the comparative group-63,2 %. Simultaneously 84 from 106 patients of the basic group showed prolongation (on average to 7-8 months) of the state duration of the clinical remission of dermatosis (in the group of comparison) in 28 out of 63 patients) that allows us to recommend Hepatoprotector Chophytol and Enterozhermina Probiotics use in complex therapy of Psoriasis.

As a result, using hepatoprotector Chophytol as a part of multimodal treatment of psoriasis brings forth the improvement of the results of the patients' therapy and prolongs the duration of clinical remission of the disease. Additionally, Enterozhermina drug proves to be an effective and important component of a complex therapy of adult psoriasis patients of different ages with stable clinical manifestations.

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THE INTESTINAL BIOCENOSIS DISORDERS AS KEY FACTOR IN ALLERGODERMATOSES

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Contact dermatitis (CD) is a common inflammatory cutaneous disease caused by an exposure of contact allergens and irritants on the skin. 4-7% of all dermatology consultations deal with

allergic contact dermatitis. The point prevalence of contact sensitivity is 15.2% in teenagers whereas in adults it can reach 18.6%. Urticaria (U) (“hives”) may affect up to a quarter of people at some time in their lives. Due to the fact that 100% of patients with allergodermatoses have various disorders of the gastrointestinal tract and changes in the microbiocenosis of the intestine, which in turn leads to sensitization and deterioration skin diseases. Thus, we decided to indicate peculiarities of clinical course of allergic diseases (AD) (urticaria and irritant/allergic contact dermatitis) in patients with the intestinal biocenosis disorders.

The aim of this study was to evaluate the features of the clinical manifestation in patients with various clinical forms of allergodermatoses on the underlying changes of intestinal microbiota profiles. In our specialized dermatological unit 25 patients were diagnosed with allergic dermatoses, such as, urticaria and irritant/allergic contact dermatitis from February 2020 to October 2021. 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. All patients included in the study group were consulted by related specialists, in accordance with the current Protocol providing medical care to patients with AD. The main issues to be studied were the features of the intestinal biocenosis of patients with AD. We performed a prospective study on patients who underwent routine clinical examination and special laboratory (immunological, bacteriological) and statistical research methods were applied as well. According to the results of received data, among 25 aged between 45 and 67 patients diagnosed with AD cases of female obesity were more frequent than cases of male obesity (52% versus 48% correspondingly). 17 (68%) of the surveyed persons lived in the city and 8 (32%) patients – in rural areas. The majority of patients had (84%) the pathological process spread over the large area of skin and in 4 patient (16%) the spread was limited; in 22 (88%) patients the dermatosis had a chronic course from 6 months to 20 years, and in 3 (12%) - was diagnosed for the first time. During follow-up research, only 3 patients out of 15 suffered from AU and 12 cases had U, such as chronic spontaneous urticarias (CSU) in 8 patients and in 4 cases - chronic inducible urticarias (CIU) (1 patient - cholinergic urticaria, 3 patients reported concomitant physical triggers). Throughout the course of disease in 3 cases familial cold urticaria developed. Due to microbiological method, used to study the composition of the gut microbiota in patients with AD, dysbiotic disorders were characterized by a decrease in the quantitative content of aerobic and anaerobic bacteria, predominantly, with moderate and severe clinical course and widespread skin lesions. The number of Bifidumbacteria was most frequently reduced in patients with AD - 8 cases, there was a decrease in seeding of Lactobacilli in 5 patients. In 7 patients with allergodermatosis there was observed an increase in the number of Clostridia, Bacteroids and some strains of Escherichia coli as well. The increase in the number of pathogenic microorganisms was detected in 16 patients (*H. alvei*, *K. pneumoniae*, *Proteus spp.*, *E. aerogenes*) and also frequent detection of fungi of the genus *Candida* (21 patients) and *Staphylococcus aureus* (6 cases - mainly with moderate clinical course and extended rash). In the most of patients (92%) digestive impairment with concomitant, often combined, have been detected as well as diseases of the hepatobiliary system or intestinal tract (6 – chronic latent hepatitis of mixed etiology, 7 - chronic cholecystitis, 4 - chronic pancreatitis, 8 - chronic gastroduodenitis, 25 - dysbiosis I-III grade). Intestinal parasitosis was found in 8 cases (*Helicobacter pylori* – 4 patients, Lambliosis – 6 cases).

In conclusion, allergodermatoses (urticaria, irritant/allergic dermatitis) impaired with the gut microbiota might lead to the chronicity and severer course of AD in patients.

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PECULIARITIES OF IMMUNOLOGICAL INDICES IN HIV INFECTION IN THE TUBERCULOSIS ASSOCIATION

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The relationship between tuberculosis and HIV at the cellular level is very complex and poorly understood. Reducing the number of CD4 + T lymphocytes in HIV infection significantly