МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

104-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
06, 08, 13 лютого 2023 року

Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2023 році №5500074

Чернівці – 2023

RNA copies/ml, on average – 3.8 lg RNA copies/ml (95% CI 3.6-4.1). On average, the level of viremia exceeded the viral load in CMP by 1.5 lg RNA copies/ml (P<0.05). An increase in the viral load in the blood by 1 lg of RNA copies/ml corresponded to an increase in the HIV load in the cerebrospinal fluid by only 0.36 lg (non-parametric regression, P<0.05).

Conclusions. Taking ARVP leads to a decrease in the amount of virus in both blood and cerebrospinal fluid, but the dynamics of virus suppression in these biological fluids differ significantly. In patients receiving ART, the difference between HIV loads in blood and cerebrospinal fluid was significantly smaller than in untreated patients, reaching negative values in the group of patients with experience of taking drugs for more than 6 months.

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A COMBINED USE OF ANGIOPROTECTIVE AND ENZYMATIC AGENTS IN A COMPREHENSIVE TREATMENT OF ALLERGODERMATOSIS

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Introduction. Improvement of therapeutic efficacy of patients suffering from allergodermatosis is a topical task of modern dermatology. Allergodermatosis is a widespread group of allergic skin diseases including allergic dermatitis, eczema, atopic dermatitis etc. According to clinical observations in recent years allergodermatosis has been marked to have a tendency to more severe clinical course with diffuse skin lesions, the signs of acute inflammation in the skin lesion foci (erythema, swelling, infiltration), which becomes a cause of decreased or lost ability to work and social activity for a long time. According to the results of the scientific research conducted, allergodermatosis possesses a multifactor pathogenesis. Changes of the immune and neuroendocrine regulation, metabolic disorders, as well as skin microcirculation disorders are of considerable value for its development and course. It should be considered in the process of indicating medicines of systemic and external therapy for patients.

The aim of the study. To improve the efficacy of treatment of patients suffering from allergodermatosis with the signs of acute inflammation in the skin lesion foci by means of administering a combined angioprotective drug containing Diosmin and Hespiridine, and the enzymatic drug containing Serratiopeptidase in addition to a comprehensive therapy.

Material and methods. 49 patients suffering from allergodermatosis were examined including 26 males and 23 females aged from 19 to 78 years. Eczema was diagnosed in 36 patients (12 patients with true eczema, 24 – with microbial forms of eczema, that is, paratraumatic and varicose), and atopic dermatitis was diagnosed in 13 patients (eczema-like or lichenoid forms). All the patients presented diffuse skin lesion foci. They were associated with acute inflammatory signs (erythema, swelling). In the process of treatment, patients were divided into two groups: comparative (25 patients including 18 ones with eczema and 7 with atopic dermatitis) with standard treatment, and the main group (24 patients including 18 individuals with eczema and 6 with atopic dermatitis). In addition to the standard therapy, the latter received a combined angioprotective drug containing Diosmin and Hespiridine (1 tablet 2 times a day during 7 days followed by 2 tablets once a day during 14 days more), and the enzymatic drug containing Serratiopeptidase (1 tablet 3 times a day during 10 days) possessing anti-inflammatory and anti-swelling effect.

Results. As clinical observations have shown, patients with eczema and atopic dermatitis from the main group, who were prescribed an angioprotective drug containing Diosmin and Hesperidine and an enzymatic drug containing Serratiopeptidase against the background of the standard therapy, experienced a reduction in hyperemia and edema in earlier periods, while patients with eczema - cessation of wetting in foci of skin lesions with a reduction in the duration of their treatment (an average of 5-7 days). On completion of treatment, the condition of clinical recovery was stated in 8 (32,0%) patients with allergodermatosis, considerable improvement – in 17 (68,0%) individuals. Among the patients from the main group there were 15 (62,5%) and 9 (37,5%) patients respectively, which according to the applied nonparametric dispersive Friedman's analysis has a

reliable difference (χ^2 = 4,57 with the critical value of this parameter 3,84). It is indicative of reliably better clinical results of treatment of such patients.

Conclusions. A combined administration of the combined angioprotective drug containing Diosmin and Hesperidine and an enzymatic drug containing Serratiopeptidase into a comprehensive therapy of patients suffering from allergodermatosis with acute inflammatory signs on the skin promotes to reduce hyperemia and swelling signs in the skin lesion foci quicker and to improve reliably clinical results of treatment of such patients.

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CLINICAL AND IMMUNOLOGICAL CHARACTERISTICS OF CHRONIC DERMATOSIS ON THE BACKGROUND OF PROTOZOIAN INVASION *LAMBLIA INTESTINALIS*

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Introduction. In the literature, there are no data on the clinical and pathogenetic features of the course of chronic dermatoses (CHD) against the background of giardiasis invasion (GI), the mechanisms of their development, and methods of complex therapy.

The aim of the study. To improve the effectiveness of treatment of patients with allergic dermatitis against the background of GI by studying the etiopathogenesis and improving the diagnosis.

Material and methods: clinical, laboratory, parasitological, enzyme immunoassay, immunological, statistical.

Results. The clinical course chronic of dermatitis against the background of giardiasis invasion is manifested by increased itching and the appearance of new rashes at night, and the process often becomes chronic. The basic therapy of CHD associated with GI turned out to be ineffective: in 47,6% of patients - without positive dynamics, in 36,9% - there was a worsening of the condition with increased itching and the appearance of fresh rashes (in patients without GI, a positive result of treatment was noted in 80,4% of persons). Resistance to basic therapy, especially in cases of pronounced chronodependence of allergic dermatoses, served as an indication for additional examination of patients for the presence of concomitant GI. Giardiasis was confirmed by parasitological examination of faeces and bile. An aggravating effect of GI on the clinical course of CHD, characterized by a predominance of severe and chronic forms, was established. The frequency of detection of Giardia in the first study of faeces of patients with CHD while taking enterosorbents reached 30%, and in patients who avoided taking enterosorbents for 5-7 days before the examination, Giardia was detected in 91% of patients ($P<0,001$). In patients with CHD with and without giardiasis, there was a decrease ($P<0,01$) in the percentage of CD3 in the blood (46,49±0,48, respectively, against 65,20±4,80 in the control group), CD8 values (13,28±0,21 versus 20,70±2,10) were lower ($P<0,05$) against the background of GI. An increase in the immunoregulatory index was observed (2,51±0,39 versus 1,89±0,03 in the control group). In patients with giardiasis without skin pathology, the percentage of CD3, CD8, CD4 is less than normal, as in patients with CHD. The content of IgE in the blood serum of patients with CHD against the background of GI is more significant (129,51±10,52) than in healthy people (75,00±5,00 units/ml) ($P<0,01$), and more than in patients with CHD without GI (70,16±7,68 units/ml) ($P<0,01$). Quantitative changes in IgA, IgM, IgG and CEC in patients with CHD, did not depend on the presence of GI.

Conclusions. Giardia parasitic invasion aggravates the clinical course of chronic dermatoses.