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БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ



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**АКТУАЛЬНІ ПИТАННЯ ШКІРНО-ВЕНЕРИЧНИХ,
ІНФЕКЦІЙНИХ ХВОРОБ ТА ТУБЕРКУЛЬОЗУ**

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**DYNAMICS OF INDICATORS OF OXIDATIVE STRESS IN PATIENTS WITH LICHEN
RUBER PLANUS WHEN USING COMPREHENSIVE TREATMENT**

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Introduction. Lichen ruber planus is a common chronic polyetiological and polypathogenic skin disease, characterized by damage to large areas of the skin with the involvement of mucous membranes, resistance to standard treatment methods, a protracted chronic course, resulting in a long-term decrease of the patients' ability to work. Infectious and neurogenic factors, changes in endocrine and immune regulation, metabolic disorders, etc., have been found to play an important role in the development and course of dermatosis. At the same time, current studies indicate the importance of oxidative stress in the pathogenesis of chronic dermatoses, including lichen ruber planus, and in this connection, changes in the indicators of the pro-oxidant blood system can be used as criteria for the effectiveness of various methods of treatment for such patients.

The aim of the study. To determine the dynamics of indicators of oxidative stress in patients with lichen ruber planus when using comprehensive treatment.

Material and methods. 82 patients with lichen ruber planus aged from 19 to 73 years old were examined, who were divided into 2 groups: I (comparative) - 41 patients who received standard therapy and the antioxidant quercetin drug, II (main) - 41 patients who, on the background standard therapy consisting of quercetin granules and combined laser therapy. The control group consisted of 35 practically healthy people. The state of oxidative stress was assessed by the content of malonaldehyde (MA) in plasma and erythrocytes, and the fractions of protein oxidative modification products of a neutral (POM E370) and basic (POM E430) nature in the blood serum according to generally accepted methods.

Results. Before starting the treatment of patients with lichen ruber planus in the main and comparative groups, probable changes in the indicators of the pro-oxidant system of the blood compared to their values in the subjects of the control group were established, namely: an increase in the content of MA in the plasma (respectively: by 59.1% and 57.4%; $p < 0.001$) and MA in erythrocytes (respectively: by 35.1% and 37.5%; $p < 0.001$), in blood serum – the level of the E370 fraction (respectively: by 50.7% and 42.6%; $p < 0.001$) and fractions of POM E430 (respectively: by 38.3% and 35.6%, $p < 0.001$). That was indicative of an increase in the intensity of free radical oxidation (FRO) processes of both lipids and proteins with the formation of an oxidative stress in such patients. Patients with lichen ruber planus from the I (comparative) group, who, on the background of standard therapy, additionally received a drug containing antioxidant quercetin, after the treatment completed, presented a moderate decrease in the content of MA in plasma and erythrocytes compared to their initial values, respectively, by 11.4%, $p = 0.004$ and 7.6%, $p = 0.046$ for only the tendency to decrease the content of POM E370 and POM E430 fractions in the blood serum (respectively by 10.2%, $p = 0.065$ and 10.5%, $p = 0.07$). Analysis of the dynamics of indicators of the pro-oxidant blood system in patients with lichen ruber planus from the II (main) group before and after comprehensive treatment revealed a probable decrease in the level of MA both in plasma and in erythrocytes (by 27.9% and 21.3%, respectively; $p < 0.001$) with a probable difference of these values after the treatment in patients of the I (comparative) group (less by 19.5% and 13.4%, respectively; $p < 0.001$). In the patients of the main group, at the end of the treatment, a probable decrease of the POM E370 and POM E430 fractions in the serum was also found (by 15.8%, $p = 0.006$ and 18.1%, $p < 0.001$ respectively) with a probable difference in their values after treatment relatively to these indicators in patients of the I (comparative) group (12.7 and 11.5% less, respectively; $p < 0.05$) and with a decrease in their difference with similar indicators in the control group.

Conclusions. A combined use of quercetin granules and low-intensity laser therapy in lichen ruber planus patients against the background of standard therapy leads to a more pronounced positive dynamics of oxidative stress indicators compared to the use of a drug containing antioxidant quercetin only.

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**ANALYSIS OF THE REMOTE RESULTS OF TREATMENT OF PATIENTS WITH
ALLERGODERMATOSES USING AN ANGIOPROTECTIVE DRUG,
MULTIPROBIOTIC AND TOPICAL CALCINEURIN INHIBITOR**

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Introduction. Optimizing the treatment of patients with allergic dermatoses is a relevant task of modern dermatovenerology. Allergodermatoses are a common group of allergic skin diseases, which in recent years have a tendency to a more severe clinical course with widespread skin damage, frequent relapses, and the development of resistance to basic treatment means. It results in the reduction of patients' work capacity and social activity and justifies the relevance of increasing the effectiveness of their treatment. Allergic dermatoses are found to be multifactorial diseases. Changes in the immune and endocrine regulation, intestinal dysbiosis, disorders of skin microcirculation, etc., are important in their development, which should be taken into account when prescribing a comprehensive therapy to such patients.

The aim of the study. To evaluate the remote results of the comprehensive treatment of patients with allergic dermatoses using a multiprobiotic, an angioprotective drug, and a topical calcineurin inhibitor.

Material and methods. 67 patients with allergic dermatoses (36 men, 31 women) aged from 19 to 78 years were examined. Eczema was diagnosed in 51 patients (true eczema in 19; microbial forms of eczema in 32), and atopic dermatitis (exudative or lichenoid forms) in 16. In the process of work, microbiological (determining the state of the colon microbiota) and statistical research methods were used. The effectiveness of the treatment of patients was evaluated by the duration of their treatment, the term of the state of clinical remission and the number of relapses of allergic dermatoses during a year.

Results. In the majority of the examined patients with allergic dermatoses (51 (76.1%) out of 67 individuals), mainly in patients with microbial forms of eczema, changes in the qualitative and quantitative indicators of the colon microbiota with signs of dysbiosis of varying degrees of severity were found: more often II and III degrees (in 31.3% and 26.9% of patients respectively). In the course of treatment, patients with allergic dermatoses were divided into two groups. The comparative group included 34 patients who received a standard treatment, and the main group - 33 patients who took a multi-probiotic (containing bifidobacteria, lactococci, lactobacilli, propionic acid and acetic acid bacteria) against the background of standard therapy. Additionally, an angioprotective drug containing diosmin and hesperidin was administered. After regression of skin rash, in order to prevent the development of relapses of allergic dermatoses, a topical calcineurin inhibitor was prescribed for the patients of the main group - 0.1% tacrolimus ointment, which has an anti-inflammatory and immunosuppressive effect lasting up to 12 months. According to clinical observations, in patients with allergic dermatoses from the main group, the elements of the rash regressed earlier with a reduction in the duration of their treatment (on an average by 4-6 days), a tendency towards normalization of the colon microbiota was found, and the clinical condition of allergic dermatoses remission extended (on average up to 8.34 ± 0.61 months; in the comparison group - 4.71 ± 0.37 months, $p < 0.05$) and the number of their exacerbations per year decreased (up to 1.52 ± 0 , 12 times; in the comparative group - 2.74 ± 0.17 times, $p < 0.05$), which indicates a significant improvement in both the immediate and remote results of the treatment of such patients.

Conclusions. Administration of a topical calcineurin inhibitor (0.1% tacrolimus ointment) with an immunosuppressive effect to patients with allergic dermatoses (eczema, atopic dermatitis) with the presence of dysbiosis of the large intestine against the background of standard therapy of a