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**CLINICAL-PATHOMORPHOLOGIC ASPECTS OF HIV INFECTION WITH PJP**

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**Introduction:** The discovery of the Human Immunodeficiency Virus (HIV) was led by the merge of clustered cases of Pneumocystis jirovecii Pneumonia (PCP) in otherwise healthy people in the early 80's. Respiratory diseases in patients with HIV infection presents a wide range of pathogens (bacterial pneumonia, viral lung disease caused by CMV, HSV and complicating lymphocytic interstitial pneumonia, fungal infections, Kaposi's sarcoma, lymphoma, lung cancer). Causes of pneumonia depend on the number of CD4 lymphocytes. Pneumocystis pneumonia (PJP) complicates the course of HIV infection at lower intensity of immunosuppression as compared with cytomegalovirus defeat.

**Aim:** To study the clinical course, pathological changes, particularly diagnostic of atypical pneumonia (due to PJP) in HIV-infected patients.

**Material and methods.** An analysis of autopsy results based on four protocol and the results regional hospital microscopy preparations, central research laboratory KhNMU where additional study was conducted pathological changes in the lungs and other organs when stained by the method of Romanowsky-Giemsa. In 4 patients who died on admission to hospital in 2009, diagnosed with HIV and clinical stage IV and pneumonia community acquire.

**Results:** Among the dead were 4 patients all women, average age 38 years, the average day of illness on admission - 26.2, the average number of patient days in hospital - 6.5. In a study of autopsy results - both lungs were heavy, a little air, or even dough like consistency. Microscopically observed in 1 case the presence of features characteristic for CMV lesions at different stages.

**Conclusion.** 1. Intravital diagnosis and differentiation of interstitial lung lesions of HIV-infected patients is difficult. 2. In evaluating the pathological changes in lung tissue microscopically were used indirect signs of pneumocystis pneumonia. 3. The complexity of the differentiation of pulmonary tuberculosis in patients with HIV infection with lymphocytic pneumonia and pneumocystis pneumonia often causes the therapy of «ex juvantibus».

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**USE OF THE ZERO IN ON ZERO™ MODEL FOR TUNGIASIS PREVENTION AND CONTROL**

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**Introduction.** Tungiasis, a neglected tropical disease (NTD) is a cutaneous parasitosis caused by the female sand flea Tungapenetrans (in English-speaking countries, it is known as jiggers, sand flea or chigoe). Confirmed tungiasis cases have been reported in Nigeria, Kenya and Tanzania. Different programs were developed for prevention and control of NTD, but they are not always effective. The zero in on zero™ model is a new technique created by Dr. Mark Snyder, a Stanford and Harvard University trained medical doctor aimed at the reduction of the rate of complications after surgical joint replacement to near zero. It involves identification of contributing factors before, during, and after surgery,