



method of thermal imaging of the skin by using a matrix imager brand TK-1 (Kharkov, Ukraine) All data is processed by the application of parametric methods of statistical analysis, which is selected as a method of multiple pair wise comparisons of means using the criterion Newman-Keuls - q.

Results. To test the assumption that there are individual differences in average temperatures of the investigated areas of the body with localized scleroderma, depending on their regional affiliation was a comparative analysis of intergroup, As before, it was preceded by conducting research groups on respect for equality of variances and their belonging to the normal type of distribution. According to data obtained by us in the course of thermal imaging survey of patients with LS parameters obtained using more accurate methods of comparative analysis between some intergroup Compares the identified significant differences, as evidenced by the high values of the coefficients obtained in excess of the level of the critical value q.

Conclusions. Therefore, differential diagnostic features are directly dependent on the LS selection of appropriate areas of research in the field of surface temperature scleroderma lesions, as average temperature change with the presence of portions of the body portions of different focal regional accessories in some cases significantly different from each other. Based on the study in the further statistical analysis of the results, it was decided to form a number of groups on the basis of the localization of damage to one of the anatomical and functional areas of the body, thus combining the appropriate groups in which these differences have been identified.

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CLINICAL MANIFESTATIONS OF CEREBRAL TOXOPLASMOSIS AMONG HIV-INFECTED PERSONS

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Introduction. The leading cause of severe neurological disorders among patients with advanced stages of HIV infection is cerebral toxoplasmosis. Third part of HIV-infected patients with CNS suffers from cerebral toxoplasmosis (34.7% of cases). Almost all cases of toxoplasmosis among HIV-infected persons are due to reactivation of latent infection and develop mainly in the form of CNS pathology in cases of reduced quantity of CD4 + cells down to 100 and less in 1 mkl.

Aim. The determination of clinical manifestations of cerebral toxoplasmosis among HIV-infected persons.

Material and methods. The clinical group consists of 33 HIV-infected patients with CNS injury *T. gondii*. The pathogens were identified by detecting *T. gondii* DNA in the CSF by PCR. The period of time between the diagnosis of HIV infection and the appearance of the first manifestations of *T. gondii* CNS averaged $2,2 \pm 0,6$ year.

Results. Studying the history of the disease, it was found that the disease began slowly, patients came to the hospital on average ($88,0 \pm 21,2$) days from the onset of disease. Most came to the hospital in moderately serious condition - 69.7% of cases ($p < 0,01$). In serious condition - 24.3% of cases and in satisfactory condition - 6%. Patients coming into the hospital with intact consciousness 79% ($p < 0,001$), in a state of stupefaction - 12% and in a coma - 9% of patients. The gravity of the disease was caused not only by the intoxication and encephalitic syndromes, but also by the development of complications such



as ESB, which was the immediate cause of death. Mortality rate was 18.2%. Duration of hospital stay of patients averaged $(32,0 \pm 7,3)$ hospital-days. The disease took form of the encephalitis among 21 patients and - meningoencephalitis - 12 patients. Patients, who complained complex weakness - 87,9% ($p < 0,02$), lack of appetite - 9,1% ($p < 0,001$). Diffuse headache - in 81,8% ($p < 0,001$) nausea - 9,1% and vomiting - 12,1%. Dizziness was observed among 75,8% patients ($p < 0,001$). The body temperature remained normal among 51,5% patients ($p < 0,001$). Seizures and hallucinations were present among 15,2% and 3% respectively. An objective examination of patients showed disorientation in place, time and recognizing individual among 27,3%, psychomotor agitation - 6,1%, disorders of higher integrative functions such as memory loss - 21,2% patients. Meningeal syndrome was defined by stiff neck among 39,4% of the patients, Brudzinsky symptoms - 3% and Kernig symptoms - 45,5%. The movement disorders such as hemiparesis, paraparesis and tetraparesis were present among 48,5% of the patients, epileptiform syndrome - 27,3%. Pathological reflexes were found among 21,2% of the patients, Babinsky symptom - 15,2% and Openheim symptom - 6,1%. The impairments of the CN function were the result of the brain stem damage (II-VII, IX, XII): amaurosis - 3%, decrease in visual acuity - 21,2%, anisocoria - 24,2%, strabismus - 21,2%, ptosis - 30,3%, deviation of the tongue - 21,2%, smoothing nasolabial folds - 48,5%, head turning towards damage - 18,2% exophthalmos - 9,1% of patients. Vestibular-ataxic syndrome showed itself in the form of dizziness in 75,8% of the cases, the precariousness of moves - 66,7% and Romberg precariousness - 48,5%.

Conclusions. Thus, in case of *T. gondii* CNS injury among HIV-infected people, encephalitis develops in 64% of cases. Most patients arrive at the infectious hospital in moderately serious condition - 69,7%, consciousness remains clear in 79% of cases. The main complaints are weakness - 87,9%, moderate diffuse headache - 81,8%, nausea and vomiting - 9,1% and 12,1% respectively. An objective survey of patients most frequently shows weakness in the limbs, CN function insufficiency, epileptiform and vestibular-ataxic syndromes, disorders of higher integrative functions.

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MULTIDRUG RESISTANT TUBERCULOSIS: PROFILES OF RESISTANCE OF
THE ISOLATED STRAINS OF MYCOBACTERIUM TUBERCULOSIS

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Introduction. Decrease the effectiveness of treatment of patients with tuberculosis is related to the spread of resistant *Mycobacterium tuberculosis* to antituberculosis drugs. Treatment of drug-resistant forms of the disease is partly complicated by the fact that it involves the use of expensive and toxic drugs. The frequency of resistance to first-line drugs and second-line little studied, especially in the Kharkov region of Ukraine, and is of great interest.

Material and methods We conducted a retrospective research of 445 MDR TB patients with pulmonary tuberculosis registered in the database of registration office and case management of chemoresistant tuberculosis during 2013-2014 in the Regional Tuberculosis Dispensary № 1 in Kharkov. Analyzing the registration teams (according to the order of Ministry of Health of Ukraine of 22. 10. 2008 № 600), according to the medical history of previous treatment, or, based on the results of previous treatment cohort analysis, the patients were as follows: in the first category – “new case” – 151 patients registered (33,