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Відповідальний за випуск проф. В.В. М'ясоєдов

Затверджено Вченою радою ХНМУ
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100% resistance to kotrimoksazol, tsyprfloksatsyn and in 50% of cases - to piperacillin, tseftazidim, tsefepemin, amikacin, gentamicin, tobramycin.

Conclusion. The obtained data show a substantial problems in antibiotic resistance, to avoid them it is necessary to strictly follow the rules of antibiotics prescribing, that will optimize patient care, reduce the cost of hospital stay and avoid undesirable outcomes.

Movchan Y.O., Boyko V.M.

INDICATORS, WHICH PREDICT THE COURSE OF SHIGELLOSIS OF CHILDREN

Kharkiv National Medical University,
Department of children infaction disiases, Kharkiv, Ukraine
Scientific director Zharkova T.S.

Great importance in the pathogenesis of infectious diseases has different biologically active substances, the inflammation mediators - cytokines. There are proinflammatory and anti-inflammatory interleukins. These substances regulate immune and inflammatory responses in the condition of infectious pathology. Induction of cytokine synthesis begins at the first stages of pathological process. Tumor necrosis factor-α (TNFα) and interleukin-1β (IL1β) have a special importance.

Objectives: to set the value of pro-inflammatory cytokines in the formation of clinical variants of shigellosis among children.

We had observed 126 children aged one month to 3 years with shigellosis. Patients were divided into 3 groups according to the course of the disease. The first group (I) (65 patients) - registered smooth course (SC) of the disease, second group (II) (31 patients)- registered wavy course (WC) and control group (III) consisted of 20 healthy individuals of the similar age group. Concentration of tumor necrosis factor (TNF) – α and interleukins (IL)- 1β in the blood serum of the children during 1-3 days of the illness (the acute period), 6-8 days of the illness (the period of recovery in uncomplicated course of shigellosis and period of improvement in wave-like course of shigellosis), 12-14 days of the disease with wave-like course of shigellosis (the period of recovery) was evaluated. For this purpose we used immunosorbent test.

Results: High level of proinflammatory IL at the onset of the disease in all patients were detected. This fact results from the organism's reaction on penetrating pathogenic bacteria and translocating toxin from the gastrointestinal tract into the bloodstream.

The children with uncomplicated course of shigellosis showed levels of IL - 1β, TNF which significantly higher from those of the children with wave-like course of the disease Such difference between indices of proinflammatory IL at the acute period indicated hyporeactivity of the reactions of the organism of the children with wave-like course of shigellosis during the acute period.

We detected decreased level of proinflammatory IL in the patients of the first group (period of recovery), and increased index in the children of the second group (the period of improvement) on 6-8 days of the disease. This indicates

continuation of the inflammatory reaction in the organism of the children with wave-like course of shigellosis.

The children with wave-like course of shigellosis at the period of recovery (12-14 days from the onset of the diseases) demonstrated slightly decreased level of proinflammatory IL in comparison with the acute period and period of improvement, this is indicative of presence of an inflammantory reaction in the organism. This fact is necessary to be considered at the stage of medical follow-up.

Conclusion: Indicators of pro-inflammatory cytokines can predict the course of disease in the early stages. During early convalescence elevated level of these substances indicates incompleteness of inflammatory reactions in the body of the child. Indicates incompleteness of inflammatory reactions in the body of the child.

Samedja Madjida Mohamed, Singh Partap Komal

ESTIMATION OF VALUE OF HEMATOLOGIC INDEXES IN DIFFERENTIAL DIAGNOSTICS OF CENTRAL NERVOUS SYSTEM AFFECTION IN PATIENTS WITH AIDS

Kharkiv National Medical University,
Department of infectious diseases, Kharkiv, Ukraine
Scientific adviser: Associate Professor D.V. Katsapov

Toxoplasmosis of central nervous system (CNS) is the one of main causes of focal CNS affection in patients with AIDS, mostly as an opportunistic infection of the IV stage of the disease. Lesions in the brain are often found and their effects stipulate the clinical symptoms. Some clinically silent lesions come to diagnosis only at MRI or autopsy. The possibility of reactivated c toxoplasmosis developing is as high as 30% among AIDS patients with a CD4 count <100 cells/μL who are Toxoplasma-seropositive and are not receiving specific prophylaxis or antiretroviral therapy. Differential diagnosis of CNS toxoplasmosis in HIV - infected patients is usually made with tuberculous meningitis or meningoencephalitis (TME). The clinical presentation of TME in HIV-infected individuals usually includes an altered level of consciousness, cranial imaging is more likely to show cerebral infarctions, and the yield of culture of cerebrospinal fluid may also be greater. Clinicians must consider tuberculosis in the differential diagnosis of the HIV-infected individual with acute or chronic lymphocytic meningitis.

Aim of our research was to analyze and compare leucocytal indexes of intoxication of 33 patients with TME with the same of 32 patients with cerebral toxoplasmosis. We calculated leucocytal index of intoxication (LII), correlation index of neutrophils and monocytes (CINM) and index of immune reactivity (IIR) All patients were admitted to Kharkiv Regional Infectious Hospital. *T. gondii* was found with PCR method in cerebrospinal fluid. *M. tuberculosis* was detected by PCR, culture and microscopy of biological materials.

In most patients with TME there is a history of intoxication signs: malaise, anorexia, fatigue, fever, myalgias, and headache, lasting 2–8 weeks prior to the development of meningeal symptoms. Patients with TME were present with the symptoms of fever, headache and neck stiffness and focal neurological deficits,