



ABSTRACT BOOK



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EARLY DIAGNOSIS OF LIVER FIBROSIS IN PATIENTS WITH CHRONIC HEPATITIS C VIRUS

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Introduction. According to WHO estimates 57% of liver cirrhosis (LC) and 78% of cases of primary liver cancer caused by hepatitis B virus (HBV) influence or hepatitis C virus (HCV). Once cirrhosis patients remains satisfactory condition (step compensation) for a long time, but about 5-7% patients have complications each year (transition to decompensated) and mortality rate is 57% per year. Therefore there is a need to develop methods by which we can identify patients with chronic liver disease and identify people with the threat of complications and death from liver disease.

Materials and methods. We examined 36 patients with chronic HCV without clinical signs of the LC. Among them, 17 men (47.2%), women - 19 (52.8%). Average age was $54,5 \pm 2,34$ years. The diagnosis is established on the basis of clinical, biochemical and virological methods. Fibroelastography was carried out by using the apparatus of Fibroscan 502 TOUCH (Echosens, France). The stage of fibrosis in the liver was calculated based on the age and sex of the patient. The quantitative indicators were evaluated according to the METAVIR system.

Results of research. Liver fibrosis stage F0 (no fibrosis) was observed in 3 patients (8.3%), F1 (gantry fibrosis without septum formation) - 10 (27,8%), F2 (gantry fibrosis with rare septum) - 9 (25 %), F3 (multiple portocentral septum without cirrhosis) - in 6 (16.7%). The stage of fibrosis F4 (cirrhosis) was first established in 8 patients (22.2%), which allowed to state the diagnosis of LC class A for Child-Pugh.

Conclusions. Application liver fibroelastography by apparatus Fibroscan in patients with chronic HCV to set the stage of liver fibrosis and identify LC in the first stage (class A for the Child-Pugh), which is important for determining further therapeutic tactics.

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PROBLEMS OF HIV INFECTION OF WOMEN IN UKRAINE

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Introduction. In last years, the number of women of childbearing age has significantly increased among of HIV-infected people, which is directly related with changing the ways of transmission of the virus. So the leading role in the transmission of HIV infection and influencing the manifestations of the epidemic process were sexual, parenteral and vertical (from mother to child). HIV infection in pregnant women invariably presents significant difficulties for the obstetrician. Doctors have a serious task to reduce the risk of transplacental transmission of the virus to the fetus and to maintain the health of the expectant mother.

Materials and methods. The analysis of the ways of HIV transmission and estimate of the incidence of HIV infection for the period 2008-2015 in Ukraine in pregnant women was carried out.

Results of research. In 2008, in Ukraine the dominant routes of transmission of the causative agent of HIV infection were changed from the artificial parenteral with the use of injecting drugs on the sexual with heterosexual contacts. In the structure of HIV transmission routes (taking into account the indicator of the frequency of mother-to-child transmission of HIV), the proportion of the sexual way of HIV transmission has steadily increased and amounted to 72.5% in 2015, compared with 51.1% in 2008, having increased by 8 years on 19.4%, which can lead to the transition of the virus from the risk group of parenteral drug users to the general population of people, while women will play the role of a bridge. The indicator of the level of mother-to-child transmission of HIV in Ukraine in 2001 was 27.8%. In Ukraine, a program to prevent mother-to-child transmission of mother-to-child transmission was introduced, including antiretroviral prophylactic treatment for pregnant women and children born to HIV-infected mothers, leading to a decrease in the prevalence of HIV infection among pregnant women by primary testing from 0.55% in 2009 to 0.39% in 2014, the incidence of mother-to-child transmission of HIV decreased from 27.8% in 2001 to 3.35% in 2014.

Conclusions. A change in the structure of transmission routes with predominance of the sexual ways increases the risk of infection of women of childbearing age and perinatal transmission of the virus to the child. To reduce the risk of the birth of HIV-infected children, it is necessary to implement the state program to prevent the vertical transmission of the pathogen from mother to child. It is necessary to provide access to antiretroviral preventive treatment for pregnant and children born from HIV-infected mothers, as well as timely delivery of drugs to all regions of Ukraine.

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COMBINED THERAPY OF PATIENTS WITH PSORIASIS USING THE 311NM NARROWBAND PHOTOTHERAPY

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Introduction. Psoriasis is one of the most widespread chronic dermatosis (3-7 % of world population suffers from it). It is a multifactor dermatosis influenced by genetic, immune and environmental factors. Psoriasis is characterized by epidermal hyperproliferation, disturbance of keratinocytes and functioning of immune system. Almost all patients with psoriasis have observed the positive effect of sun rays. For treatment of patients with psoriasis photochemotherapy (PUVA), selective phototherapy and UVB therapy with wavelengths of 311–313 nm is recommended.

Materials and methods. Group 1 (study group) -10 patients with psoriasis (7 male and 3 females aged from 18-56years) were treated by means of basic therapy and phototherapy (using UV irradiation apparatus UVB-311nm of dermatological type “Psorolight” produced by “Medpromservis”). The initial dose was 0.1J/kg cm, and this

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