



***IXth International Interdisciplinary
Scientific Conference of Young
Scientists and medical students
«Actual problems of clinical and
theoretical medicine»***

(International Scientific Interdisciplinary Conference – ISIC)

Kharkiv National Medical University - 2016



patients who received basic therapy, there was faster leveling of icteric syndrome, headache, the duration of the febrile period was much less, and there were less pain (epigastric). It is revealed that (in comparison with their content before treatment) the content of biochemical parameters fell faster to control values under the influence of Erbisol – AlAt - 87.9%, bilirubin - at 78.7% (under the action of Galstena – by 83.6% and 65.4% respectively and the basic treatment – of 66.1% and 66.2% respectively). The duration of subsequent clinical manifestations of disease did not differ significantly for patients of all

three representative groups (P>0.05): headache, insomnia, dry mouth, nausea, vomiting, pain and heaviness in the right hypochondrium, aholic stool, constipation, diarrhea.

Conclusions. Using Erbisol contributes to more rapid decrease of the content of β-lipoprotein, triglycerides, prostaglandin F2, prostaglandin E1, prostacyclin, thromboxane B2, and Using Galstena contributes to more rapid decrease of total lipids, total cholesterol, prostaglandin F1, normalization of the level of most fatty acids.

Ghosh Somdipa

CLINICAL PRESENTATION OF TB AMONG PATIENTS WHO HAVE RISK FACTORS OF TB

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Actuality: There are estimated 8-10 million new cases of TB each year worldwide. It remains a global emergency and continues to kill 1.4 million people every year. CO-INFECTION WITH HIV: HIV infection increases the likelihood that new infection with M.tuberculosis due to immune suppression will progress rapidly to TB disease among HIV-infected individuals, lifetime risk of developing active TB is 50%, compared to 5-10% in persons who are not HIV-infected. SMOKING: more than 20

cigarettes a day increases the risk of TB by 2 or 4 times. Smokers double the risk that people who have been successfully treated for TB will develop TB again, term called 'RECURRENT TB'. DIABETES: directly impairs the innate and adaptive immune responses, thereby accelerating the proliferation of TB.

The aim: The aim of the study was to demonstrate that patients with certain risk factors like HIV, smoking, drinking and diabetes are more prone to develop TB. **Materials and methods:** 15 patients suffering



from different forms of TB, like patients with Primary form of TB, Secondary form with disseminated TB and miliary TB admitted to department of phthisiology and pulmonology were under my observation and were chosen for further analysis.

Results: After investigation I found out that 6 of the patients were regular smokers and used to drink very often and were also diabetic. And 4 patients were infected with HIV. After treatment it was seen that 33% of patients who were not infected with HIV, nor they were diabetic and neither they smoke nor drink were having fast recovery. In was seen in 40% of patients who were having diabetes and were regular smokers and use to drink very often that the treatment was taking time as compared to other patients. In 27% HIV infected patients improvement was least, very low recovery was seen,as

compared to other patients,treatment was ineffective or slow because of presence of HIV infection.

Conclusion: This shows us that patients with diabetes and those who are regular smokers and drinks a lot are more prone to TB proving that these are risk factors of TB due to which treatment was taking time.We can also say that TB patients having CO-INFECTION with HIV is the most dangerous risk factor of TB as we saw that treatment's effectiveness is very low. To decrease the risk of TB, people who regularly smokes or drinks or having diabetes or are infected by HIV should be under observation for TB. Flurography should be done regularly along with x-ray, CBC, lab test once in a year atleast to prevent severe form of TB because PREVENTION IS BETTER THAN CURE.