

Conclusion. Laboratory criteria: at least one of the following tests in the acute phase: virus isolation; presence of viral RNA by RT-PCR; presence of virus specific IgM/IgG antibodies in single serum sample collected; seroconversion to virus-specific antibodies in samples collected at least one to three weeks apart.

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CLINICAL CHARACTERISTICS OF IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME (IRIS) IN HIV/TB-COINFECTED PATIENTS

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Introduction: Some HIV/TB-coinfected patients who are on anti-TB treatment and highly active antiretroviral therapy (HAART) will develop an exacerbation of symptoms, signs or radiological manifestations of TB that are not due to relapse or recurrence of their TB. It is so called immune reconstitution inflammatory syndrome (IRIS).

Aim: To analyse clinical and laboratory factors of HIV/TB-coinfected patients diagnosed with IRIS and to compare these with HIV/TB-coinfected patients who did not develop IRIS.

Materials and methods: We analysed 14 case histories of HIV/TB-coinfected patients who were treated in antituberculosis dispensary between 2009 and 2011. Using a set definition of the syndrome the patients were classified into two groups: the 1-t group - those who developed IRIS (5 patients) and the 2-d group- those who did not (9 patients). Demographic, clinical and laboratory data relating to both HIV and TB were compared between the two groups.

Results: 5 cases developed IRIS with a median (range) duration of 2.53 (0.53-14.97) months. 3 (60%) patients in the IRIS group had disseminated TB at baseline compared with 2 (22%) in the non-IRIS group ($P = 0.05$). The median baseline CD4 for the IRIS group was significantly lower at 54 (11-104) cells/mm³ ($P = 0.05$) than the non-IRIS group at 146 (92-268) cells/mm³. A significantly greater proportion of patients in the IRIS group [4/5 (80%), $P < 0.05$] had baseline CD4 < 100cells/mm³ compared with the non-IRIS group [4/9 (44%)]. The median fold change in CD4 from baseline to 3 months was significantly higher in the IRIS group patients, 1.4 (0.4-5.6), compared with 0.7 (-0.2 to 1.0) for those in the non-IRIS group ($P < 0.05$).

Conclusions: Patients who develop IRIS are more likely to present with disseminated TB, have a CD4 count < 100 cells/mm³ and have a prompt rise in CD4 count in the initial 3 months of HAART.

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INDEXES OF BLOOD LIPID SPECTRUM IN PATIENTS WITH CHRONIC HEPATITIS C

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The aim of the research is to study the state of lipid metabolism indexes in patients with chronic hepatitis C (CHC) according to sex, age, virus genotype, viral load and biochemical process activity.

Material and methods. We surveyed 26 patients with CHC. In all patients the following indexes were measured: total cholesterol (TC), triglycerides (TG), high-density lipoprotein cholesterol (HDL), low-density lipoprotein cholesterol (LDL), very low-density lipoprotein (VLDL) on the biochemical analyzer "BioSystems" with reagents of the same fabrication (Spain).

Results. The determined CHC activity was moderate in 15 (57,7 %), low in 11 (42,3 %) patients. ELT activity in blood serum was $1,39 \pm 0,25$ mmol/l·h. 10 (45 %) CHC patients have genotype 1b, 10 (45 %) have genotype 3a, 2 (10 %) have genotype 2. In the examined patients the loss of TG ($p < 0,05$) and HDL ($p < 0,01$) in blood serum was revealed. The mean values of TC, LDL and VLDL had no difference with control values, but different tendencies were observed in the values of TC and LDL: the rate of TC and LDL was increased in 15,38 % and 19,23 % and decreased in 11,54 % and 57,7 % respectively. The relationship between rates of HDL and ALT activity in blood serum was detected ($r = -0,48$; $p < 0,05$), between rates of TC and LDL ($r = 0,63$; $p < 0,001$), between rates of TG and VLDL ($r = 0,98$; $p < 0,001$); between age and TG, VLDL rates ($r = 0,39$; $p < 0,05$). In patients with CHC and genotype 1b the rate of VLDL was higher than in patients with genotype 3a ($p < 0,05$).

Conclusions. The most patients with HCH have evident disturbance of lipid metabolism. Some of its rates correlate with virus genotype, biochemical process activity, patients' age.

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THE HYGIENIC ANALYSIS OF POSSIBLE FACTORS OF HEARING LOSS AND DEAFNESS

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Introduction. The problem of hearing loss and deafness, both in Ukraine and all over the world, occupies an important place, because, the prevalence of hearing disorders ranges from 4 to 10% of the total population.

Material and methods. In the experiment it was involved two experimental groups of young people with age up to 18 who are enrolled in typical specialized institutions of children with impaired hearing: the first - deaf children, the second - the children of hearing loss.

Results. As it was by our study, families where both parents are deaf $3,68 \pm 0,10\%$ of hearing adolescents and $28,20 \pm 1,02\%$ of the deaf, which means that the children are more likely to complete deafness in the presence of deafness in the parents. Almost an equal number were among hearing and deaf adolescents who were not from intact families, the lack of one or both parents. Deaf senior pupils were $10,89 \pm 2,04\%$ of the total, while the hearing - $8,42 \pm 1,49\%$ of the total. Among the deaf and hard of hearing senior pupils were 2 people who were orphans, it was $1,28 \pm 0,72\%$ and $1,05 \pm 0,53\%$, accordingly. Among the hearing senior pupils $2,63 \pm 0,84\%$ were students in families where one or both parents are disabled, due to the Chernobyl accident, and among the deaf students it was a number of $2,56 \pm 1,02\%$, indicating that no clear respect of this factor with the occurrence of deafness or hearing loss. Of the total number of hearing-impaired adolescents $27,36 \pm 2,54\%$ were