supplementation); hemorrhages, dizziness, decreased performance, fatigue, pallor or icteric skin and mucous membranes, heartbeat. Objective examination of common clinical findings were pallor or ictericity of the skin and moderate splenomegaly. The most common preliminary diagnoses were iron deficiency anemia, anemia of unknown origin, and aplastic anemia. The third part of patients received therapy with Ferum-containing drugs, which significantly aggravated their condition. Among the results of laboratory and instrumental examination methods, such changes prevailed: in the clinical analysis of blood, pancytopenia, reduction in the number of reticulocytes, accelerated ESR; in the clinical analysis of urine - hemoglobinuria, hemosiderinuria; Gregersen's positive benzidine test with urine. The final stage of diagnostic search in this category of patients was a hematologist consultation with trepanobiopsy.

Conclusions. The most common "mask" of Markiafava-Micheli's disease is aplastic anemia, hyporegenerative anemia of unknown origin. The most common first complaints of patients with this pathology were discoloration of urine, manifestations of hemorrhagic and anemic syndromes. Detection of splenomegaly in patients with aplastic anemia should serve as a basis for further examination in order to exclude paroxysmal nocturnal hemoglobinuria.

UDC 616.633.963.42-07(477)

PROBLEMS OF DIAGNOSING PAROXISM NIGHT HEMOGLOBINURIA IN UKRAINE

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Introduction. Paroxysmal nocturnal hemoglobinuria (PNH) belongs to orphan diseases, and its prevalence is about 0.006%, there is some data suggesting that the true numbers are much higher. A possible explanation is the fact that the disease can be hidden, often combined with other pathologies (aplastic anemia or myeloproliferative diseases). Due to the variety of symptoms, patients are seen not only in the practice of hematologist, but in the practice of any specialty. The timely diagnosis may be difficult due to the lack of awareness of doctors. This leads to late detection of the disease, and, given that the average lifetime after diagnosis is 10 years, the identification of problems are particularly relevant for practical health care.

The aim of the study was to analyze the causes of late PNH detection and the main diagnostic errors of this category of patients.

Materials and methods. We have analyzed the case histories of patients with PNH who were hospitalized at the hematology department of the Kharkiv Regional Oncology Center. According to the medical records, we have analyzed the main clinical manifestations of PNH, the history of the disease, laboratory and instrumental diagnostic methods that were performed for patients. In addition, we have studied the capabilities of modern diagnostic methods in Ukraine and nearby countries.

Results. Studying the anamnesis of this patients, we have found that for most patients the period from the onset of the first symptoms of the disease to the correct diagnosis has taken 1.5-2 years, it worsened the quality of life and even in some cases, led to the disability of the patients. Most patients had a preliminary diagnosis of anemia of unknown origin, aplastic anemia or hemolytic anemia. Modern specific methods for the diagnosis of PNH are Hema test, sucrose test, immunophenotyping using flow cytometry. A new research