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30-39. Previously only 38 patients received antiretroviral therapy, others were ART naïve. Encephalitis – 64,9% were the most often recorded, less often meningoencephalitis – 33,1% and rarely meningitis – 1,9%. The most common causative agents were: T. gondii (31), Epstein-Barr virus (24), co-infection T. gondii / Epstein-Barr virus (12), Cytomegalovirus (10), and C. Neoformans (7). The indicators of clinical CSF analysis were compared between etiologic groups.

Results. For the majority of studied groups, regardless of etiology, protein levels in CSF were moderate increased, namely 0,34-0,99 g/l. Its normal values $<0,34$ m/l, weren't registered at all in groups of T. gondii / Epstein-Barr virus and C. Neoformans, and values $>1,0$ g/l – in Cytomegalovirus group. The level of CSF cell count was characterized by normocytosis almost in all groups, but it was specific only for Cytomegalovirus ($p<0,01$). In Epstein-Barr virus group pleocytosis (>10 cells) was predominant, as it was recorded in 55,6% of patients ($p<0,01$). It should be noted, that in all groups the CSF cell count was increased mainly due to lymphocytes. Decreased glucose level ($<1,99$ mmol/l) was specific for C. Neoformans group (66,7%; $p<0,01$). Glucose interval 2,00-2,99 mmol/l was recorded in 69,9% of patients with T. gondii ($p<0,01$). Cytomegalovirus group was characterized by glucose level higher than 3,0 mmol/l, where these values had 100% of patients ($p<0,01$). For other groups the glucose level hadn't differential significance. Chloride CSF level was decreased (<120 mmol/l) almost in all patients regardless of etiology, but its decline was more pronounced in Epstein-Barr virus and Cytomegalovirus groups, where the majority of patients had its level <117 mmol/l in 87,5% and 100% of cases ($p>0,05$).

Conclusions. The most significant differential indicator in clinical CSF analysis between studied groups was glucose. Along with others techniques old clinical CSF analysis can be useful in differential diagnosis in HIV(+) patients with CNS infections.

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PECULIARITIES OF MEDICINAL DUTY OF PREGNANCY DURING 12 TO 22 WEEKS BY MEDICAL INDICATIONS IN WOMEN WHO HAS AN EMERGENCY IN WHICH HAS A CESARIAN SECTION IN THE KHARKIV REGIONAL CLINICAL PERINATAL CENTER

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Ensuring a favorable outcome for abortion is one of the urgent problems of obstetric-gynecological practice. According to WHO, 46 million artificial abortions are performed annually, which is about 22% of all pregnancies.

Termination of pregnancy for a period of 12 to 22 weeks is carried out in medical institutions of the III level of accreditation according to the order of the Ministry of Health of Ukraine No. 1177 On the

approval of the clinical protocol “Comprehensive care for unwanted pregnancy” and the Cabinet of Ministers of Ukraine No. 114, which indicates a list of indications, if possible artificial termination of pregnancy at the indicated time. At present, the optimal method of abortion is medication (level of evidence Ia).

According to international clinical recommendations based on evidence, the late termination of pregnancy protocol (12-22 weeks) involves taking mifepristone at a dose of 200 mg (1 tablet) once inside, under the supervision of a doctor. After 36-48 hours, 400 µg of the drug misoprostol is administered vaginally with further oral administration of 400 µg of misoprostol every 3 hours, the maximum number of doses is 5. Dynamic monitoring of the patient is carried out by the doctor in a hospital.

A local protocol has been developed in the Kharkov Regional Clinical Perinatal Center (HOKPC) based on the protocol of the Ministry of Health of Ukraine, according to which women who have a history of delivery through cesarean section have terminated a pregnancy in the period from 12 to 22 weeks.

Twenty case histories were analyzed. There are 2 groups for the study: 1 control group - 10 patients, 2 main group - women with a history of cesarean section.

In women of the control group, abortion was carried out by the medication method according to the protocol of the Ministry of Health of Ukraine. In seven women, pregnancy was terminated after taking the 4th dose of misoprostol, in two - after the 2nd dose of misoprostol, and in one - several hours after the 5th dose.

Women with a history of cesarean section are always considered as a special category of patients when performing any type of abortion, in particular medical abortion. Due to the presence of a scar on the uterus, they have a higher risk of developing serious complications, the most likely of which are the threat of rupture and rupture of the uterus.

Considering the above complications, according to the local protocol of center, the following drug abortion regimen was developed for women of the main group: 1 day - mifepristone 200 mg orally, 2 days - mifepristone 200 mg orally, 3 days - misoprostol 100 mg vaginally. If abortion did not take place after 24 hours, 1 mg misoprostol was given orally. Women were under the dynamic supervision of doctors. With the appearance of contractile activity of the uterus and the opening of the cervix in dynamics, it was additionally possible to prescribe 200 misoprostol orally. In half of women, abortion occurred while taking a 2nd dose of misoprostol (100 mg), in five women, after the first dose of 100 mg of misoprostol, active contractile activity of the uterus and cervical dilatation developed, and 200 mg of misoprostol was prescribed, abortion occurred within 6 -8 o'clock.

Thus, in women with a history of surgical interventions on the uterus, in comparison with the control group, abortion occurred 1-2 days longer. However, a longer stay of women in the hospital is justified by the absence of complications that threaten the life and health of the woman.

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MODERN METHODS OF SURGICAL TREATMENT OF CHRONIC ANAL CRACKS

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The urgency of the problem is that this pathology is from 10 to 15% among diseases of the large intestine and covers the most able-bodied part of the population.

The aim of the study. To analyze the modern tactics of surgical treatment of anal fissures.

Materials and methods. A retrospective study of 28 case histories of patients who received complaints of anal canal pain during the act of defecation– 28 (100%); slight mucous-blood flow from the rectum - 20 (71%); perianal itching - 5 (18%); maceration of the skin of the perianal region - 8 (29%).

In the studied group of men there were 10 (36%), women - 18 (64%). The mean age of the patients was 35.5 ± 3.5 years. History of this disease was within 3-6 months - 20 (71%) patients; within 6 months to 1 year - 18 (64%). In rectal examination revealed: linear defect with corns edges in the anal canal - 28 (100%); with the presence of a watchtower - 22 (79%); with the presence of anal papilla - 20 (72%). In rectal examination, cracks had localization on the posterior wall - 19 (68%); on the front - 5 (18%); mirror localization - 4 (14%), in all patients there was a pronounced spasm of the anal sphincter.

At a sigmoidoscopy, a colonoscopy of other pathology of a colon is not revealed.

Results. Due to the ineffectiveness of conservative treatment, surgery was performed within 3-6 months: removal of anal fissure with lateral sphincterotomy - 18 (64%) patients; radio wave fissurectomy - 6 (21%). There were no postoperative complications. When excision of the anal fissure with lateral sphincterotomy, the recovery period was 8-9 days, the disappearance of the pain was noted for 3-4 days, the recovery of the act of defecation came on the 5th day. After radio wave removal of the anal fissure, the recovery period was 5-6 days, the disappearance of pain syndrome for 2 days; recovery of defecation act came on day 4.

Conclusion. One of the promising treatments for chronic anal fissure is radio wave excision.

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