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IMMUNOLOGICAL STATUS IN PATIENTS WITH CHLAMYDIA PNEUMONIA

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Topicality. Infectious diseases caused by Chlamydia are widespread, especially Chlamydia pneumonia. Pathogenic mechanisms, immunogenesis, diagnostics, and treatment of Chlamydia pneumonia are not well-known and debatable.

Purpose – to study the features of children immune system in Chlamydia pneumonia.

Materials and methods. Clinical laboratory examination of 26 3 months - 3 years old patients with Chlamydia pneumonia and 21 healthy children at the same age (control group) has been completed. We used clinical epidemiological information, results of the X-ray of lungs, markers of Chlamydia infection by ELISA and PCR in the sputum and in the blood to verify diagnosis. Levels of leukocytes, lymphocytes (CD₃ CD₄ CD₈ CD₂₀), and immunoglobulins (IgA, IgM, IgG) were determined.

Results of research. There are changes of levels of immune cells in patients with Chlamydia pneumonia in comparison with control group. We detected decrease level of T-cells. Level of B-cells wasn't changed. Quantity of leukocytes was higher in patients with Chlamydia pneumonia than in patients of control group. Immunoglobulins IgM was increased significantly, but immunoglobulins IgG and IgA were increased unreliably.

Conclusions. Our investigation determined that the immunological indexes were changed in patients with Chlamydia pneumonia. We suspect that these immunological abnormalities are one of the reasons of Chlamydia pneumonia prolonged course.

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ACUTE APPENDICITIS ON BACKGROUND OF ANTIVIRAL THERAPY OF CHRONIC HEPATITIS C

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Background. Nowadays the standard of treatment of chronic hepatitis C is application pegylated interferons in a combination with Ribavirin during 24-48 weeks depending on a genotype of hepatitis C virus. The typical side effects of antiviral therapy leading to haematological violations (anaemia, neutropenia, thrombocytopenia) that can reduce patient's life quality, require the correction of doses, decrease effect of treatment, reduce probability of achievement of steady virologic answer. On a background of antiviral therapy in patients with chronic hepatitis C the haematological violations can be interpreted wrong in case of presence of intercurrent pathology.

Material and methods. Under our supervision there was a patient Г., 1988. In December 2011 in the clinic of infectious diseases of the Kharkov national medical university he has a diagnosis: "Chronic hepatitis C, HCV RNA 1,76x10⁵ ME/ml,



genotype of 1B, degree of activity of A3, stage of fibrosis of F1 on METAVIR". In the process of inspection the genotype was IL28B (CT) absence of haematological changes, autoimmune diseases, pathology of thyroid and other contra-indications for etiotropic therapy.

Results. 24.12.2011 the combined antiviral therapy is begin: pegylated interferon alpha 2a (Pegasys) 180 mcg/week in a combination with ribavirin 1000 mgs/day. The duration of treatment are 48 weeks. Subjectively the bearableness of therapy remained satisfactory, expressed influenza syndrome was marked. Monitoring of haematological indexes: leukocytopenia ($2,54-3,53 \times 10^9$), neutropenia ($0,85-1,73 \times 10^9$), thrombocytopenia ($75-124 \times 10^9$) that did not require the correction of dose of pegylated interferon alpha 2a (Pegasys) or additional medicamental setting. In the process of antiviral therapy a complete early virologic answer (blood without virus after 12 weeks of therapy) was attained in this connection treatment is continued on a standard chart.

During antiviral therapy (36 weeks) 27.08.2012 the patient felt in disposition, discomfort in a stomach, the body temperature was 38 C. 28.08.2012 the pain appeared in the lower part of the abdomen, patient was hospitalized in the surgical department of the Kharkov regional clinical hospital with a diagnosis: "Acute appendicitis"?. At examination the state was considered as satisfactory. The abdomen is participated while breathing, soft in all departments, a peristalsis is stored. Later the moderate pain appeared in the lower part of the abdomen, (Rovsing's, Sitkovsky's, Razdolsky's and Blumberg's signs are negative), pathological changes of the blood were absent (leucocytes $5,2 \times 10^9$). After 8 hours the patient marked increased abdominal pain in a right iliac area. On palpation: there was abdomen is painful, pain in the right iliac area, appendicular symptoms are positive, locally positive Blumberg's sign. The patient had laparoscopic appendectomy, sanitation of the abdominal cavity and antibiotic therapy. The final diagnosis was: "Acute phlegmonous appendicitis". Particular clinical example demonstrates that development of sharp phlegmonous appendicitis was not accompanied by typical haematological changes as a neutrophilic leucocytosis and change of white blood cells shif to the left, it was dictated by neutropenia.

Conclusion. In that way the haematological violations for patients with chronic hepatitis C on a background of antiviral therapy should include in diagnostics of intercurrent diseases.

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MALARIA'S BURDEN AND CONTROL IN GHANA

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Introduction. The malaria burden is a challenge to human development. It is both a cause and consequence of under-development. 9 out of 10 cases of malaria occur in sub-Saharan Africa. Over one million people die from malaria each year, mostly 70% are children, more than 50% are under 5 years old.