

Conclusion: Injectable PLLA was used in this investigation appears to correct the types of acne scars treated in this study and is the good variant for the correction of the atrophic scars after to moderate severe acne. The injections with PLLA could be recommended for the acne scars correction.

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**CO-INFECTION OF HIV / TB: THE DYNAMICS OF THE
EPIDEMIOLOGICAL SITUATION IN THE PAST FIVE YEARS IN THE
KHARKIV REGION**

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Background. Exacerbation of worldwide epidemic situation with tuberculosis experts associates with the rapid growth of the scale of the HIV infection. In countries where much of the population is HIV-positive, 30-50% of patients with HIV infection are at risk to develop TB. A retrospective study on patient history in antitubercular clinic number 1 in Kharkiv. Diagnosis of MBT was carried out by flotation and culture method, regulated by Order of Ministry of Health № 45 of 06.02.2002.

Results. Analyzing the statistics for the years 2007-2011, we note the reduction in the incidence of tuberculosis both in Ukraine – by 15.8% (from 79.8 to 67.2 per 100 000) and the Kharkiv region – 27.2% (from 72.5 to 52.7 per 100 000). However, the dynamics of HIV infection in Ukraine has grown by 12% in Ukraine over the last 5 years (from 38.0 to 46.2 per 100 000) and 21% in the Kharkiv region (from 16.2 to 20.5 per 100 000). As to TB / HIV co-infection. In Kharkiv region, the TB / HIV incidence in the last 5 years has increased by 11% (from 2.4 to 2.7 per 100 000) in Ukraine by 45% (from 5.0 to 9.1 per 100 000). The mortality from 2007 to 2011 both in Ukraine and in the Kharkiv region reduced (by 29% and by 24% respectively). Deaths from AIDS increased by 34% in Ukraine (from 5.4 to 8.2 per 100 000) and by 17% in Kharkiv region (from 2.0 to 2.4 per 100 000), followed by growth mortality from TB / HIV co-infection – 36% (from 3.9 to 6.1 per 100 000) in Ukraine and by 19% in the Kharkiv region.

Conclusion. The situation with co-infection of HIV / TB in Kharkiv region worsens from year to year; over the past 5 years, the incidence has increased by 11% and mortality by 19%. Tuberculosis is the major secondary disease in HIV infection and the main cause of death in AIDS stage, and it requires joint and coordinated efforts of TB services and services for AIDS prevention and timely diagnosis of tuberculosis in HIV-infected individuals.

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**CLINICAL AND MORPHOLOGICAL COMPARISONS OF THE FLU
A H1N1**

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Introduction. Strains of the flu virus cause annual epidemics with different level of a lethality. Emergence of the flu virus A H1N1 in the autumn-winter 2009-2010g.g. was accompanied by spread among all continents. More than 12,000 death were registered. The respiratory distress-syndrome was the dominate cause of death and part of an overall picture of infectious and toxic shock .

The aim of this research was comparison of complete blood count dynamics in two main groups of patients with an average and heavy flu A H1N1 that have favorable and unfavorable outcome and also comparison of dead people complete blood count dynamics with morfofunctional condition of the spleen.

Material and research methods. 30 recovered and 31 died patients histories was analyzed, that were hospitalized in Kharkov infectious hospital in the autumn-winter 2009-2010g. In both groups the condition of patients at hospitalization was estimated as average or heavy, the age was similar, about 40 years. Special attention was turn on absolute and relative quantity of blood lymphocytes in disease dynamics. In died patients group defined the relative area of a white pulp and density of lymphocytes placement in follicles.

Results. Turns out , that positive dynamics of relative and absolute quantity of lymphocytes in blood distinctly correlates with favorable outcome of the infection. And . In died patients group (the majority – within 1 decade) negative dynamics of these indicators of blood was observed. Existence of morfofunctional insufficiency of a spleen was noted in autopsy material.

Conclusion. Founded features of favorable and unfavorable outcome of flu A H1N1 testify the possibility of unfavorable outcome forecasting and, maybe, inclusion it in the treatment regimen of immunoreplaceable therapy.

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IMMUNE MECHANISMS OF FORMATION OF CLINICAL PICTURE OF ROTAVIRAL-BACTERIAL INFECTION AT CHILDREN OF EARLY AGE

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Introduction. The past two decades attention of scientists attracted rotaviral infection, which share in the overall structure of intestinal infections is 35-75% and tends to increase. Some authors show that in 60-70% of cases rotaviral infection occurs not as mono- but mixed infectious pathology of gastrointestinal system caused more often by combination with conditionally pathogenic and pathogenic bacteria.

The aims of the research was definition the cytokine status at children with rotaviral-bacterial infection and communication revealing between indicators of level interleukins and clinical manifestation of disease.

Material and Methods. The indicators of the quantitative maintenance of cytokines (interleukins (IL)-1, -4, -6, tumor necrosis factor (TNF)) and their role in the formation of clinical symptoms of involvement of the gastrointestinal tract of