



glabellar lipofilling are difficult and risky. Because of all these data, this technic is more indicated for motivated and well prepared patients.

Result: For these reasons, the effective alternative technics are the exogenous fillers injections with safe, and durable products. Among the available one, the resorbable fillers as Hyaluronic Acid (Sub-Q), and Polylactic Acid (New fill), could be considered are one of the most safe, and effective. If a muscles, fat, and skin relapse is existing facelift and/or blepharoplasties stay the most available procedures.

Conclusion: Botulinum toxin injections and volumetric fillers are not coming at all in opposition with upper, mid, face lifts and blepharoplasties; indeed, they optimize and maintain those surgery results. These injections are a fundamental process in producing a long lasting result.

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MODERN APPROACHES TO MALARIA THERAPY
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Introduction: More than 200 cases annually recently are recorded in Ukraine the probability of malaria importation dangerously increases. In 2013 recorded there are 7 imported cases of malaria⁴ of them among foreign students from Nigeria, Angola and Ghana, and 3 – among Kharkiv residents, who worked in Guinea and Congo. Therefore the problem of the malaria treatment and prevention is relevant, in our country especially of multidrug resistant forms. The plasmodium strains have different patterns of drug resistance in different geographical regions. Along with widespread chloroquine resistant strains and strains resistant to sulfadoxine-pyrimethamine, increases the number of identified strains, resistant to other drugs: amodiaquine, mefloquine, halofantrine, quinine etc.

Aim: systematization and analysis of information about Plasmodium spp. resistance to anti-malarial medicines and modern approaches to etiological treatment of malaria.

Materials and methods: Information Resource Database and Search Tools: Google, Cochrane Library, Scirus, Springer, Medline, Embase, Web of Science.

Results: Once the diagnosis of malaria has been made, appropriate anti-malarial treatment must be initiated immediately. Treatment should be guided by four main factors: 1) the infecting Plasmodium species; 2) the clinical status of the patient; 3) the drug susceptibility of the infecting parasites as determined by the geographic area where the infection was acquired and 4) the previous use of anti-malarial medicines. Only 5 anti-malarial drugs are permitted by the Ukrainian Ministry of Public Health: chloroquine (Delagil), mefloquine (Lariam), hydroxychloroquine (Plaquenil), sulfadoxine-pyrimethamine (Fansidar), quinine sulfate. Considering CDC and WHO recommendations and option of anti-malarial drugs, that approved the Ukrainian Ministry of Public Health, we can use the next scheme for malaria therapy: For *P. falciparum*, *P. malariae* and *P. knowlesi* infections acquired in areas without chloroquine-resistant strains oral chloroquine can be used at the dose 600 mg base, followed by 300 mg base at 6, 24, and 48 hours after the initial dose. Alternatively, hydroxychloroquine may be used at a dose of 620 mg base given initially, followed by 310 mg base at 6, 24, and 48 hours after the initial dose. For chloroquine resistance *P. falciparum* infections quinine sulfate with doxycycline or



tetracycline, or clindamycin may be administered. Quinine treatment should be continuing for 3-7 days. Mefloquine we recommend only when the other options cannot be used, because of its potentially severe neuropsychiatric reactions. *P. vivax* and *P. ovale* infections also should be treated with chloroquine or quinine sulfate. In addition to requiring blood stage treatment, infections with *P. vivax* and *P. ovale* can relapse due to hypnozoites that remain dormant in the liver. To eradicate the hypnozoites, patients should be treated with a 14-day course of primaquine phosphate at the dose of 30 mg daily. For pregnant women diagnosed with uncomplicated malaria caused by *P. malariae*, *P. vivax*, *P. ovale*, or chloroquine-sensitive *P. falciparum* infection, prompt treatment with chloroquine (treatment schedule as with non-pregnant adult patients) is recommended. Alternatively, hydroxychloroquine may be given instead. For pregnant women diagnosed with uncomplicated malaria caused by chloroquine-resistant *P. falciparum* infection, prompt treatment with either mefloquine or a combination of quinine sulfate and clindamycin is recommended. Doxycycline and tetracycline are generally not indicated for use in pregnant women. Patients who are considered to have manifestations of more severe disease should be treated aggressively with parenteral anti-malarial therapy regardless of the species of malaria seen on the blood smear.

Conclusions: Thus we can conclude that the migration taking place in the modern world, as well as the increase of resistance *Plasmodium* spp require licensing and the emergence in Ukraine an effective anti-malarial drugs for disease prevention and for its treatment. Furthermore it is appropriate to create specialized centers of tropical medicine with the necessary range of drugs for adequately and timely response to malaria cases.

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EARLY DETECTION OF HIV-INFECTION IN PATIENTS WITH HIV-INDICATOR DISEASES IN KHARKIV REGION

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Introduction. Pandemia of HIV-infection/AIDS is one of the global issues of our time and an important problem of global health. To study the prevalence and early diagnosis of HIV infection, we have selected the following pathologies: patients with parenteral viral hepatitis (VH); infectious mononucleosis, a condition accompanied by leukopenia or thrombocytopenia, seborrheic dermatitis, undifferentiated exanthema, sexually transmitted diseases (STDs).

Aim – early diagnosis of HIV infection in the Kharkiv region.

Materials and methods. During the period from 2007 to 2013 695 patients with parenteral VH were examined. Diagnosis of HIV - infection was set to 23 patients. Most patients were male - 416 people (59,8 %). The average age was $28,2 \pm 4,5$ years. The fact of active injecting drug use was established to 74 (10,6%) patients, and to 87 (12,5%) - injecting drug use has been in past medical history.

Results. When screening for HIV – infection of 319 patients with infectious mononucleosis or mononucleosis-like condition (generalized lymphadenopathy syndrome) positive HIV-status was set to 22 patients (6,9%). Most patients were male 158 (49,5%), average age - $18,7 \pm 3,1$ years. HIV infection was diagnosed to 7 patients (3,1%) with skin