**The case of actinomycosis in a child with systemic lupus erythematosus.**

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 In our hospital we observed a case of systemic lupus erythematosus complicated by the development of pulmonary actinomycosis in a child of 17 years old.

 The child has been sick from the age of 13 when SLE started. Hospitalization in our clinic is associated with the development of sore throat, arthralgia, fever, throat ache, a decrease in urine output. During the examination the native DNA antibody and LE-cells. In smears of mucus from the throat and nasal fungi of the genus Candida were found. The child's condition was extremely severe. Child received nessesary treatment. On the third day of the child's stay in the hospital a syndrome of multiple organ failure developed which was fatal.

After the section: SLE. Complications: Pulmonary actinomycosis with the defeat of the walls of the bronchi and peribronchial extension to the pulmonary parenchyma, acute renal failure. A sample of lung tissue. Bronchial wall and surrounding veins are densely infiltrated by leukocytes karyorrhexis phenomena; there is filaments actinomycete mycelium the gaps in branching; the integrity of the structures in place infiltrative growth of the fungus is damaged.

Actinomycetes are not allocated with phlegm. Their identification is possible with transbronchial biopsy. Pathogenis no spore-forming rods that are beginning to grow from the 5th - 7 th day. A specific feature of this case was the emergence and rapid progression of actinomycosis, which was not diagnosed for a short child′s stay in the hospital.