



# **ABSTRACT BOOK**



**KHARKIV, UKRAINE**  
**MAY 24<sup>th</sup>-26<sup>th</sup>, 2017**





# INFECTIOUS DISEASES



INTERNATIONAL SCIENTIFIC  
INTERDISCIPLINARY  
CONGRESS





Overall evaluation of emollients - dermatologists: "good" -13 (65%), "medium" -7 (35%), patients: "good" -14 (70%), "medium" -6 (30%).

**Conclusions.** Long-term use (more than 5 weeks) of emollients in patients with atopic dermatitis decreased as skin manifestations of dermatosis as general disorders associated with this disease.

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## ASPECTS OF DIFFERENTIAL DIAGNOSIS OF STREPTOCOCCAL TONSILLITIS AND INFECTIOUS MONONUCLEOSIS BASING ON CLINICAL APPEARANCE

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**Introduction.** Streptococcal tonsillitis (ST) and infectious mononucleosis (IM) have a similar clinical picture, that determine the fact that the frequency of distinction in prehospital and clinical diagnoses reaches 50-70%. Urgent is the problem of prehospital differential diagnosis of these diseases.

**Materials and methods.** A retrospective analysis of the disease histories of patients treated in the Kharkiv Regional Clinical Hospital for Infectious Diseases from 2014 to 2016 with the diagnosis of streptococcal tonsillitis (group I, 37 people) and infectious mononucleosis (group II, 23 people).

**Results of research.** In the age structure of I group, children under the age of 3 prevails - 46% (17 cases), 4-7 years - 30% (11 cases). Having studied the anamnesis of the disease, complaints and data of objective examination of patients of the first group, we identified typical clinical manifestations and the frequency of their occurrence for ST: fever (100%), changes in the oropharynx (100%), sore throat (97.3%). In 64.9% of patients (24 patients) reported regional lymphadenitis, in 62.2% (23 patients) impaired nasal breathing was present. The mean body temperature on admission to the hospital was  $38.0 \pm 0.09$  ° C. The average duration of fever was  $2.5 \pm 0.6$  days. In 56.7% of cases (21) tonsillitis was catarrhal, in 43.3% (16) - lacunar.

In the II group, children aged 7-15 years - 52.1% (12 cases) prevailed. The complex of symptoms of this disease included the following: Fever (100%), plaque on the tonsils (82.6%), sore throat (91.3%). The mean body temperature was  $38.7 \pm 0.07$  ° C. The duration of the fever was  $4.5 \pm 0.06$  days. Tonsillitis in most cases was represented by a follicular or lacunar form, in 13% (3) the plaque covered the entire surface of the tonsils, in 27% (10) the plaque could be poorly separated. Cervical lymphadenopathy was observed in 95.6% of cases (22 patients), in most cases nodes were of 1-3 cm in size, in 1 patient (4.3%) "packets" of lymph nodes of 5-6 cm were detected. In 78.2% of children (18) was marked splenomegaly, at 86.9% (20) - hepatomegaly. In 21.7% of cases (5), maculo-papular exanthema was observed.

**Conclusions.** CA and IM have a similar clinical picture, which complicates their differential diagnosis at the prehospital stage. For proper diagnosis is necessary to consider that IM is characterized by higher and prolonged fever, more frequent development of lymphadenopathy with probable occurrence of consolidated aggregates

of lymph nodes, possibility of a tightly attached patch on the tonsils appearance, frequent maculo-papular rash, as well as the presence of such cardinal symptoms such as hepato-and splenomegaly. For ST is characterized by an earlier age of the diseased, frequent disruption of nasal breathing, shorter duration of fever.

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## **DETERMINATION OF THE DIAGNOSTIC ROLE OF BIOGENIC AMINES AT PATIENTS WITH ACUTE HEPATITIS B**

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**Introduction.** According to estimates of the World Health Organization about 2 mld. of people in the world are infected with hepatitis B. Every year about 4 million cases of acute hepatitis are noted, but about 1 million people die because of the consequences of chronic hepatitis B. Factors which influence the development of chronic disease are not fully examined yet. In this regard, we provide relevant to investigate the levels of certain amino acids in hepatitis B, considering their relationships.

**Materials and methods.** We determined the levels of tryptophan, serotonin, 5-hydroxyindoleacetic acid in blood serum of patients with acute hepatitis B. We examined 30 patients with acute hepatitis B. The control group consisted of 30 healthy people. The diagnosis of acute hepatitis B was confirmed with ELISA and PCR. Serum levels of biogenic amines was determined with standard method.

**Results of research.** The level of serotonin in blood serum of patients with acute hepatitis B was significantly increasing and amounted to  $0,92 \pm 0,03$  mcM / l. Considering that the serotonin is a mediator of inflammation, its increasing at first stage of development of the inflammatory process (alterative, or phase cytolysis) is regular. Serotonin increases vascular permeability, enhances the chemotaxis and migration of leukocytes to the inflammatory focus, increases of eosinophils in the blood, increases mast cell degranulation and release of other mediators of allergy and inflammation. Serotonin is a neurotransmitter which controls appetite, sleep, mood, which were changing at our patients. The level of tryptophan in serum of patients with acute hepatitis B increased to  $66.5 \pm 1,5$ mcM / l ( $p \leq 0.05$ ). Tryptophan - is an essential amino acid that is not produced by our body, and coming from the outside with food; it is found in many proteins (such as fibrinogen and blood  $\gamma$ -globulin). Accumulation of tryptophan leads to an increasing of the content of serotonin and to blocking neurotransmitters. 5 oxyindolacetic acid level significantly decreased and amounted to  $0,23 \pm 0,02$  mcM / l. This can be used in the differential diagnosis of diseases with jaundice syndrome, considering the fact that the increasing in 5-hydroxyindoleacetic acid in plasma is characteristically only for patients with jaundice due to malignant diseases.

**Conclusions.** 1. Increasing levels of serotonin and tryptophan in the blood serum were detected at patients with acute hepatitis B. 2. Identification of a significant reduction of 5-oxyindolacetic acid in the blood serum of patients with acute hepatitis B can be used in the differential diagnosis of jaundice of various origins.

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