

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ХАРКІВСЬКИЙ НАЦІОНАЛЬНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ**



**ЗБІРНИК ТЕЗ
міжвузівської конференції молодих вчених та
студентів**

МЕДИЦИНА ТРЕТЬОГО ТИСЯЧОЛІТТЯ

(Харків – 16-17 січня 2017 р.)

Харків - 2017

УДК 61.061.3 (043.2)

ББК 61 (063)

*Медицина третього тисячоліття: Збірник тез міжвузівської конференції молодих вчених та студентів (Харків – 16-17 січня 2017 р.)
Харків, 2017. – 600 с.*

За редакцією професора В.М. ЛІСОВОГО

Відповідальний за випуск проф. В.В. М'ясоєдов

Затверджено Вченою радою ХНМУ
Протокол № 12 від 22 грудня 2016 р.

ІНФЕКЦІЙНІ ХВОРОБИ, ЕПІДЕМІОЛОГІЯ, ДЕРМАТОЛОГІЯ

Butov D.O., Boichuk V.V.

ASSOCIATION BETWEEN *IL-2* GENE POLYMORPHISMS AND *rpoB* GENE OF *MYCOBACTERIUM TUBERCULOSIS* IN PATIENTS WITH MULTI-DRUG-RESISTANT TUBERCULOSIS

Kharkiv National Medical University

Department of Phthisiology and Pulmonology, Kharkiv, Ukraine

Background and objective. Determine relationship between *IL-2* gene polymorphisms and *rpoB* gene of *Mycobacterium tuberculosis* (MTB) in patients with multi-drug-resistant tuberculosis (MDRTB).

Methods. The study included 117 Caucasian people with infiltrative pulmonary TB permanently residing in Ukraine including 47 patients with MDR TB and *rpoB* gene of MTB(1stgroup), 40-without MDR TB (2ndgroup) and 30-healthy donors (3rdgroup). Serum levels of IL-2 were evaluated by ELISA. Studied promoter region T-330G of the *IL-2* gene(rs2069762). Detection of MTB complex DNA and *rpoB* gene was performed using Xpert MTB/RIF Assay.

Results. In the 1st group the levels of IL-2 were (40.91±1.22) pg/L, 2nd – (35.68±0.97) pg/L and 3rd – (21.60±0.80) pg/L ($p<0.001$). Homozygote TT genotype of the *IL-2* gene predominated in 3rdgroup was 60.00±8.94 % (N=18) compared to patients with TB: 1st group – 0.00±0.02 % (N=0) and 2nd – 7.50±4.16 % (N=3). Heterozygous TG genotype of the *IL-2* gene was observed in 93.62±3.57 % (N=44) in 1st, 15.00±5.65 % (N=6) in 2nd and 16.67±6.80 % (N=5) in 3rd groups. Homozygous GG genotype of the *IL-2* gene was 6.38±3.37 % (N=3) in the 1st group, in 2nd – 77.50±6.60 % (N=31) and 3rd – 23.33±7.72 % (N=7) ($p<0.001$).

Conclusion. Compared to healthy controls patients with TB had significantly high levels of serum IL-2. This coincided with greater frequency of heterozygous TG genotype in 1stgroup and homozygote GG genotype in 2ndgroup polymorphism T-330G of the *IL-2* gene. In addition in patients with MDR TB and with the presence of *rpoB* gene of MTB was discovered close relationship with heterozygous TG genotype of the *IL-2* gene.

Guz E.V.

THE ROLE OF THE STREPTOCOCCUS IN THE FORMATION OF THE CLINICAL PICTURES OF THE CHILDREN'S INFECTIOUS MONONUCLEOSIS.

Kharkiv national medical university,

Department children infectious disease, Kharkiv, Ukraine

Scientific advised- Kuznetsov S.V.

Infectious mononucleosis (IM) is one of the most common diseases of childhood, which causative agent virus is Epstein-Barr. It is proved that under the influence of that virus the phenomena of acute tonsillitis appears. At the same time,

we know that viruses do not lead to the changes in purulent tonsillar tissue, although the last one is almost always seen in infectious mononucleosis. Consequently, the bacteria is involved in the genesis of tonsillitis. However, their role in the formation of the clinical picture of infectious mononucleosis, as a whole, remains unexplored.

Thanks to recent studies, the streptococcus were found in the tonsillar tissue of 60-80% of children.

In this regard, we have set a target: to determine the importance of streptococcus in tissues of the tonsils of children in the formation of their clinical picture of infectious mononucleosis.

103 children aged 5-9 years were studied. The patients suffered with anginal-glandular form of infectious mononucleosis. The first group consisted of 78 children. All the patients had *Streptococcus pyogenes* in their bacteriological analysis of smears of tonsil tissue. It was not possible to allocate the representatives of the bacterial flora in the analysis of other 25 children (they were the second group of patients).

According to the collation of the clinical and laboratory parameters of the children from the compared groups, the patients, with the presence of streptococcus in the oropharynx, had the debut of the disease accompanied by a high temperature reaction of the body and the greater manifestations of intoxication. The children of the first group had higher severity of the regional (submandibular, cervical) lymphadenitis, although it was not able to identify the difference in size of lymph nodes to the other groups.

At the same time, the significant increase of the size of liver and spleen were found in the bodies of the children with additional antigenic exposure. The blood of such patients included significantly lower content of lymphocytes and higher content neutrophils.

The relief of the symptoms of infectious mononucleosis was passing in a slow rhythm with the children of the first group; it was significantly slower than the relief of the children of the second group.

Therefore, the presence of streptococcus in the tissues of the tonsils of the children who suffer from infectious mononucleosis helps for the prolongation and aggravation of the symptoms of the disease. In our opinion, this factor is the argument, which conducts to the formation of an unfavorable outcome of the disease.

Khvorostinko R., Iurko K., Davydych A., Tregub E.
FEATURES OF LIPID AND CARBOHYDRATE METABOLISM IN
PATIENTS CO-INFECTED WITH HIV/HCV

Kharkiv National Medical University,
Department of Infectious diseases, Kharkiv, Ukraine
Scientific director – Kozko V.N.

Among the factors indicative of the progression of chronic hepatitis C (CHC), the leading position belongs to hepatic steatosis and insulin resistance (IR), which may be virus-induced, and metabolic. The main risk factors for the

ФАКТОРИ РИЗИКУ ФОРМУВАННЯ БРОНХІАЛЬНОЇ АСТМИ У ДІТЕЙ МОЛОДШОГО ВІКУ	259
Михайлова А.В., Квитчатая Н.Н.....	260
ФЕНОМЕН ГЕНЕТИЧЕСКОЙ СИНТРОПИИ – СОЧЕТАНИЕ СИНДРОМА КЛАЙНФЕЛЬТЕРА И РОБЕРТСОНОВСКОЙ ТРАНСЛОКАЦИИ	260
Мужановский В.Ю., Лисицкая Н.А, Малич А.А.	261
ЗАДЕРЖКА ТЕМПОВ ВНУТРИУТРОБНОГО РАЗВИТИЯ У НОВОРОЖДЕННЫХ: ПРИЧИНЫ И СЛЕДСТВИЯ	261
Плюшко Д.Г.....	262
ФЕНОМЕН СИНТРОПИИ ПРИ НАСЛЕДСТВЕННЫХ ЗАБОЛЕВАНИЯХ.....	262
Потіхенська Х.....	264
ФАКТОРИ, ЩО ПЕРЕДУЮТЬ РОЗВИТКУ ГЕМОРАГІЧНОГО ВАСКУЛІТУ У ДІТЕЙ.....	264
Пугачова К.А.	264
ОСОБЛИВОСТИ ПЕРЕБІГУ РЕАКТИВНИХ АРТРИТІВ НА ТЛІ СИНДРОМУ ГІПЕРМОБІЛЬНОСТІ СУГЛОБІВ.....	264
Рожкова С.Э., Ефремова О.А.	265
СОПУТСТВУЮЩИЕ МЕТАБОЛИЧЕСКИЕ НАРУШЕНИЯ ПРИ МУКОВИСЦИДОЗЕ	265
Рудь В. П.	267
К ВОПРОСУ ТЕРАПИИ ТРОМБОЦИТОПЕНИЧЕСКОЙ ПУРПУРЫ У ДЕТЕЙ	267
Семенюк М.О.	269
БРОНХІАЛЬНА АСТМА ТА ДИСПЛАЗІЯ СПОЛУЧНОЇ ТКАНИНИ У ДІТЕЙ.....	269
Стрелкова М.И.	270
КЛИНИЧЕСКИЙ СЛУЧАЙ СИНДРОМА ДИ-ДЖОРДЖИ	270
Тишко О.С.	272
КЛІНІЧНЕ СПОСТЕРЕЖЕННЯ РЕФРАКТОРНОЇ ДО ТЕРАПІЇ ЗАЛІЗОДЕФІЦИТНОЇ АНЕМІЇ У ДИТИНИ З ДІАФРАГМАЛЬНОЮ КИЛОЮ	272
Хміль О.Б., Елисеев В.М.	273
ПОИСК АТИПИЧНЫХ ФОРМ И СОЧЕТАННЫЕ ФОРМЫ ФКУ: ТРУДНЫЙ ПУТЬ РЕАБИЛИТАЦИИ	273
Ходун И.И.	274
ОСОБЕННОСТИ ТЕЧЕНИЯ ПНЕВМОНИЙ И БРОНИХИТОВ У ДЕТЕЙ РАННЕГО ВОЗРАСТА НА ФОНЕ АНЕМИЙ.....	274
Хомовська А.О., Цимбал Є.В.....	275
СПОСТЕРЕЖЕННЯ ПАЦІЄНТА З АКРОРЕНАЛЬНИМ СИНДРОМОМ ТА ХРОНІЧНОЮ НИРКОВОЮ НЕДОСТАТНІСТЮ.....	275
Яворович М.В.	277
СТРУКТУРНИЙ ТА ФУНКЦІОНАЛЬНИЙ СТАН ЕНДОТЕЛІУ У ДІТЕЙ З ГЕМОРАГІЧНИМ ВАСКУЛІТОМ	277
Яновська К.О., Дробова Н.М., Друмова Г.А., Шнурко Е.О., Венжега А.В.....	278
ДОЛЯ ХВОРОГО НА МУКОВІСЦИДОЗ В УКРАЇНІ.....	278
ІНФЕКЦІЙНІ ХВОРОБИ, ЕПІДЕМІОЛОГІЯ, ДЕРМАТОЛОГІЯ.....	280
Butov D.O., Boichuk V.V.....	280
ASSOCIATION BETWEEN IL-2 GENE POLYMORPHISMS AND <i>γ</i> poB GENE OF MYCOBACTERIUM TUBERCULOSIS IN PATIENTS WITH MULTI-DRUG-RESISTANT TUBERCULOSIS.....	280
Guz E.V.....	280
THE ROLE OF THE STREPTOCOCCUS IN THE FORMATION OF THE CLINICAL PICTURES OF THE CHILDREN'S INFECTIOUS MONONUCLEOSIS	280
Khvorostinko R., Iurko K., Davydych A., Tregub E.	281
FEATURES OF LIPID AND CARBOHYDRATE METABOLISM IN PATIENTS CO-INFECTED WITH HIV/HCV	281
Martynenko A.A.	282
ESTIMATE OF ANTIBIOTIC RESISTANCE IN COMMON TYPES OF MICROORGANISMS IN UKRAINE.....	282
Movchan Y.O., Boyko V.M.....	283
INDICATORS, WHICH PREDICT THE COURSE OF SHIGELLOSIS OF CHILDREN ...	283
Samedja Madjida Mohamed, Singh Partap Komal	284