Aim. Analysis of the literature which is telling about of inflammatory mediators in the pathogenesis of psoriasis.

Results. Some authors says that Interleukin 6 is expressed in high levels in psoriatic skin and stimulates proliferation of cultured human keratinocytes .They found that the essential features of psoriasis are maintained in transplanted tissue, suggesting that local factors in a psoriatic plaque are sufficient for its maintenance. That's why they think that lL 6 enhances keratinocyte proliferation under appropriate experimental conditions raises the possibility that IL 6 may contribute to the epidermal hyperplasia seen in the psoriatic lesion [Racheil M. Grossman, James Krueger , Debra Yourish, Daniel P. Murphy].

Another point of view that the reason of inflammation in psoriatic plaques is an IP-10.It is a cytokine the expression of which is induced by γ-interferon, is a member of a family of soluble mediators with inflammatory and growth promoting activities. IP-10 protein was detected in keratinocytes and the dermal infiltrate from active psoriatic plaques using an affinity-purified rabbit anti-IP-10 antibody in immunoperoxidase studies. Successful treatment of active plaques decreased IP-10 expression in plaques [Ko-Jiun Liu].

Conclusion. The analysis of published data allows that there is no common oppinion in development of inflammatory and proliferative changes in psoriasis. Further study of the pathogenic mechanisms of psoriasis allows to get closer to finding the most appropriate method of treatment.

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LIPID METABOLISM IN PATIENS WITH HEPATITIS B AND ITS CONSEQUENCES

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Introduction. Blood biochemical methods take particular importance in examining the patients with viral hepatitis. Fatty acids (FA) and prostaglandins (Pg), which are modulators of inflammation, play an important role in lipid metabolism. They are involved in all stages of its implementation and influence on immunogenesis, serve as connection between it and the non-specific resistance.

Aim: To study indicators of serum polyene fatty acids and eicosanoids in patients with acute hepatitis B, relapses and chronization of the process.

Material and methods: 51 patients with acute hepatitis B, 24 patients with disease relapses and 4 patients with chronic hepatitis B were observed. The diagnosis was confirmed by enzyme immunoassay and polymerase chain reaction. The method of gas-liquid chromatography was used to determine the content of FA and Pg in patients' serum.

Results: A significant decrease of linoleic, eykozatrienic, arachidonic and linolenic acids (in comparison with the control group) was found in the climax period of disease. These indices had tendency to further reduction in cases of disease relapses and chronization. Increase of T_xB_2, $PgF_{1\alpha}$, PgE_1,PgI_2 level was observed in the climax period of disease. Increase of PgE_2 and decrease of $PgE_1$was found in the case of relapses.

Conclusions: 1. A significant decrease of PgE2 amid falling PgE1 content can be used as an additional indicator that shows the development of hepatitis B relapses. 2. A significant decrease of linoleic and arachidonic acids in the midst of illness that persists in cases of disease relapses is a poor prognosis indicator for a chronization of the process.