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 infectionin 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 ± 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 ± 3,1 years. HIV infection was diagnosed to 7 patients (3,1%) with skin

lesions (seborrheic dermatitis or undifferentiated exanthema) and STDs. When examining patients with leukopenia, thrombocytopenia and anemia HIV infection was established to 2 (3,7 %) patients.

Conclusion. Analyzing the results of the survey of 1242 persons with HIV indicator diseases HIV infection was established to 52 (4,2%) patients. At an early stage (CD4 + cells above 350 klt/mm^3) HIV diagnosis was established to 61,5% of patients below 200 klt/mm^3 – 13,5%. Thus, screening groups of patients, belonging to the clinical risk groups, allows to establish the diagnosis in the early stages tothe third part of patients.

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CLINICAL FEATURES OF MICROBAL ECZEMA IN AREA OF LOWER LIMBS

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Introduction. Eczema makes from 18% till 40% in the structure of dermatological morbidity and among the variety of clinical forms of disease a microbal eczema makes from 12% till 27%. Therefore the problem of study of nosotropic mechanisms of development and flow of dermatosis is actual. Importance of the studied problem is determined by the height of morbidity and by the features of modern flow of microbal eczema that has a tendency to more heavy flow, accompanied frequent, long relapses, considerable distribution of pathological process on a skin, and also characterized by stability to the generally accepted methods of treatment.

Aim. Studying clinical features of microbal eczema in area of lower limbs.

Materials and methods. Group of supervision is 190 people aged from 18 till 82 years, from that 50 persons were microbal eczema, 40 persons were paratraumatic eczema, 50 persons were varicetic eczema and 50 persons were micotic eczema. Patients with a microbal eczema had in anamnesis professional harmfulness (a contact with lubricating materials). Previous diseases were scab and pyodermia. Duration of dermatosis varied from 7 days to 3 year. At paratraumatic eczema 21 man had trauma of shins bones; 2 persons had burns of 2 - 3 degrees, trauma of skin - at 9 persons, bites of dog - at 3 persons. From patients with varicetic eczema 46 persons had in anamnesis breaks of shins bones or operative treatment of varicetic illness in anamnesis. Development of micotic eczema passed on a background mycosis feet at the action of external factors.

Results. Distributions of eczematous process outside lower limbs looked at the microbal eczema at 18% patients, paratraumatic eczema - at 17% patients, varicetic eczema – at 2% patients, micotic eczema - at 24% patients. Mycosis feet combined with a microbal eczema at 12% patients, with a paratraumatic eczema at 10% patients, with a varicetic eczema at 56% patients. Most frequent complications were erysipelatic inflammation and ulcers of shins. 6% patients with microbal eczema had erysipelatic inflammation, 3% patients – with paratraumatic eczema, 8% patients – with varicetic eczema. 4% patients with microbal eczema had ulcers of shins, 3% patients – with paratraumatic eczema, 12% patients – with varicetic eczema

Conclusions. Finally, the microbal eczema of lower limbs develops mainly at the persons of mature and summer age on a background of trauma of the skins, bones of shins, pathology of superficial veins and mycosis feet. The most frequent complications are ulcers of shins, erysipelatic inflammation and distribution of process on other areas of skin.