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BIOMEDICAL SCIENCES

with bats and nonhuman primates or blood, fluids, and raw meat prepared from these animals. Health care workers who may be exposed to people with EVD should wear appropriate personal protective equipment. Practice proper infection control and sterilization measures. Avoid direct, unprotected contact with the bodies of people who have died from EVD.

Conclusion. The public health sector along with the respective chief authorities in developing countries must devise strategies, keeping the available resources in mind, to deal with the outbreak before it occurs.

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RABIES

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Actuality. Rabies (R) is an averiable viral disease caused by the rabid animal to the warm blooded animals especially human. According to an estimation by WHO, almost 55,000 people die because of R every year. Dogs, cats and foxes are the major reason behind this, approximately 99% human deaths caused by dog's bites. Developing countries are the victims of R. With the post-exposure preventive regimes, 327,000 people can prevent this disease annually.

The Aim. To study the methods of prevention and treatment of Rabies

Results. The common mode of transmission of R is by bite of a rabid animal or the contamination of scratch wounds by virus infected saliva. R is an acute infection of the central nerves system (CNS) which is almost invariably fatal. The virus replicates in striated or connective tissue at the site of inoculation and enters peripheral nerves through neuromuscular junction. It then spreads to the CNS in the endoneurium of the Schwann cells. Terminally, there is widespread CNS involvement but few neurons infected with the virus show structural abnormalities. R divided upon three stages: prodromal, excitement (furious) and paralytic (dumb). The first clinical symptom is neuropathic pain at the site of infection or wound due to viral replication. Followed by the prodromal phase either or both the excitement or paralytic forms of the disease may be observed in the particular species. R can only be confirmed by laboratory tests preferably conducted post mortem on central nervous system tissue and

also on the samples of saliva, serum, skin biopsies of hair follicles at the nape of the neck. There is no certain cure for R except supportive care. R can be prevented before the latent symptoms can develop, consists of giving a person an injection of R immune globulin (Ig) and another injection of R vaccine as soon as possible after the bite or exposure to saliva from an infected animal. Human R Ig is used or injected at the bite area immediately because it attacks the virus and slow down or stop viral progression through the nerves. Untreated or inappropriately treated R is always fatal because treatment is not effective. The solution is to use vaccination against R.

Conclusions. To conclude, nowadays R is a very dangerous disease and requires strong and permanent prevention for every susceptible victim of a rabid bite. Ways of prevention are: post-exposure prophylaxis - should be done if a person is bitten by an animal (involved: washing thoroughly of wound and scratches with soap and water and after using one dose of R immunoglobulin and five doses of R vaccine within the 28 days period) and pre-exposure prophylaxis – it needs high risk groups (veterinarian, animal handlers and laboratory workers, whose activities bring them in contact with R virus or rabid animals, international travelers likely to come in contact of the animals in the R threaten areas)

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HELICOBACTER PYLORY ERADICATION IN TREATMENT OF PATIENTS WITH ACUTE CENTRAL SEROUS CHORIORETINOPATHY

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Actuality. Although the majority of cases of central serous chorioretinopathy are self-limited, resolving spontaneously after a number of weeks, the recurrence rate is estimated to be 20% to 50%, some cases will be chronic, lasting six months or longer. The evidence of Helicobacter pylori infection appears more often in patients with central serous chorioretinopathy.

The aim was to estimate the clinical efficiency of helicobacter Pylori infection eradication in treatment of patients with central serous chorioretinopathy.

Methods. 93 patients with acute central serous chorioretinopathy participated in this study. Patients