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**CURRENT APPROACHES TO THE TREATMENT OF ACUTE
LEUKEMIA IN ADULTS**

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Background. Acute leukemia - a haematopoietic malignancy (hematopoietic) tissue resulting from the genetic material of somatic mutation of the hematopoietic cell with the subsequent formation of tumor clone. Currently, the main treatment for acute leukemia is chemotherapy, which involves several stages: I - induction of remission, aimed at the destruction of (significant decrease) in malignant clone and normalization of blood. II - the consolidation of remission, the purpose of which is to eliminate residual leukemic cells. Phase III - maintenance therapy (PT), which potentially affects the tumor cells that survived the early stages of treatment. To date, the number of studies in the FET is used as an alternative to transplantation of hematopoietic stem cells (HSCs). Modern programs of treatment of acute myeloid leukemia include in the basic phase of remission induction anthracycline –cytorabine combination (scheme "7 +3" "5 + 2 "). In acute lymphoblastic leukemia (ALL) is carried differentiated treatment depending on the particular embodiment of the disease. The basic principles of treatment of ALL are its multi-component using cytotoxic drugs, corticosteroids, the inclusion of the stages of induction, consolidation of intensive remission maintenance therapy, mandatory prevention neuroleukemia.

Conclusion. The progress made in recent decades in the treatment of acute leukemia, to a large extent related to the accompanying therapy.

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**THE COMPARATIVE EFFICACY OF PREPARATIONS OF
OMEPRAZOLE IN THE TREATMENT OF GERD**

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Introduction: the prevalence of people of working age and the presence of complications of GERD can be rightfully attributed to diseases of the 21st century. PPI are the drugs of choice in the treatment of GERD. Omeprazole - are the most assigned PPI in Ukraine, so we compare the effectiveness of two drugs from the group of omeprazole.

Aim: comparative characteristics of the effectiveness and safety of drugs "Oprazol" producer company "Al-Hikma Pharmaceuticals," Jordan and "Omez" producer company "Doctor Reddis" India in patients with gastroesophageal reflux disease.

Material and methods: it was examined 20 patients (13 men and 7 women), mean age of the patients was (29,7 ± 4,2) years. Daily pH study was performed after taking the above mentioned omeprazole - 20 mg 2 times a day for 5 days, using pH meter "Gastroskan-24", Russia. 10 patients received Omez and 10 received Oprazol.





Evaluated the following parameters: average intragastric pH, % time pH greater than 4 (% t pH > 4), (length of time the drug), presence of nocturnal acid breakthrough (CNR).

Results: In analyzing the performance of the studied patients revealed significant differences on average intragastric pH - $5,3 \pm 0,72$ in Omez vs $5,4 \pm 0,66$ in Oprozol ($p > 0,05$). Estimating rate % t pH > 4, which is characterized by antisecretory effect of drugs, the figure was Omez ($78,6 \pm 8,55$)%, while the figure was Oprozol ($74,0 \pm 6,1$)% ($P > 0,05$).

Conclusion: "Oprozol" comparable to the drug "Omez" on the efficacy and safety profiles condition.

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SEQUENTIAL THERAPY FOR THE ERADICATION OF
HELICOBACTER PYLORI IN PATIENTS WITH DUODENAL ULCER
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Introduction: Despite the widespread use of therapy for the eradication of HP ulcer incidence in Ukraine remains high. Challenge during sequential therapy is resistant to antibiotics. So to metrodidazol in Ukraine it is more than 40%, to clarithromycin reaches 22.6%. According to the recommendations of the Maastricht consensus IV, the drug should not be used if resistance to it more than 15-20% in this particular region. Accordingly, the question arises, how adequate is the classic scheme consisting of amoxicillin, clarithromycin and a proton pump inhibitor in our region? The well-known positive effect of drugs bismuth as the healing of the ulcer, and the results of therapy. The best representative of this group is Bismuth Subcitrate Potassium (BSP). The drug has a direct bactericidal action, including the coccoid forms of HP. BSP may be a component for first-line therapy (the Moscow Agreement, Maastricht IV) in the case of resistance to clarithromycin > 15-20%. One solution to the problem of resistance is the use of sequential therapy, which according to the literature, is more effective in carrying out therapy for the eradication of HP.

Aim: to compare the effective classical 10-day eradication scheme and sequential scheme for 10 days. The scheme of sequential therapy: amoxicillin 2 g / day 5 days, then clarithromycin 1 g / day 5 days + tinidazole 1 g / day 5 days in patients receiving rabeprazole 40 mg daily for 10 days. Examined 63 patients with peptic duodenal ulcer. Medium age $42,6 \pm 4,3$ years. The classic triple therapy assigned 32 patients, sequential therapy + BSP - 31 patients. Control eradication performed 5 weeks after the last day of taking the antibiotic by determining HP antigen in feces. Eradication reached a high percentage in the group sequential therapy - 96.8% against 72% in the classic (triple) therapy.

Conclusion: Thus, scheme sequential therapy with BSP is a highly - efficiency 96.8%, and significantly different from the classical (triple) therapy - 72%. High-efficiency of sequential therapy with BSP can recommend it as a first-line regimen.