

essential improvement of liver bloodstream 1.45 to compare with that of IV group 0.8, as well as venous outflow of 4 to compare with 1.2, respectively. In III group HSR frequency with CHT was 2.4 times more rarely than that of IV group, 3.5 times – toxic-allergic reaction, respectively. It has been noted that in III group IS vanished 1.5 week earlier than those of a control group, increased the rate of the bacterial excretion termination by 13.4% and cavitory closures by 1.2 times, decreased their term on (15.5 ± 3.2) days on average and by 1.4 months, accordingly.

It has been shown that combined therapy NDDPTB [L-arginine L-glutamate + MLT + CHT] - 1) improves liver bloodstream, 2) reduces side effects frequency 3) results in acceleration of intoxication syndrome decrease, bacterial excretion termination and cavitory closures.

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PATHOMORPHOLOGY OF CNS TUBERCULAR LESIONS IN HIV/AIDS
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Involvement of the central nervous system that occurs on a background of HIV infection expressed by the meningoencephalitis is one of the leading death causes in patients with severe immunosuppression.

The purpose of the study. Reveal the characteristic of the morphological changes in the central nervous system of HIV-infected patients with tubercular meningoencephalitis.

Materials and Methods. Brain tissue and meninges of dead HIV-infected patients with CNS TB. Histological sections were prepared and stained with hematoxylin and eosin staining, Nissl.

Results and discussion. Histological examination of the brain of all deaths HIV-infected patients with tuberculosis revealed the pathological changes characterized by a predominance of infiltrative-necrotic lesions with the presence of the acid-resistant bacteria in foci of necrosis, exudation, alteration. Specific cellular reactions are the formation of granulomas, epithelioid and giant cells of Pirogov-Langhans may be absent or have unexpressed character. While comparing the morphological changes and duration of immunodeficiency existence the pattern is detected, which consist of the inhibition of granuloma formation depending on the duration of immunodeficiency. Among histological signs of tubercular process there is a predominance of the alterative reactions with the presence of vast fields of caseous necrosis, necrotic lesions, areas of tissue infiltration of polymorphonuclear cell elements.

Conclusions. In HIV-infected patients with tubercular meningoencephalitis morphological features characterized by localization of the most expressed changes in the basilar departments, the presence of edema, gliosis, trombovaskulitis, small focal hemorrhages, formation of tubercular granulomas with a low number of Pirogov-Langhans cells or their absence, the predominance of alterative - exudative reactions.

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MACROELEMENT CONTENT IN THE BLOOD SERUM HIV- INFECTED PATIENTS
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Macroelements study in serum of patients with HIV, chronic hepatitis C (CHC) and HIV/CHC co-infection performed by atomic absorption spectrophotometry. Generally 100 patients were examined: CHC – 35 (35,0%) patients, HIV – 34 (34,0%) and HIV/CHC co-infection – 31 (31,0%) patients. The age of patients ranged from 17 to 69 years. Comparison group consisted of 35 healthy individuals who were comparable in age and sex of the

patients studied groups. There were 31 (47,7 %) women and 34 (52,3%)men among HIV-infected patients (HIV and HIV/CHC co-infection).

According to the clinical stage of the disease HIV- infected patients were divided. Only in 2 HIV -infected patients clinical stage I was diagnosed, so in our study we don't take into consideration their results. Clinical stage II was found in 9 (17,6 %) patients, III- rd – 15 (44,1 %) and IV- th – 13 (38,2 %). According to study results, macronutrient content was significantly different in patients of the control group and in patients with HIV infection, chronic hepatitis C and HIV/CHC co-infection. Thus, the Ca and Na content was moderately decreased in patients with chronic hepatitis C, but its significant deficiency was observed in patients with HIV and HIV/CHC co-infection, compared with those individuals in the control group.

Note the probable Mg decrease, which participates in important biochemical and physiological processes in the body. Thus, in patients with chronic hepatitis C its contents amounted to $0,79 \pm 0,09$ ($p < 0,05$), in HIV-infected patients – $0,68 \pm 0,02$ ($p < 0,05$) and in patients with HIV/CHC co-infection – $0,65 \pm 0,02$ mmol/l ($p < 0,05$). Depending on the clinical stage of the disease and immunodeficiency degree the Mg level in HIV- infected patients was decreased. Consider the impact of Mg on lipid metabolism, we plan to examine the dependence of Mg deficiency on lipid metabolism.

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РОЛЬ ОКИСНОЙ МОДИФИКАЦИИ ЛИПИДОВ, БЕЛКОВ И НУКЛЕИНОВЫХ КИСЛОТ В ПАТОГЕНЕЗЕ

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Несмотря на значительный научный прогресс в изучении псориаза, многие вопросы его патогенеза и терапии до конца не решены.

Исследования последних лет (2006-2013 гг.) доказали важную роль в механизме псориаза интенсификации свободнорадикального окисления липидов и белков, которое протекает на фоне резкого снижения антиоксидантного статуса. Следствием этого может быть окисное повреждение клеточных мембран, изменение активности рецепторного аппарата, нарушение метаболизма гормонов и трансммиттеров, что, вероятно, извращает нормальные процессы пролиферации и дифференциации кератиноцитов эпидермиса.

Одновременно мы предположили, что при псориазе окисной модификации могут подвергаться и нуклеиновые кислоты, кодирующие рецепторные белки. Для подтверждения данного предположения у больных вульгарным псориазом мы определили (до лечения) экскрецию с суточной мочой 8-гидроксигуанина (8-ОН-G) – маркерного продукта окисной модификации нуклеиновых кислот. Было констатировано его резкое увеличение (в среднем в 4,8 раза) по сравнению с контролем (здоровые лица). Традиционное лечение (калиево-магниевый комплекс, витамины, нейротропные препараты и пр.) вело к достоверному снижению выделения 8-ОН-G, которое, однако, оставалось выше, чем в контроле. Присоединение к традиционной терапии отечественного препарата тиотризолина (парентерально и наружно в виде мази), обладающего мембраностабилизирующим, антиоксидательным, иммуномодулирующим и противовоспалительным действием, приводило к нормализации экскреции 8-ОН-G и, параллельно, - к значительному улучшению текущих и отдаленных показателей эффективности терапии этих больных.

Накопленные данные дают возможность утверждать о наличии у больных псориазом оксидативного стресса, при котором на фоне истощения системы