Objective. To determine the connection of specific species composition of nasopharynx microflora, peculiarities of MA depending on seasons and Moon phase in patients with ARD.

Materials and methods. There have been used microbiological methods of investigation of discharges from nasopharynx of 308 persons with ARD in different year seasons and Moon phases, which were made by classic bacteriological method using test-systems.

Results. In different seasons there is registered various composition of nasopharynx microflora, but there are 2-3 types of microorganisms which accompany RD most often. It was determined that S. pneumonia is discharged from nasopharynx the most frequently every season. Despite such potential causative agents of RD as Moraxella spp., Haemophilus spp. and S. pyogenes were discharged less often, their specific gravity has dynamics in different years and seasons, especially it concerns Moraxella spp., which were discharged more often in spring. It is necessary to pay attention to registration explosion of Haemophilus spp., which most frequently complicate the progression of ARD in every winter and far less in autumn and in spring ($p<0,05$). Biorhythms have been calculated by formula for each patient. During examination every patient had negative period of individual biorhythm with regard to Moon phase. It is the evidence that all representatives of normal man's nasopharynx microflora have had favorable conditions for development of their activity relating to support of inflammatory process of this biotope. It is stipulated that under change of position of Moon towards the Earth quantity of microorganisms types in MA composition is changed accordingly. For example, 3 and more types of microorganisms can be found during 1st Moon phase more often ($p<0,05$).

Conclusions: 1. Quantity of discharged microorganisms such as S.pneumoniae (up to 28%), $p<0,05$, is increased during ARDs in winter that contaminate nasopharynx and may complicate ARDs' course. 2. Winter period is also typical for such potential causative agents of ARD as Moraxella spp., Haemophilus spp. and S. pyogenes, when their presence is increased ($p<0,05$) in such biotope as nasopharynx. 3. Calculation formula for individual biorhythms towards Moon phase has allowed to determine that man has more chances of ARD in the negative period of biorhythm. 4. There has been determined dependence of quantity of types in MA composition on Moon phase and their biggest quantity – 2,3, and more – is common for first Moon phase ($p<0,05$). 5. Obtained results will help practitioners to organize more rapidly the effective and preventive measures and to prescribe adequate etiotropic treatment.

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THE USAGE OF ANTIANGIOGENIC EFFECT OF AZITHROMYCIN: CLINICAL CASE OF BARTONELLOSIS

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A bacillary angiomatosis is a rare pseudoneoplastic Bartonella infection which manifestates at HIV-infected people at the decline of CD4 level below 100 c/ml,

characterized by the proliferative changes of vessels, skin and/or internals and without adequate antibiotic therapy is fatal.

Aim: Study of azithromycinum efficiency administration at patient with bacillary angiomatosis.

Methods: anti-HIV-1/HIV-2 ELISA, IFA with Bartonella antigen, CD4 level, blood cytofluorometry, liver function tests, histological researches, ultrasound examination of abdominal cavity organs, computer tomography of pectoral and abdominal cavities organs.

Results. Bacillary angiomatosis of the skin and internals was diagnosed in instrumental-laboratory studies at a 35 year-old patient, with confirmed diagnosis of HIV-infection, IV clinical stage. The drug of choice for bacillary angiomatosis therapy is erythromycinum due to confirmed antiangiogenic effect, however it has adverse effects: 1) expressed side effects from gastrointestinal tract; 2) hepatotoxicity, that makes it impossible to use for therapy of the liver bacillary angiomatosis; 3) high course dosage and necessity of multiple reception; and 4) high resistance of Bartonella spp. (57% of strains) exactly to erythromycinum marked at our research work of antibiotics sensitivity. Therefore azithromycinum in the dose of 500 mg twice daily was administered for the treatment of the patient. Drug has a higher then erythromycinum antimicrobial activity; creates higher and stable concentrations in tissues; has the protracted period of half-life which diminishes frequency of administration; is acid-stable; has higher bioavailability, easier gets to the pathologically changed tissues; has a rare cases of advisable reactions and medical interactions. A patient's skin angiomatosis manifestations disappeared in two weeks therapy. Complete regress of bacillary angiomatosis abnormalities of internals were not found also at control instrumental researches after 6 months of antibacterial therapy on a background of highly active antiretroviral therapy. Thus azithromycinum is effective at bacillary angiomatosis and can be included to the schemes of its treatment and prophylaxis.

Conclusions: Treatment and prophylaxis with azithromycinum is recommended to all patients with bacillary angiomatosis in HIV-infected persons. A further study of antiangiogenic effect of azithromycinum is perspective to develop the optimal scheme of therapy.

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LABORATORY INDEXES OF PATIENTS WITH HEPATITIS B IN PROGNOSTICHNOMU ASPECT

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According to data of World Health Organization presently more than 2 million persons in the world infected by the virus of hepatitis B. Approximately 50 million of