



biochemical methods («Dac spectroMed» kit). The level of TNF- α was determined by immunoassay method («Vector-best» kit).

Results. The mean level of TNF- α in patients was significantly increased ($96,65 \pm 0,72$ pg/ml; $p < 0.001$) in comparison with the control group ($29,19 \pm 1,05$ pg/ml). The direct correlation was established between TNF- α and aspartate aminotransferase ($r = 0,58$; $p < 0.05$), alanine aminotransferase ($r = 0,47$; $p < 0.05$), total bilirubin ($r = 0,59$; $p < 0.05$), conjugated bilirubin ($r = 0,59$; $p < 0.05$), alkaline phosphatase ($r = 0,77$; $p < 0.05$).

Conclusion. The increase of TNF- α level can negatively affect on liver function, amplifying the processes of citolysis and cholestasis in patients with NAFLD in combination with DM type 2 and obesity.

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PECULIARITIES OF MANAGEMENT OF PATIENTS WITH CUTANEUS MANIFESTATIONS OF HEMOBLASTOSIS IN FAMILY MEDICINE

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Introduction. Hematologic malignancies - one of the most urgent problems of modern medicine throughout the world. Their timely diagnosis increases the patient's chances of recovery and preventing complications. Dermatitis – is a frequent symptom of hematologic malignancies (75-95% for T-cell lymphomas), but it may be a manifestation of other diseases. Very often patients with cutaneous lymphomas, especially in the early stages, are treated by a dermatologist, cosmetologist, allergist, physician / family doctor as a chronic eczema, allergic contact dermatitis, or psoriasis for a long time without any progress.

Aim of our study was to attract an attention of family physicians on the "masks" of hemoblastosis, namely their skin manifestations, which often occur in some types of leukemia and lymphomas.

Materials and methods. We have analyzed the most common cutaneous manifestations in hematology, which can be divided into four categories: 1) specific changes; 2) changes - "satellites"; 3) infections of the skin; 4) secondary changes during chemotherapy. Specific lesions are associated with infiltration of a skin by malignant hematopoietic cells and are particularly important for the recognition of the disease . They are usually presented by tumors, infiltrates on a smooth surface or nodular elements. Atypical cutaneous manifestations in the form of a bull, necrosis, prurigo and others are frequent symptoms of myeloid blood disorders. Hypereosinophilic syndromes manifest changes in the type of vasculitis or ektodermoza. A maculopapular exanthema is typical for an angioimmunoblastic lymphadenopathy. More likely an unknown origin of lesions are reported. These include neutrophilic dermatosis, "vascular" manifestations (eritromelalgiy, superficial phlebitis, and others.), paraneoplastic pemphigus, nodosum and annular erythema, hyperpigmentation, and others. Cutaneous lesions associated with chemotherapy, are a constant differential diagnostic problems in patients with hematological malignancies. They manifest themselves in the form of alopecia, erythema multiforme, papula-macular exanthema, urticaria, diffuse or focal pigmentation, necrosis of the fingers. There are also frequent infections of the skin, which are caused by a wide variety of pathogens in immunocompromised patients. They can be fatal and occur clinically atypical, requiring in



each case a skin biopsy from microbiological, mycological and histological analysis of the biopsy.

Results. The above skin manifestations should be carefully differential diagnosed. The presence of symptoms characteristic of hematological malignancies, such as hepatosplenomegaly and lymphadenopathy, helps to push on the idea of genesis of hematology cutaneous manifestations. In addition, specific changes in peripheral blood of hematological malignancies helps to figure out the disease. For example, pancytopenia and the presence of blast cells should alert the doctor in relation to acute leukemia. Leukocytosis with a left shift is associated with chronic myeloid leukemia, and absolute lymphocytosis, basket cells, Botkin shade - with chronic lymphocytic leukemia. It is important to remember that, when a family doctor or physician of subspecialty is sure of the dermatological diagnosis, but spent therapy is ineffective, it is required to think about the need to biopsy the skin lesion and refer the patient to consult a hematologist. A hematologist, in turn, has a wide range of research methods to confirm / exclude hemoblastosis (bone marrow puncture with an estimate myelogram, histological examination of lymph node biopsy and skin graft, cytochemical analysis, etc.). Given the large number and variety of hematologic disorders, it is not surprising that mucocutaneous manifestations of hematologic disorders are not uncommon.

Conclusion. Thus, therapeutics, dermatologists and physicians should be aware of cutaneous signs of hematologic diseases for early diagnosis, treatment, and timely referral to relieve suffering and decrease morbidity and mortality.

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RENAL DYSFUNCTION OF PATIENTS WITH CHRONIC HEART FAILURE OF ISCHEMIC ORIGIN AND CHRONIC PYELONEPHRITIS

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The purpose of the study: to study of the extent and nature of the violation of glomerular and tubular kidney function of patients with chronic pyelonephritis and chronic heart failure.

Materials and methods. 60 patients with coronary heart disease and clinical manifestations of CHF I-IV functional class were examined. First group (I) consisted of 40 patients with chronic heart failure without concomitant CKD. Second group (II) - 20 patients with CHF and chronic pyelonephritis. The control group - 20 healthy individuals. A general clinical methods; ELISA - definition of tsytatynu C (cis) and β 2-microglobulin urine (β 2-MG).

Results. In group I identified a significant increase in creatinine level by 21.9% ($p < 0.05$) decrease in GFR by 26.7% ($p < 0.05$), increased by 48.3% cis ($p < 0.05$) increase in β 2-mG by 55% ($p < 0.05$ compared with the control group. in group II creatinine level increased by 66.3% ($p < 0.01$), GFR decreased by 47.5 % ($p < 0.01$), increased cis to 84.3% ($p < 0,01$), β 2-MG increased to 113.9% ($p < 0.01$) compared with the control group.

Conclusions. Indicators of glomerular renal function with β 2-MG levels in urine, indicating a close relationship between glomerular and tubular function with activity of immune inflammation and interstitial fibrosis as in "stagnant" heart failure due to ischemic