



examination at the 2<sup>nd</sup> week of follow-up found healing of corneal ulcer, decrease of stromal inflammation with the resolution of descemet folds. Patient's examination at the 6<sup>th</sup> month of treatment determined an increase in VA of the left eye to 0.2.

The most important findings were that topical corticosteroids use shortened the course of stromal keratitis, but did not alter the final outcome, and prophylactic treatment with oral valacyclovir decreased the risk of recurrent ocular infection 41%. Valacyclovir 1000 mg twice a day is found to be as effective as acyclovir 200 mg five times a day (Perry, C.M., Faulds, D.1996). Deep central corneal ulcer and peripheral corneal neovascularization were resolved with this treatment at the end of the 6<sup>th</sup> month.

Therefore, as conclusion, we recommend early initiation of systemic antiviral therapy in combination with a proper use of topical steroids, vitamin C, vitamins group B, dexpahtenol and fibronectin eye drops.

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### **MANAGEMENT OF PATIENTS WITH DEMODEX BLEPHARONCONJUNCTIVITIS**

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The cause of parasitic blepharoconjunctivitis is ticks of the genus Demodex - opportunistic pathogens (present in 90% of the adult population). Asymptomatic carrier of the parasite is possible. However, in conditions of reduced immunity, under the influence of adverse external conditions and internal factors - diseases of the nervous, vascular, endocrine and digestive systems, metabolic disorders, demodicosis occurs. The tick parasitizes in the ducts of the sebaceous, meibomian glands and hair follicles. Only drug therapy of demodicosis is ineffective, as only the most superficial ticks die.

We use a comprehensive approach to the treatment of demodicosis blepharoconjunctivitis by sequential application of Spregal or Stop demodex gel on the skin of the eyelids and subsequent darsonvalization of the eyelids. The drugs should be applied to the front edge of the eyelids using an ear stick, without getting on medicine on the mucous membrane of the eye.

The method of darsonvalization has the following therapeutic effects: acaricidal and bactericidal - due to the action of spark discharge and ozone generated in the near electrode space of the apparatus for darsonvalization; analgesic and antipruritic effects - by increasing the sensitivity threshold of pain and tactile exteroceptors; immunostimulating effect also due to the action of a spark discharge, which stimulates phagocytosis, and the release of biologically active substances that stimulate the humoral part of the immune system.

Using this technique in the period 2012-2019, we treated 50 patients using gel "Stop demodex" and 48 patients using Spregal. The course of darsonvalization with the specified means lasted 10 days with the subsequent break for two weeks and repeated carrying out. This treatment regimen corresponds to the full life cycle of the mite (15 days), as all treatments work only on adults ticks. Itching, swelling and redness of the eyelids after the first course of treatment decreased in 96.6% of patients using Spregal. If at primary eyelash microscopy in the microscope slide revealed 8-16 ticks in the field of view, then after the first course of treatment with Spregal their number decreased to 1-2 in the field of view. After re-treatment, the percentage of negative microscopic eyelash tests approached 100%. Almost similar data were obtained when combining darsonvalization with topical use of gel "Stop demodex".

We associate a good therapeutic effect with using of darsonvalization of the eyelids, which ensures the contact of specific agents with the maximum number of parasites, even deep ones. In our opinion, the spark charge, due to the action on smooth muscle cells of meibomian and sebaceous glands, stimulates the release of their secretion together with the demodex mite, which is exposed to specific drugs previously applied to the skin.

To prevent recurrence of exacerbations of the disease, we recommend daily regular therapeutic eyelid hygiene. For this purpose it is necessary to carry out self-massage of eyelids about 1-2 minutes after a warm compress. Thermal procedures help to improve local metabolic



processes and drain the excretory ducts of the meibomian glands. The compress is usually performed using cotton swabs, immersed in hot water, squeezed and applied to closed eyelids for 1-2 minutes.

Self-massage is performed after applying an indifferent eye gel to the eyelash growth area, which helps to clean the surface of the eyelids from toxic agents, scales and crusts.

Our proposed new combined method of treatment of demodicosis blepharitis by sequential application of specific drugs Spregal or Stop Demodex gel on the skin of the eyelids and subsequent darsonvalization of the eyelids is an easy-to-use, affordable and effective way to treat demodicosis.

Daily observance of therapeutic eyelid hygiene (self-massage with a cleansing gel after warm compresses) can significantly reduce the likelihood of exacerbation of demodicosis blepharoconjunctivitis.

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## **THE PROGNOSTICATION OF ACUTE PANCREATITIS**

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Despite the more than twenty-year-old history of the existence of integral systems of assessment of the general condition of the patient and permanent increase in their numbers, the problem of veritable prognostication of AP with its developmental difficulties is still far from its final solution. This is due to the fact that today prognostic scales are characterized by the entire line of essential faults. Especially, the low discriminatory ability is prognostication of the lethal outcome of illness for the specific patient during the exact prognostication of lethality for patients group. Also, it's the low prognostic sensitivity with sufficiently high peculiarities. It allows you to predict the probability of a patient's death. But it doesn't allow showing patients that may recover. These peculiarities of integral scales allow a stratification of patients for conducting of generalized research work. But it makes impossible practically their using to determinate tactics of specific patient.

R122H-polymorphism of the PRSS1 gene and N34S- polymorphism of the SPINK1 gene in patients of different forms with AP was studied. Developed new ways of prognosis of AP. The assessment of an influence on the development of genetically determined disorders of intra-acinarial inactivation of trypsin except to the characteristic clinical and laboratory-instrumental manifestations.

In the examination of patients clinical, laboratory and instrumental methods of examination were used in accordance with protocol of the provision of medical aid for patients with acute pancreatitis. In addition a genetic analysis of R122H-polymorphism of the PRSS1 gene and N34S-polymorphism of the SPINK1 gene was carried out. For carrying out a statistically-mathematical analysis a criteria of Fisher, Pearson and Spearson Hardi-Weinderg were used. The method of Data clustering, Voronin metrics and Kulbak functional were used.

It has been established that the examined patients with acute pancreatitis were carriers of a favorable R-allele R122H R122H-polymorphism of the PRSS1 gene (RR- and RH- genotype are 27.27% and 64.77% persons respectively) while fewer pathological HH- homozygotes (7.96% of people) and favorable N-allele N34S- polymorphism the SPINK1 gene (NN- genotype is 42.05% and NS- genotype is 54.55%), while fewer pathological SS-homozygotes were (3.40%). An informational content of suggested ways of prognostication of acute pancreatitis and development of pancreatic necrosis are 90.0% and 96.6% respectively.

Thus, developed approaches of prognosis of AP give a possibility to accomplish an Integrated analysis of its clinical, laboratory and instrumental characteristics in accordance with valuation of likely negative influence on the development of illness of the genetically determined disorders of trypsin inactivation. Using such approach let to raise authenticity of prognosis of difficulties of AP and development of pancreatic necrosis.