

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

**104-ї підсумкової науково-практичної конференції
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reliable difference ($\chi^2 = 4,57$ with the critical value of this parameter 3,84). It is indicative of reliably better clinical results of treatment of such patients.

Conclusions. A combined administration of the combined angioprotective drug containing Diosmin and Hesperidine and an enzymatic drug containing Serratiopeptidase into a comprehensive therapy of patients suffering from allergodermatosis with acute inflammatory signs on the skin promotes to reduce hyperemia and swelling signs in the skin lesion foci quicker and to improve reliably clinical results of treatment of such patients.

Guz L.O.

**CLINICAL AND IMMUNOLOGICAL CHARACTERISTICS OF CHRONIC
DERMATOSIS ON THE BACKGROUND OF PROTOZOIAN INVASION
*LAMBLIA INTESTINALIS***

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Introduction. In the literature, there are no data on the clinical and pathogenetic features of the course of chronic dermatoses (CHD) against the background of giardiasis invasion (GI), the mechanisms of their development, and methods of complex therapy.

The aim of the study. To improve the effectiveness of treatment of patients with allergic dermatitis against the background of GI by studying the etiopathogenesis and improving the diagnosis.

Material and methods: clinical, laboratory, parasitological, enzyme immunoassay, immunological, statistical.

Results. The clinical course chronic of dermatitis against the background of giardiasis invasion is manifested by increased itching and the appearance of new rashes at night, and the process often becomes chronic. The basic therapy of CHD associated with GI turned out to be ineffective: in 47,6% of patients - without positive dynamics, in 36,9% - there was a worsening of the condition with increased itching and the appearance of fresh rashes (in patients without GI, a positive result of treatment was noted in 80,4% of persons). Resistance to basic therapy, especially in cases of pronounced chronodependence of allergic dermatoses, served as an indication for additional examination of patients for the presence of concomitant GI. Giardiasis was confirmed by parasitological examination of faeces and bile. An aggravating effect of GI on the clinical course of CHD, characterized by a predominance of severe and chronic forms, was established. The frequency of detection of Giardia in the first study of faeces of patients with CHD while taking enterosorbents reached 30%, and in patients who avoided taking enterosorbents for 5-7 days before the examination, Giardia was detected in 91% of patients ($P < 0,001$). In patients with CHD with and without giardiasis, there was a decrease ($P < 0,01$) in the percentage of CD3 in the blood ($46,49 \pm 0,48$, respectively, against $65,20 \pm 4,80$ in the control group), CD8 values ($13,28 \pm 0,21$ versus $20,70 \pm 2,10$) were lower ($P < 0,05$) against the background of GI. An increase in the immunoregulatory index was observed ($2,51 \pm 0,39$ versus $1,89 \pm 0,03$ in the control group). In patients with giardiasis without skin pathology, the percentage of CD3, CD8, CD4 is less than normal, as in patients with CHD. The content of IgE in the blood serum of patients with CHD against the background of GI is more significant ($129,51 \pm 10,52$) than in healthy people ($75,00 \pm 5,00$ units/ml) ($P < 0,01$), and more than in patients with CHD without GI ($70,16 \pm 7,68$ units/ml) ($P < 0,01$). Quantitative changes in IgA, IgM, IgG and CEC in patients with CHD, did not depend on the presence of GI.

Conclusions. Giardia parasitic invasion aggravates the clinical course of chronic dermatoses.