МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

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Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2023 році №5500074

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Material and methods. 48 patients with rosacea aged from 27 to 68 years including 35 females and 13 males were examined. According to clinical signs on the skin erythematous-telangiectatic form of rosacea was diagnosed in 19 patients, and papulo-pustular form of dermatosis was diagnosed in 29 individuals. 6-month duration of dermatosis was found in 14 patients, and from 7 months to 5 years – in 34 individuals. The functional state of the hepatobiliary system was examined in patients by means of ultrasound diagnostics of the organs of the hepatobiliary system and laboratory methods of examination (biochemical, immunoenzymatic).

Results. A comprehensive examination found in the majority of patients with rosacea – 34 individuals (72,9%) certain changes in the organs of the hepatobiliary system (chronic cholecystitis, hepatitis of non-viral etiology). They included changes detected by ultrasound diagnostics of the liver and gallbladder, changes in the blood serum content in the activity of transaminase, alkali phosphatase, cholesterol, lipid spectrum etc. Considering functional changes of the hepatobiliary system organs and clinical signs of rosacea on the skin (stable erythema, numerous telangiectations) and in order to improve the effect of treatment of rosacea, the hepatoprotective drug containing Silymarin during 3 weeks, and angioprotective drug containing bioflavonoids Diosmin and Hespiridine (during 4 weeks) were added to a comprehensive therapy of 25 patients (the main group). The rest 23 patients (group of comparison) received a standard therapy of dermatosis. According to clinical observations, the patients with rosacea from the main group who received angioprotective and hepatoprotective drugs in addition to their comprehensive treatment presented reduced hyperemia and swelling much earlier. Infiltrative signs of dermatosis disappeared 8-14 days earlier than in those patients from the group of comparison. A month after completion of treatment the condition of clinical recovery was diagnosed in 17 (68,0%) individuals with rosacea, considerable improvement – in 8 (32,0%) patients. In the group of comparison – in 9 (39,1%) patients and in 14 (60,9%) individuals respectively, which according to the applied nonparametric dispersive Friedman's analysis has a reliable difference (χ^2 = 4,57 with the critical value of this parameter 3,84).

Conclusions. Thus, administration of the hepatoprotector containing Silymarin and angioprotector containing bioflavonoids Diosmin and Hespiridine in addition to a comprehensive therapy of patients with rosacea with the signs of stable erythema and numerous telangiectasy, functional changes of the organs of the hepatobiliary system promotes reliable clinical effect of treatment of such patients.

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THE INFLUENCE OF THE CONCOMITANT PATHOLOGY OF DIABETES ON THE TREATMENT OF TUBERCULOSIS

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Introduction. Tuberculosis (TB) and diabetes mellitus (DM) are among the significant modern medical issues that have a direct impact on the public socio-economic indicators. The problem of diabetes as well as tuberculosis is more acute in countries where tuberculosis is epidemic and the burden of diabetes tends to increase linearly.

The aim of our study was to determine the influence of the concomitant pathology of diabetes on the treatment of tuberculosis.

Materials and methods. A retrospective analysis of 1687 medical records was carried out, that were listed in the registry database of Chernivtsi Regional Clinical TB Dispensary. Statistical processing of the obtained results was carried out by analyzing the contingency tables using the Statistica Basic Academic 13 for Windows software package (License Number: 139-956-866).

Results and discussion. Depending on the type of TB case in our patients, we found that in both groups of the study the recurrence of TB prevailed – 49 cases (55.7%) against TB 39 cases (44.3%) of people in the main group; 363 cases (53.9%) against 311 (46.1%) in the control group ($p < 0.05$). Analysis of the treatment success rate of TB/diabetes comorbidity with drug-susceptible TB demonstrated a low percent of effectiveness – 54% (compared to the general 76.77% in this group),

a high death rate – 11%, which is also significantly higher than among people with drug-susceptible TB in Ukraine on an average. Tubercular process in the majority of patients was found to demonstrate the following dominating clinical symptoms caused by inflammatory process: intoxication syndrome was noted in 58 (65,9%) patients of the 1st group against 317 (47%) patients of the 2nd group, bronchopulmonary – at 25 (28.4%) of the main group against 124 (18.4%) control groups, a combination of these syndromes – in 21 (23.9%) patients with comorbid pathology of MDR-TB / diabetes against 95 (9.6%) patients without concomitant pathology Diabetes mellitus and only in 6 (6.8%) patients group 1 against 124 (18.4%) patients of the 2nd group did not suffer.

Conclusions. It is easy to trace a clear tendency towards an increase in the proportion of tuberculosis recurrences, the role of combined pathology and chemoresistance in the structure of tuberculosis incidence. An even more obvious fact is that these three factors are interrelated and have an undeniable influence on each other.

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EVALUATION OF THE PREVALENCE OF ADVERSE REACTIONS TO ANTIMYCOBACTERIAL DRUGS IN PULMONARY TUBERCULOSIS

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Introduction. The development of adverse reactions (AR) against the background of anti-tuberculosis therapy reduces the effectiveness of the latter and causes additional damage to the health and life of the patient. In the structure of AR, one of the first places is occupied by drug-induced liver damage, the frequency of which ranges from 7 to 74%. The main component of TB treatment at the present stage is chemotherapy - long-term simultaneous administration of several anti-tuberculosis drugs (ATDs), most of which are potentially hepatotoxic. When using chemotherapy regimens (CT) that include only first-line drugs, the frequency of unwanted ADRs ranges from 8 to 61%; these figures reach 92%.

The aim of our study. To analyze the prevalence of adverse reactions to anti-tuberculosis drugs in pulmonary tuberculosis.

Materials and methods. To achieve this goal, 230 patients with pulmonary TB were examined at the Regional Clinical TB Dispensary from 2018 to 2021. Clinical, physical, radiological, and laboratory research methods were used.

Results and discussion. The frequency of severe AR to individual anti-TB drugs was analyzed. The highest percentage of development of AR was found to be observed with administration of pyrazinamide (15%), followed by isoniazid (7%) and rifampicin (1.5%).

In patients with hepatotoxicity followed by definitive discontinuation of a single drug, mean peak liver enzymes were increased to 109 U/L for gamma-glutamine transferase (median 81 U/L; 95% CI 72–146 U/L). TI ≥ 5 was observed in 37 of 55 patients with hepatotoxicity (67%). The median TI in these 37 patients was 14.5 (95% CI 10.2–33.9). Three drugs didn't differ in the average time interval between initiation of therapy and detection of hepatotoxicity (isoniazid: 16.5 days, 95% CI 7-47 days; rifampicin: 17.5 days, 95% CI 14-33 days; pyrazinamide: 18.5 days, 95% CI 17–29 days). Isoniazid-induced exanthema occurred after 13.5 days of treatment (95% CI 2–41 days), while pyrazinamide-induced exanthema occurred only after 2 days (95% CI 1–11 days) ($p = 0.041$). Pyrazinamide-induced arthralgia was observed after 25 days of treatment (95% CI 18-36 days). Discontinuation of pyrazinamide due to severe hyperuricemia was required in only three patients. One-factor analysis of all types of side effects associated with standard therapy regarding the patient's risk factors found only the presence of hepatitis in history as a significant factor indicating the toxicity of standard therapy. Multivariate analysis of risk factors for termination of standard chemotherapy due to a single side effect also revealed a history of hepatitis (OR 5.4; 95% CI 1.9–15.1; $p = 0.0022$) as a significant risk factor for hepatotoxicity. Females were found to increase the risk of exanthema (OR 3.1; 95% CI 1.3-7.6; $p = 0.010$). The risk factor for termination due to arthralgia could not be determined.