By analyzing the clinical features of the disease in all the patients we noticed that dominated gastroenteritic version with moderate illness course: acute onset, short incubation period, short-term increase in body temperature to subfebrile digits, nausea, vomiting, pain mainly epigastric and around the umbilicus, liquid stool without pathological admixtures to 5-6 times a day. For shigellosis caused by S. sonnei, in two cases noted gastroenterocolitic variant.The control group involved 12 patients with the syndrome of acute diarrhea, presumably infectious origins, of similar age and gender who received standard therapy.

Prebiotics (oligosaccharide) carry a stimulating effect on the growth titer of own intestinal microflora. Last contains substances that are the source of energy and nutrients for intestinal microorganisms; enhance calcium absorption; reduce transit time passage of food through the gastrointestinal tract; enhance natural immunity microorganism (stimulates the production of IgA, promote cytokine modulation). The combination of probiotics with prebiotics potentially improves survival and survival of probiotics in the gut, and selectively stimulates the growth and metabolic activation of lactobacilli and bifidobacteria.

The features of clinical course of nutritional diseases, shigellosis, salmonellosis, depending on the etiological agent, taking into account the results of general clinical, laboratory and bacteriological analisys. According efficacy of treatment with the inclusion lactoken to the clinical course of disease and changes in microbiota of the colon. Identification of pure cultures of selected microorganisms was performed by morphological, cultural, biochemical, serological properties (antigenic structure) and the main features of pathogenicity.

Thus, the inclusion of lactoken (combined prebiotic and probiotic) to the traditional treatment for patients with food-borne infections, salmonellosis and shigellosis accelerates the regression of symptoms of intoxication and diarrheal syndrome, the reduction of the acute period of disease; administration of lactoken to patients with acute intestinal infection is not accompanied by adverse medication reactions; control stool culture were negative after treatment of patients salmonellosis and shigellosis that means the bacteriological efficacy of probiotic onto intestinal pathogens; lactoken (combined prebiotic and probiotic) can be recommended as a drug with clinical and microbiological efficacy in the treatment of patients with acute intestinal infection.

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RATE OF OXIDATIVE MODIFICATION OF PROTEINS IN PATIENTS WITH DIFFERENT CLINICAL FORMS OF ACNE ROSACEA

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Rosacea (pink acne) has been one of the most urgent problems of dermatology in recent years due to the prevalence of dermatosis (in the structure of skin diseases it ranges from 5% to 12%), as well as to its clinical features. Rash in rosacea is localized in open areas of the body - the skin of the face, characterized by a tendency to prolonged chronic course, often torpid to treatments, which adversely affects the psycho-emotional state of patients, reduces their ability to work and social activity. All this substantiates the important medical and social role of the problem of rosacea and the relevance of scientific research on the pathogenetic mechanisms and the improvement of treatment of this dermatosis.

The objective of the work was to determine and analyze the level of the oxidative modification of proteins vaues in blood serum of patients with rosacea with different clinical course of dermatoses.

The study involved 61 patients with rosacea aged from 27 to 64 years, of whom 45 were women and 16 were men. Twenty-two patients were diagnosed with erythematous-telangiectastic and 39 with the papulo-pustular stage (form) of rosacea. In 21 patients, dermatosis lasted from 2 to 6 months, in 21 individuals - from 6 months to 1 year and in 19 of them - more than a year. The condition of free radical oxidation of proteins was evaluated by the content of the oxidative modification of proteins in the blood serum, by the level of aldehyde and ketone derivative of the neutral (OMP E_{370}) and the main (OMP E_{430}) nature according to known techniques. The control group comprised 27 practically healthy individuals of the same age and sex.

The patients with rosacea experienced a reliable increase in the content of both fractions of oxidative modification of proteins in the blood serum compared to the control group: OMP E_{370} by1.8 times (3.68 + 0.09 mmol / g protein, in control group subjects - 2,04 ± 0.09 mmol / g protein, $p < 0.001$) and OMP E_{430} by 2.3 times (33.94 ± 1.16 oz / g protein, in the control group -14.75 ± 0,85 oz / g protein, $p < 0,001$), which indicates the activation of free radical oxidation processes of protein molecules and the formation of oxidative stress in such patients. Analysing the studied values revealed a more significant increase in these values in patients with papule-pustular form of rosacea in comparison with erythematous-telangiectastic form of dermatosis-an increase in OMP E_{430} was by 15.8% ($p < 0.05$) with the tendency ($p > 0.05$) to raise the level of OMP E_{370}. Analysing the blood serum contents of oxidizing protein fractions depending on the duration of dermatoses only revealed a slight tendency to decrease the level of OMP E_{370} and OMP E_{430} in patients with the duration of dermatosis six months and longer compared to the duration of dermatosis up to 6 months - a decrease by 6.15% and 5.21% respectively ($p > 0.05$), which indicates the high level of activity of free radical oxidation of proteins in patients with prolonged chronic rosacea.

Thus, the patients with rosacea had a reliable increase in the serum level of both fractions of oxidative modification of proteins, more significant - in patients with papular-pustular form of rosacea, with the preservation of high activity of processes of free radical oxidation of proteins in patients with prolonged chronic course of rosacea,

indicating the significance of oxidative stress in the pathogenesis of rosacea and the appropriateness of the administration of antioxidant drugs in the comprehensive therapy of such patients.

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CASE REPORT OF YERSINIA ENTEROCOLITICA INFECTION WITH PROLONGED POLYARTHRITIS IN YOUNG CAUCASIAN MALE

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The aim of the study is to describe the clinical case of secondary focal form with prolonged polyarthritis caused by Y. enterocolitica O:3 serogroup in a young patient and to focus on the issues of early clinical and laboratory diagnosis of Yersiniosis that would minimize the role of medical mistakes in diagnostics made by general practitioners.

A descriptive method of the clinical cases research with an analysis of medical records and laboratory test results is used.

A 23 year old male patient with complains on febrile temperature, pain in the knees, ankles, hands, swelling of these joints, feeling of tightness during the movement was admitted to the Rheumatology department of Chernivtsi Municipal Hospital March 18, 2016. The reactive arthritis with an involvement of the hands joints, knees, and ankles of unknown etiology was diagnosed. The patient was discharged from the Rheumatology Department April 14, 2016. The X-ray of hands joints demonstrated the signs of arthritis II degree. The magnetic resonance imaging of the head showed the signs of mild liquor discirculation. Due to the continuous fever it was offered to analyze blood within the indirect hemagglutination reaction. The positive titre of antibodies 1: 6400 with serovar O: 3 was revealed. During the stay in the Rheumatology department the patient was prescribed antibiotics, nonsteroidal anti-inflammatory, antifungal medications.

Considering the verification of the iersiniosis serological test, the patient was sent to the department of infectious deseases April 15, 2016. The detailed epidemiological and medical history analysis allowed us to find out: the illness had an acute beginning with a febrile temperature with abdominal pain and diarrhea at a frequency of 4 times a day (a liquid stool without pathological impurities) 4 days before hospitalization to the rheumatologic department of the hospital. Later a joint pain and the signs of functional stiffness appeared. Dyspeptic signs were 3 days. At the time of admission to the infectious disease department: a slight increase in body temperature, no changes in joints, stiffness and joint pain.

The final clinical diagnosis: Intestinal Yersiniosis (Yersinia enterocolitica), serovar O:3, is testified within the indirect hemagglutination reaction 1:6400, a secondary focal form, arthritis with prolonged course, moderate severity. The patient was prescribed treatment - antibiotics, probiotics, antihistamines, intravenously detoxication treatment. The patient's condition has significantly improved after a week of treatment at the department of infectious diseases: body temperature was normalized, the joint pain was decreased. The patient was discharged from the hospital in a satisfactory condition with a significant clinical improvement under the further follow-up supervision of an infectious disease doctor by the place of living.

Analysis of recent research and publications have been demonstrated that according to statistics, the incidence of Yersiniosis in Ukraine ranges from 0.20 to 0.56 per 100.000 population meanwhile in the USA the data confirmed 1 case per 100,000 population. The polymorphism of the infection caused by Yersinia enterocolitica requires a detailed clinical and epidemiological analysis of all risk factors (in this case the consume of unwashed apples and short-term diarrhea have not been noticed) by doctor during primary and secondary seeking of medical treatment by patient.

To sum it up, in case of doubtful or positive epidemiological data, the presence of arthralgic manifestations with intestinal disorders on the background of a fever needs bacteriological (by stool culture before the treatment) and serological studies for putting the final diagnosis of yersiniosis and serovar pathogen. The secondary focal form and the protracted course of intestinal ipsiniosis are a manifestation of the infection generalization caused by Y.enterocolitica; accordingly, it can provoke a development of rheumatoid arthritis.

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POLYMORPHISM OF XENOBIOTICS DETOXICATION SYSTEM GENES OF GLUTATHIONE-S-TRANSFERASE IN PATIENTS WITH PRIMARY DIAGNOSTIC TUBERCULOSIS

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Set the allelic status of the genes of biotransformation of xenobiotics glutathione-S-transferase class T1 (GSTT1) and M1 (GSTM1) in patients with pulmonary tuberculosis. A total of 100 patients with newly diagnosed pulmonary tuberculosis, were hospitalized in Chernivtsi TB Dispensary. The control group consisted of 50 healthy individuals. Genomic DNA was isolated from whole venous blood. Polymorphic sites GSTM1 and GSTT1 multiplex isolated by polymerase chain reaction, according to the protocol for the momentary polymorphism analysis by M. Arana et all (1996). Deletion of the gene corresponds to the absence of the corresponding strips on electrophoregram. For statistical analysis of data using STATISTICA program, version 10.0.228.8.