



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 yersiniosis serological test, the patient was sent to the department of infectious diseases 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 yersiniosis 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 al (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.