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БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

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105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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Voloshyna K.-B.A.

DETERMINATION OF THE OCCURRENCE AND CHARACTER OF DISEASES OF THE GASTRODUODENAL AREA IN PATIENTS WITH ACNE VULGARIS

Department of Dermatovenereology
Bukovinian State Medical University

Introduction. In recent years, acne vulgaris (acne) is one of the most common skin diseases with a tendency to increase the share of people with a severe clinical course of dermatosis, which is the cause of psycho-emotional disturbances and a decrease in the quality of life of such patients. Acne is known to be a chronic multifactorial disease that is genetically determined. Endocrine regulation disorders, changes in systemic and local immunity, diseases of the digestive organs, metabolic disorders, foci of chronic infection, etc., can aggravate the clinical course of acne.

The aim of the study. Analyze the occurrence and spectrum of *H.pylori*-associated diseases of the gastroduodenal localization in patients with acne and to evaluate their relationship with the nature of the clinical course of dermatosis.

Material and methods. The outpatient cards and examination results of 134 patients with acne aged 18 to 30 years were analyzed. There were 74 (55.2%) females and 60 (44.8%) males among them. In all 134 patients with acne, an inflammatory form of the course of dermatosis was diagnosed, including: in 11 (9.2%) - the second degree of severity of the inflammatory process (mild clinical course), in 88 (65.7%) - the third degree of severity (moderately severe clinical course), in 35 (26.1%) - the fourth degree of severity of the inflammatory process (severe clinical course of acne). To diagnose the presence of *H. pylori* infection, the following examinations were used: respiratory urease test ("Helic" device); detection of H. pylori antigen in feces by immunoenzymatic method (SITO TEST Hp Ab., "Alfa scientific" Designs Inc USA, LLC "Pharmasco", Ukraine) or histologically in biopsy pieces of the gastric mucosa. The control group consisted of 35 practically healthy individuals of similar age and gender.

Results. Among the examined patients with acne, concomitant *H.pylori*-associated diseases of the gastroduodenal zone were found to be registered in 44 (32.8%) out of 134 individuals. 25 patients had gastroduodenitis, 19 had gastritis, 6 of them had erosive forms with mostly oligosymptomatic or latent clinical course. Acne patients with concomitant *H.pylori*-associated diseases are found to be 2.02 times more likely to have severe forms of acne - 12 (27.3%) out of 44 people with *H.pylori* infection than in acne patients from the comparison group (without *H.pylori* infection) - in 7 (13.5%) of 52 people and 4.2 times less often - mild forms of acne (in 2.3%; in the comparison group - in 9.6%)). It is a significant difference from the patients of the comparison group (according to Friedman's non-parametric analysis of variance $\chi^2 = 3.95$ for a critical value of $\chi^2 = 3.84$) with the same frequency of moderate forms of acne (respectively: in 70.4% and 76.9%). however, with more frequent (1.3 times) relapses of dermatosis. The research results indicate a significant importance of concomitant *H. pylori* infection of the gastroduodenal area as an aggravating pathogenetic factor of acne.

Conclusions. A third (32.8%) of patients with Acne vulgaris were diagnosed with concomitant *H.pylori*-associated diseases of gastroduodenal localization, which mostly have a subclinical course, but are accompanied by a more severe clinical course of acne, which should be considered in the comprehensive examination and treatment of this group of patients.

Yeremenchuk I.V.

IMPACT OF THE COVID-19 PANDEMIC AND WAR ON THE DETECTION OF TUBERCULOSIS CASES

Department of Phthisiology and Pulmonology
Bukovinian State Medical University

Introduction. Global tuberculosis mortality increased for the first time in over a decade, from an estimated 1·4 million deaths in 2019 to 1·5 million in 2020 and 1·6 million in 2021. Reduced case finding and subsequent treatment coverage during the pandemic probably increased transmission rates, forecasting worsening tuberculosis incidence and mortality in the coming years.

The study, which offers a comprehensive, nationwide analysis of the intertwined COVID-19 and TB epidemics in Ukraine, found that during the COVID-19 pandemic, the TB case notification rates declined by a staggering 30 % in 2020. Against the background of the rapid infection of the population with the SARS-CoV-2 virus, the increase in morbidity and mortality from COVID-19, lockdowns, and war, is why most resources were directed to the challenges of time. Anti-tuberculosis measures were of secondary importance and this led to a decrease in the statistical incidence rate of tuberculosis, in particular multidrug-resistant (MDR TB), as well as co-infection: tuberculosis/HIV/AIDS.

The aim of our study. To analyse to compare tuberculosis case notifications during the COVID-19 pandemic and war.

Materials and methods. We analyzed to compare tuberculosis case notifications during the COVID-19 pandemic. The following outcomes were assessed: the quarterly reported tuberculosis case notification rate. Data on COVID-19 incidence and deaths, health-system capacity, and sociodemographics were also analysed. Multilevel linear regression assessed quarterly time tendencies for the outcomes.

Results. During the COVID-19 pandemic, the tuberculosis case notification rate declined by 25,9% (case notification rate ratio 0·73, 95% CI 0·71–0·76). But there was no significant increase in all-cause mortality (all-cause mortality rate ratio 0·96, 95% CI 0·90–1·03) compared with the pre-pandemic period.

In the second year of the pandemic, we observed a persistent decrease in treatment coverage and a decrease in all-cause mortality.

The multivariable analysis showed that the reduction in the tuberculosis case notification rate was associated with a higher COVID-19 incidence rate (adjusted odds ratio 3·1, 95% CI 1·1–8·6, for the highest compared with the lowest group) and fewer GeneXpert machines for tuberculosis diagnosis (4·1, 1·0–10·4, for the lowest compared with the highest group) per 100 000 population.

The reduction in tuberculosis treatment coverage was associated with higher COVID-19 incidence (adjusted odds ratio 12·8, 95% CI 1·6–93·5, for the highest compared with the lowest group), with low primary health care centres (9·5, 5·1–29·0, for the lowest compared with the middle-high group), and a very low number of doctors (0·4, 0·1–0·9, for the low-middle compared with the lowest group) per 100 000 population.

Conclusions. The COVID-19 pandemic and war adversely affected the national tuberculosis program in Ukraine. These disruptions could lead to an increase in tuberculosis transmission in the coming years, warranting the need for intensified efforts to control tuberculosis and strengthen local health systems. It helps us understand the collateral damage from the COVID-19 pandemic and war on the broader health system. We think that is best to make investments in improving the availability of GeneXpert, primary health centres, and doctors across the country.

Бродовська Н.Б.

РЕЗУЛЬТАТИ КОМПЛЕКСНОГО ЛІКУВАННЯ ХВОРИХ НА ЧЕРВОНИЙ ПЛЕСКАТИЙ ЛИШАЙ ІЗ ЗАСТОСУВАННЯМ ГЕПАТОПРОТЕКТОРНОГО ТА АНГІОПРОТЕКТОРНОГО ПРЕПАРАТІВ

Кафедра дерматовенерології

Буковинський державний медичний університет

Вступ. Червоний плескатий лишай – поширений неінфекційний дерматоз із групи ліхенів, для якого характерна свербляча папульозна висипка з локалізацією на шкірі та слизових оболонках, схильна до хронічного рецидивного перебігу. В останні роки відзначається тенденція до зростання рівня захворюваності на червоний плескатий лишай, збільшення частки його атипових форм, а також торпідність до стандартизованого лікування, що спричиняє негативний вплив на психоемоційний стан хворих, знижує їхню якість життя та обґрунтовує актуальність підвищення ефективності лікування таких пацієнтів. Встановлено, що одним із можливих патогенетичних факторів у виникненні й перебігу