

the disease and determine the development of hyperthermia (88,5%), loss of consciousness (61,5%), development of seizures (26,9%), brain edema (69%), focal lesions of the substance the brain (34,6%), respiratory distress and haemodynamic (23%). Septic course was recorded in 13 patients (50%), in 3 patients (23%) it was characterized by PME with pneumococemia phenomena presented as purpura. In 6 (46%) patients developed pneumonia in 2 (15,4%) endocarditis in 2 (15,4%), arthritis. Multiorgan failure was accompanied by the development of renal, hepatic, respiratory and heart failure. Changes in the cerebrospinal fluid showed high neutrophilic pleocytosis in 24 patients, complete blood count - leukocytosis, neutrophilia with a left shift, elevated ESR. Thus, PM and PME developed in middle age and older patients, in the presence of severe comorbidity; characterized by severe and very severe disease and high mortality.

CLINICAL FEATURES OF ACUTE HEPATITIS B DEPENDING ON CHRONIC ALCOHOL IN HEPATOTOXIC DOSES

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The aim of the investigation is to detect clinical features of acute hepatitis B depending on chronic alcohol in hepatotoxic doses. Materials and methods. The examination was done for 133 patients. Depending on the presence or absence of chronic alcohol hepatotoxic doses in patients acute viral hepatitis B group were as follows :• I group - consisted of 52 patients with the presence of chronic alcohol in hepatotoxic doses;• II group - 81 patients without chronic drinking alcohol hepatotoxic doses. All patients during inpatient treatment received conventional basic therapy. Results of investigation. Comparison of patients with prodromal period acute viral hepatitis B depending on the availability of chronic alcohol hepatotoxic in doses revealed a longer duration ($p < 0,05$) of this period in patients in group I than in group II patients. Thus various options flow prodromal period were recorded in both groups with the same frequency. Comparative analysis of the clinical data showed that the frequency of registration of clinical manifestations in patients of both groups were not statistically different. However, only in group I patients were marked hemorrhagic manifestations 3 (5,8%) and itchy skin 4 (7,7%). When comparing the results of ultrasound, revealed that the height of the disease in patients of group I frequently ($\chi^2 = 12,50$, $p < 0,05$) than in group II recorded an increase in liver size: 96,1 % vs. 71,6%; besides signs of hepatomegaly in patients group I more frequently ($\chi^2 = 45,18$, $p < 0,01$) than in patients group II, combined with signs of diffuse increased echogenicity of the liver parenchyma: in 67,3% versus 11,1 % of patients. In addition, patients often I group ($\chi^2 = 11,61$, $p < 0,05$) than group II patients noted an increase in spleen size: 63,5 % vs. 33,3 % of patients, respectively. In addition, only 19 (36,5 %) patients in group I in the midst of the disease occurred transient signs of portal hypertension, apparent expansion of the splenic vein. Conclusions: Acute hepatitis B in patients with chronic alcohol use is characterized by long hepatotoxic doses ($p < 0,05$) prodromal period, at the height of the disease severity of clinical manifestation with the advent of cholestatic (7,7%) and hemorrhagic manifestations (5,8%), more frequently increase in liver and spleen size, combined with signs of diffuse increased echogenicity of the liver parenchyma and occurred transient signs of portal hypertension.

CLINICAL FEATURES OF PNEUMOCOCCAL MENINGITIS

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Objective: to evaluate the clinical features of pneumococcal meningitis (PM) and pneumococcal meningoencephalitis (PME) based on Zaporozhye Regional Hospital for Infectious Diseases (ZRHID). It made clinical - laboratory monitoring in 26 patients with PM and PME. The evaluated group was dominated by middle aged persons - 9 (34,6%) and older - 11 (42,3%). Most of the patients (21-80,8%) the disease has developed against the background of severe comorbidity. Severe course of the disease have been reported in 24 (92,3%), moderate in 2 (7,7%) patients. Mortality rate was 15,4%. In all dead patients the disease began gradually and had an extremely severe course. Intensity of meningeal and intoxication syndromes determined the severity of the disease and determine the development of hyperthermia (88,5%), loss of consciousness (61,5%), development of seizures (26,9%), brain edema (69%), focal lesions of the substance the brain (34,6%), respiratory distress and haemodynamic (23%). Septic course was recorded in 13 patients (50%), in 3 patients (23%) it was characterized by PME with pneumococemia phenomena presented as purpura. In 6 (46%) patients developed pneumonia in 2 (15,4%) endocarditis in 2 (15,4%), arthritis. Multiorgan failure was accompanied by the development of renal, hepatic, respiratory and heart failure. Changes in the cerebrospinal fluid showed high neutrophilic pleocytosis in 24 patients, complete blood count - leukocytosis, neutrophilia with a left shift, elevated ESR. Thus, PM and PME developed in middle age and older patients, in the presence of severe comorbidity; characterized by severe and very severe disease and high mortality.