years) were studied within first 72 hours after clinical onset of AISS. Clinical examination included evaluation by National Institute of Health Stroke Scale (NIHSS). Clinical and social outcome was defined by modified Rankin Scale (mRS) on 21st day from AISS onset. Poor functional outcome (PFO) was clarified in case of 4-5 score by mRS on 21th day. Separately to affected and intact hemisphere the values of absolute and relative spectrum rhythm power (RSRP), fronto-occipital gradients (FOG) of δ-, θ-, α-, β-ranges, θlo-, θhi-, αlo-, αhi-, βlo-, βhi-subranges were detected. Development of prognostic model was made by logistic regression and ROC-analysis. Results: Out of 107 stroke patients, 48 (44,9%) had PFO. Near 60 models were obtained. The model with the largest area under the curve=0,9933 was: β=1,918*(NIHSS score on the 3rd day)+12,769*(FOG of θlo-subrange in IH) -20,293. Significance level of Hosmer-Lemeshow-test for selected model p=0,989, Percent Concordant=99,3. Optimal cut-off value of β, which predicted PFO with sensitivity=95,8% and specificity=94,9%, was determined. Conclusions: Developed prognostic model might be a powerful tool for predicting PFO of AISS and improving effectiveness of treatment.

FULL OUTLINE OF UNRESPONSIVENESS SCALE – NEW POWERFOOL TOOL FOR PREDICTING EARLY LETHAL OUTCOME AFTER ACUTE ISCHEMIC SUPRATENTORIAL STROKE?

Oleksandr Kozyolkin, Anton Kuznietsov
Zaporizhzhya State Medical University

Background: Identification of vital prognosis in patients with acute ischemic supratentorial stroke (AISS) using clinical parameters is a very important and relevant in modern angioneurology that can help the practicioners to improve treatment approaches. Therefore we decide to verify the clinical scale with the largest prognostic value for predicting early lethal outcome (ELO) after AISS. Methods: 120 patients (mean age 67,8±0,8 years) were studied within first 72 hours after clinical onset of AISS. Clinical examination included evaluation by National Institute of Health Stroke Scale (NIHSS), Glasgow Coma Scale (GCS) and Full Outline of UnResponsiveness scale (FOUR). Comparison of prognostic values of FOUR, GCS and NIHSS for predicting ELO after AISS was done using comparative ROC-analysis. Results: Out of 120 stroke patients, 13 (10,8%) was dead. On the 1st day from the clinical onset of AISS FOUR score has the largest area under the curve (AUC=0,97) for predicting ELO than GCS score (0,81, p<0,05) and NIHSS score (0,91, p<0,05). These differences were found also on the 3rd day from the clinical onset of AISS. Predictors of ELO were verified: FOUR score on the 1st day from the clinical onset of AISS ≤13 (Se=76,9%, Sp=97,2%) and FOUR score on the 3rd day from the clinical onset of AISS ≤12 (Se=84,6%, Sp=98,1%). Conclusions: Full Outline of UnResponsiveness score might be a powerful tool for predicting ELO after AISS and improving effectiveness of treatment.

IMMUNOCORECTION AS A METHOD OF PREPARATION FOR THE SURGICAL TREATMENT OF PATIENTS WITH GENERALIZED PERIODONTITIS

Makhlynets N.P.
Supervisor Dr. of Med. Science, prof. Pyuryk V.P.
Ivano-Frankivsk National Medical University, Department of Surgical Dentistry

In generalized periodontitis there is violation of the immune system, making difficult progress of pathological process. The aim and tasks of our research work was improving the efficiency of surgical treatment in patients with generalized periodontitis by using in comprehensive treatment imunofan ("Bionoks"). The study involved 128 patients with generalized periodontitis, which were divided into 2 groups: I - 62 patients, II-64 patients. All patients had modified craft operation by Tsishynsky-Widmann-Neumann. Patients of II group in preoperative period (10 days before surgical treatment) were attributed immunomodulator (Imunofan 50 mg - 1 ml, 1 time a day, 10 days). We studied dynamics of treatment by using of biochemical, immunological and laboratory examinations. Results of immunological examination in all patients 10 days before the operation indicated secondary immunodeficiency. 1 day before operation parameters of cellular immunity in the second group of patients increased. II group of patients undergoing craft operation better. In 19.3% of patients of I, 4.8% - of II group had postoperative complications (baring necks of the teeth and interdental spaces, reducing the height of the alveolar ridge and so on.). At 6 months - immunological parameters in most of patients of II group were not significantly different from the norm, most patients were operated in the area of teeth formed stable tooth-gingival attachment, X-ray and ultrasound examination showed stabilization of the pathological process and mineralization processes of the jaw born. Conclusions: In patients with generalized periodontitis available secondary immunodeficiency. Usage of imunocorrective therapy in preoperative period increases the effectiveness of surgical treatment in patients with generalized periodontitis.

ANALYSIS OF CASES OF SECONDARY FANCONI SYNDROM BY HIV-INFECTED PATIENTS

Mehdi Al Aman, Onishchenko.T
Zaporizhzhya State Medical University
The Department of Infectious Diseases

Currently, Tenofovir (TDF) is a nucleotide reverse transcriptase inhibitor (NRTI), which is most widely and successfully used for the treatment of HIV infection. The literature describes nephrotoxic reaction, in a developing renal failure, Fanconi syndrome and diabetes insipidus with TDF in 1-2% of patients. Risk factors for

the development of nephrotoxicity may be due to underlying kidney disease in diabetes mellitus, hypertension, long-term antiretroviral therapy (ARVT), the use of other nephrotoxic drugs and low body-weight of the patient. Manifestations of Fanconi syndrome accompanied by hypophosphatemia, glucosuria (renal diabetes without increasing blood glucose levels) and proteinuria. To analyze the cases of nephrotoxicity of TDF in patients with HIV / AIDS. We observed 330 HIV-infected patients treated with TDF (Truvada®. Viread, Atripla®, Tenvir®, Tenvir EM®). TDF was administered in the absence of a history of renal disease, under the control of glomerular filtration rate (GFR) - not <50 ml / min, the level of CD4, viral load, blood and urine tests, biochemical blood tests. GFR was carried out under the control of the correction dose and ARVT. Following the appointment of TDF in 5 patients (1.5%), men, middle-aged and mature, developed renal dysfunction. 4 patients co-infected with TB/HIV received TB treatment; 1 middle-aged patients with coronary artery disease, myocardial infarction, and in childhood suffered scarlet fever. One month after the initiation of TDF in patients began to complain of weakness, headache, fatigue, lack of appetite, muscle pain, thirst, nocturia. 6-8 months - joined the complaint of pain in the joints, back pain, weight loss, increased blood pressure. The appearance of these complaints were accompanied by deterioration of renal function increased levels of creatinine and urea; hypocalcemia; changes in urine: proteinuria, glucosuria, red blood cell, cylindruria, phosphaturia, the advent of renal epithelium. In the 1st patient developed osteoporosis, as evidenced by a decrease in bone mineral density, the diagnosis was confirmed by densitometry. Two patients were diagnosed with chronic kidney disease V degree (CKD). After correction of the dose and ARVT, in 4 patients, there was improvement in clinical and biochemical parameters, reduction in viral load and increase of CD4. In one patient, due to increased creatinine more than 15 times, held peritoneal dialysis, ARVT was canceled. Thus, the secondary Fanconi syndrome occurred in 1.5% of patients receiving TDF as part ARVT that does not contradict the existing recommendations on the use of the drug. In appointing the TDF we must specify and determine the presence of contraindications in patients. Development of nephrotoxicity in patients with TDF was contributed by chemotherapy in tuberculosis and other somatic diseases.

CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF TUBERCULOSIS BY CHILDREN CO-INFECTED WITH HIV / TB

Mehdi Al Aman, Onishchenko.T
Zaporizhzhya State Medical University
The Department of Infectious Diseases

The current epidemic of tuberculosis (TB), which is registered in many regions of the world, is significantly different from previous years epidemics. A factor that makes it difficult is HIV (Lepshina SM, 2009). In 2012, the number of children who are simultaneously living with HIV / TB increased by 18%. (Bilogortseva E., 2012). Objective: to study the clinical and epidemiological features of tuberculosis (TB) in children with co-infection of HIV/TB based on the Zaporozhye regional center of AIDS. In the center is registered 59 HIV - infected children, 12 (20.3%) of these children are co-infected with HIV TB. The diagnosis of HIV infection and TB is based on the results of ELISA, PCR, clinical, laboratory and radiological data. At the age of 1 year TB was detected in 1 (8.3%), from 1 to 3 years - 5 (41.7%) from 3 to 7 years - 4 (33.4%), from 7 to 11 years - 1 (8.3%), 11 to 15 years - 1 (8.3%) children. HAART was given to 10 (83.3%) children. In the development of the disease, the formation of drug-resistant TB facilitated household contacts (83.3%), to children in the centers of death (58.3%), multiple contacts (41.7%), drug resistance is the source of infection (16.7%). TB has been demonstrated in adverse material living condition, 75% of parents were intravenous drug users. Only 6 (50%) (I group) children was observed at phthisiotherapist. Others were found to express positive tuberculin tests (II group). TB chemoprophylaxis are given to children in both groups. Because of the lack of information given to phthisiotherapist about the HIV status of the family (parents hide the truth) conducted chemoprophylaxis in patients of group II did not meet the protocol. In children with co-infection, extra pulmonary (50%) and common form(33.3%) is predominate. Morbidity of the disease developed in 3 (25%), destructive processes in 2 (16.7%) of patients. Bacterial-excretion is formed in 4 (33.3%), tendency to chronic course with the formation of drug resistance in 1 (8.3%) patients. In 3 (25%) children developed poly-organ failure with a fatal outcome due to the generalization of the process. For children with co-infection in the analysis of Mantu test, were characteristic hypoergic and anergic reaction to tuberculin. Thus, the reason for the development of TB in children is through family contact with patients with active disease. High-risk group are children under the age of 7 years (75%). In the structure of the clinical forms are prevalent of extra pulmonary TB and common forms.

EPIDEMIOLOGICAL AND ETIOLOGICAL FEATURES OF SALMONELLOSIS IN ZAPOROZHYE REGION

Praise Oluae, Furyk E.A.
Scientific adviser: Ass. c.med.s. Furyk E.A.
Zaporozhye State Medical University
Department of infectious diseases

Currently, salmonellosis remains not only one of the most important epidemiological problems, but is becoming increasingly important due to the environmental and epidemiological disadvantage in many regions of Ukraine. The aim of the investigation - to study epidemiological and etiological characteristics of salmonellosis in Zaporozhye region. Materials and methods: Under observation 180 patients with gastrointestinal form of salmonellosis. 110 patients - men, women - 70. The average age 38 ± 2 years. For diagnosis used clinical,