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ЗАХВОРЮВАННЯ ШКІРИ, АСОЦІЙОВАНІ З ВІРУСАМИ ПРОСТОГО ГЕРПЕСУ 2-ГО ТИПУ

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Різноманіття клінічних форм герпетичної інфекції в ряді випадків є причиною діагностичних помилок, нераціональною і несвоєчасною терапією. Метою даної роботи є вивчення і розбір атипичних випадків герпетичних уражень шкіри і слизових оболонок, а також захворювань асоційованих з герпесвірусами.

SKIN DISEASES ASSOCIATED WITH HERPES SIMPLEX HERPES TYPE 2

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The variety of clinical forms of herpes infection in some cases the cause of diagnostic errors, irrational and delayed therapy. The aim of this work is the study and analysis of atypical cases of herpetic lesions of the skin and mucous membranes, as well as diseases associated with herpesvirus.

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INFLUENCE OF PATHOGENIC AETIOLOGICAL AGENTS OF PATIENTS WITH ACNE AND PREVENTION.

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Key words: acne, diagnostics, treatment.

Introduction.

Acne is the most prevalent skin disease; it can proceed by years and lead to formation of cosmetic blemishes and persistent scars. This is inflammatory disease of hair follicles and sebaceous glands of skin. As a

rule, areas with high amount of sebaceous glands: face, breast, back are affected. According to statistics 80% of inhabitants of the age from 12 to 25 suffer from acne, and nearly 30 - 40% of people older than 25. Disease influences a lot psychosocial development of

personality, leading to emotional disturbances, depressions. Nowadays three main causes of acne are known – hormonal imbalance in body, negative influence of external and internal factors, genetic burden. They differ general forms of acne (comedonal, papule pustular, knotted); special forms of acne and exogenous ones. There are four principal mechanisms developing practically the same time and burdening each other in the base of pathogenesis of acne: hypo production of sebum, disturbance of keratinization, colonization by microorganisms and inflammation.

Aim of work.

Determination of peculiarities of etiology of acne, productions of factors of pathogenesis in different severity of illness, antibiotic resistances of causative agents, development of optimal approaches to effective antimicrobial therapy.

Materials and methods of research.

We have studied the study V.N.Volkoslavskaya, T.D.Nosovskaya, V.Yu.Mangusheva and A.V.Klimenko, V.I.Stepanenko during 2014-2016 they supervised 107 patients with acne of different forms and severity. Among them 60 women in the age range from 12 to 53 and 47 men aged from 14 to 50. The material for a deep research was discharge from acne elements, 364 contact preparations from focus of inflammation of patients with acne and 85 biological tests. Selection and research of pathological material were accomplished the same moment from different morph clinical forms of acne in dynamic: the first visit to a doctor before antibiotic therapy, during the treatment and after it. Qualitative characteristic of microflora was examined in sowing on nutrient medium.

Results and their discussion.

They supervised 107 patients with different forms of acne: pustular (44±7,2%), acne conglobate (19,6±8,6%), papular eruption (14±8,9%), acne comedonal (8,4±9,2%), indurative acne (7,5±9,3%), acne cystic (6,5±9,3%). Prolonged (from 2 to 30 years) recurrent clinical course of dermatosis with sharply inflammatory natured acne was noted in 79, 5±3,9% of patients. In clinical structure of patients with acne patients of III severity

prevailed (31,8±4,5%), it was a bit less of patients with II severity (30,8±4,5%), less often, the patients with I and IV severities were noted (22,4±4,0% and 15±3,4%, thereof). In sowings of bio tests prevailed intensity of growth 105-107 KFU/cm², reaching 109 KFU/cm² (40,2±1,9% и 17,7±2,2%, thereof). 299 causative agents of 13 genera and 34 kinds got in microbe picture. Aerobic kinds dominated, making up 84,6±2,1%, the main representatives of them were yeast-like fungi 53,5±3,9% (8 kinds, 2 genera), coccoid flora was 2,1 times less (25,4±4,9% 16 kinds), gram-negative bacteria was 9,3 times less (5,7±5,6%, 8 kinds). Anaerobes were 15, 4±2,1% and *P.acnes* were defying (15,1±5,3%). According to etiological significance microorganisms were divided into three groups: main group (64,5±2,7% - 193pcs), rare group (24,5±2,5% - 73 pcs) and episodic group (11±1,8%). *M.furur* (29,4±2,6%), *C.albicans* (20±2,3%), *P.acnes* (15,1±5,3%) were among the main group. 6 kinds of staphylococcus (*S.aureus* – 7,7±1,5%, *S.epidermidis* - 4,7±1,2%, *S. intermedius* – 2,3±0,9%, *S. haemolyticus* - 2±0,8%, *S.hyicus* и *S.hominis* 1,7±0,7%) were included into the rare group. *E.coli* – 2,7±0,9% and *C.cifferii* 1,7±0,7%. The group of episodic micro flora with unit weight from 0,3±0,3% to 1,1±0,6% included eight kinds of staphylococcus (*S.xylois*, *S.anaerobius*, *S.capitis*, *S.cohnii*, *S.simulans*, *S.sciuri*, *S.warneri*, *S.saprophyticus*), streptococcus - *S.faecalis*, *S.haemolyticus viridans* – 0,3±0,3%, enterobacteria – 6 kinds (*P. vulgaris*, *C. freundii*, *E. cloacae*, *S. marcescens* – 0,3±0,3%, *K.pneumoniae*, *K.rhinoskleromatis* – 0,7±0,5%), candida – 5 kinds (*C. guilliermondii* and *C.tropicalis* 0,7±0,5%, *C.krusei*, *C.glabrata*, *C.parapsilosis* 0,3±0,3%), *P.aeruginosa* – 0,4±0,4%, *C. perfringens* - 0,3±0,3%. Maximum isolation rate of causative agents was noted as a kind of microbial associations (95,3±0,5% - 40 variants): two forms (13 variants), three forms (20 variants), four forms (7 variants). Monoform is represented as *M. furfur* came to 4,7±2,0%. Compulsory participants of microbial associations were dominative kinds: *M.furur* (83 cases – 72,8±23,2%), *C.albicans* (60 cases –

52,6±12,8%), *P.acnes* (45 cases – 39,9±8,7%) and a representative of skin parasite fauna *demodex folliculorum* (103 cases – 90,3±0,8%). The participation in microbial associations of representatives of rare kinds was limited by 8 variants, the representatives of episodic kinds occurred in single instances. Cooperation of participants of microbial associations was of synergetic nature ($g>30\%$). The most active synergism *M.furfur* and *P.acnes* was noted with *staphylococcus* ($g=65\%$ and 72% , thereof) and *enterobacteriaceae* ($g=54\%$ и 57% , thereof), *C.albicans* enters into synergetic relations equally with everything at rather high level ($g=42\%$ - 49%). The highest frequency of secretion of associative forms of causative agents was from men at the age period of rise of full hormonal immune status activity (15-19 years), which made up $22,8\pm3,9\%$, with women – on it's peak (20-30 years) - $21\pm3,8\%$. The therapy of patients with acne was held (60 women and 47 men). We used antibiotics of tetracycline family: *Docsiclin*, *Erythromycin*, *Tetracycline*, *Levomycetin*, probiotic *Hylak Forte* 1 month, *Epadol* consisting of ester omega-3 of highly unsaturated fatty acid 2 capsules 4 times a day, 1 month, in addition to ordinary nonspecific and anti-inflammatory therapy. Women were prescribed peroral contraceptive “*Yarina*”, which contains *Drospirenone* and *Ethinylestradiol*. However, in some cases they were prescribed retinoid *Isotretinoin* (*Roaccutane*). External therapy included fixed combination of zinc acetate and *Erythromycin* (*Zineryt*) 2 times per day, 2 months; alcoholic extract *Ugrin*, which contains milfoil grass, mint leaves, calendula flowers, tansy flowers, lavender grass, greater celandine grass, camomile flowers. The effectivity of differential approach to therapy of acne, counting all factors and also disturbances of metabolic blood parameters, microbiocenosis of skin and intestine is 92,1%. Besides, after the regress of inflammatory components of rash, post acne, melasma, telangiectasias and other residual effects are left on skin. The relevant manifestations demand carrying out complex rehabilitative procedures, in particular, by involving means of medicinal cosmetics. We paid a

great attention, after examined patients had reached a full or essential regress of inflammatory components of skin rash, to individual selection and correct usage specific local medicinal preparations, which contribute to skin rehabilitation after basic treatment, and also means of everyday care for skin: detergent, moistening, tonics and decorative cosmetics. Expediency of individual selection of correct rehabilitation preparations and means for skin care is conditioned by the fact that they can improve efficiency of previous basic specific therapy or, conversely, lead to relapse of inflammatory process. It should be noted that prescribing means of medicinal cosmetics and means of specific skin care for patients with acne must be individualized, counting peculiarities of skin type, activity and nature of residual displays of skin rash and also a season of the year.

Conclusion.

The main microorganisms, isolated from separated acne elements are *staphylococci*: *S.aureus* and *S.epidermidis*. Rarely *enterobacteria* are isolated. During bacteriological research colonies of *P.acnes* are sown in single cases. Thus using a specific (system, topical) pharmacotherapy and conducting therapeutic outputs the same time, directing to elimination or correction of some concurrent exogenous and endogenous drivers which are significant for pathogenesis of acne, also efficient selection of medicinal cosmetics means help to improve effectivity of patients' treatment and reach persistent therapeutic effect and acceptable cosmeticological results.

The Prospects of Further Research.

It must be said that basic skin care plays essential role for both the healthy people and the patients with different dermatosis. Nowadays care for any type of skin should include two components: careful cleaning without damaging of corneous layer lipids and adequate moistening. Great attention should be paid to monotherapy with topical retinoids, which is considered the therapy of “the second line” for medium – heavy acne together with system therapy. It is thought that long term (12 weeks) monotherapy by topical retinoids provides a reliable control of acne relapses. Topical antiseptics – benzoylperoxide,

oktenydyina dihydrochloride (Octenisept), azelaic and salicylic acid acids, also resor-

cinol, sulfur that are traditionally used for a local acne treatment.

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ВПЛИВ ПАТОГЕННИХ ЧИННИКІВ У ХВОРИХ НА ВУГРОВУ ХВОРОБУ ТА ПРОФІЛАКТИЧНІ ЗАХОДИ

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Основні мікроорганізми, які виділяються з виділень акне- елементів, є стафілококи: *S.aureus* і *S.epidermidis*. При бактеріологічному дослідженні в одиничних випадках висіваються колонії *P.acnes*. Застосування специфічної (системної, топічної) фармакотерапії і паралельне проведення терапевтичних заходів, спрямованих на усунення або корекцію ряду екзогенних і ендогенних факторів, значущих в патогенезі вугрової хвороби, а також раціональний підбір засобів лікарської косметики дозволяють підвищити ефективність лікування і досягти стійкого терапевтичного ефекту і прийнятного косметологічного результату.

ВОЗДЕЙСТВИЕ ПАТОГЕННОГО ФАКТОРА У БОЛЬНЫХ УГРЕВОЙ БОЛЕЗНЬЮ И ПРОФИЛАКТИЧЕСКИЕ МЕРОПРИЯТИЯ

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Основными микроорганизмами, выделяемыми из отделяемого акне – элементов, являются стафилококки: *S.aureus* и *S.epidermidis*. При бактериологическом исследовании в единичных случаях высеваются колонии *P.acnes*. Применение специфической (системной, топической) фармакотерапии и параллельное проведение терапевтических мероприятий, направленных на устранение или коррекцию ряда экзогенных и эндогенных факторов, значимых в патогенезе угревой болезни, а также рациональный подбор средств лекарственной косметики позволяют повысить эффективность лечения больных и достигать стойкого терапевтического эффекта и приемлемого косметологического результата.

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СУЧАСНЕ ЛІКУВАННЯ БАКТЕРІАЛЬНОГО ЦЕЛЮЛІТУ

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Ключові слова: бактеріоскопічне та бактеріологічне дослідження, інсерцій-

но – делеційний поліморфізм генів, мікроциркуляція, швидкість кровотоку.

Актуальність теми.