

DEMODECOSIS PHARMACOTHERAPY PECULIARITIES

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Introduction. Demodecosis is one of the most common parasitogenic skin diseases sickness rate of which is 2-5% and takes the 7th place as to frequency rate. Follicle mite (*Demodex folliculorum*) is the most frequent to be found, it can be observed in hair follicles, sebaceous glands of human's skin and glands of eyelids. When mites eat cells destruction by helicers occurs which causes keratinization, pigmentation and inflammatory infiltrates forming.

Aim. Study of the mechanism of development, clinical manifestations and pharmacotherapy of demodecosis.

Materials and methods. Scraping produces a scalpel or eye with a spoon. Material for the study can be obtained also when squeezing the contents of the follicle. The test material is applied on a glass slide in a drop of 10 % lye, cover with a cover glass and browsing for 5-10 minutes after intake of the material under a microscope.

Results and discussion. To act on follicle mites directly miticidal agents are used such as derivatives of nitroimidazole group. The most effective agent is metronidazole. Ornidazole is also used. Not only antiparasitic effect of the medicine is to be noted but bacteriostatic action that increasing neutrophils activity, stimulating adrenergic structures and amplification of restorative processes. Among local agents miticidal agents are used such as benzyl benzoate emulsion, 5-10 % sulfuric ointment/liniment, 1-5 % trichopol paste, metrogil jelly, cryomassage. Any ointment due to viscosity of ointment base makes mites' migration and reproduction difficult. Corticosteroid ointments lower local immunity and cause their quantity increasing. In a case of repeated infection combination local antibacterial therapy is necessary. The difficulties of demodecosis therapy which is far from being always successful even with using the most effective miticidal agents, are connected with peculiarities of mites' integument texture. Passing of large molecules of exogenous substances such as miticidal agents of contact effect through the cuticle of demodicides is difficult or impossible. This is the reason of difficulty of antiparasitic therapy in the case of demodecosis, necessity of lingering course of medical treatment and choosing medicine with the smallest sized molecules.

Conclusions. Thus, the therapy should be phased and include symptomatic agents, anti-inflammatory, antibacterial, desensitizing and antiparasitic drugs as well as treatment of concomitant diseases and preventive measures.