

common cUTI cause is *E. coli*, which was observed in 70.8% of cases and characterized by high recurrence rate – 12 (33.3%) patients in the 1st group, and 3 (8.3%) patients in the 2nd group. The choice of antibiotic medications must be based on culture sensitivity and maximal safety for the patient. Short-term (7 to 10 days) target antibiotic administration resulted in recurrence rate of 38.9% by the 19th day from the start of treatment, and 47.2% by the 26th day from the start of treatment with superinfection detected in 13.9%. Prolonged antibiotic therapy (14 to 21 days) decreased recurrence rate down to 5.6% by the 19th day from the start of treatment, and down to 11.1% by the 26th day from the start of treatment. To achieve clinical and microbiological cure of UTI antibiotic therapy should last 14 to 21 days which provides effective treatment and prevents antibiotic resistance development.

MODERN PHARMACOTHERAPY OF LEPTOSPIROSIS

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Introduction. Leptospirosis - an acute infectious disease caused by *Leptospira interrogans*, belongs to the group of zoonoses and is characterized by acute onset, symptoms of intoxication, fever, manifestations of hemorrhagic syndrome, liver, kidney and nervous system damage. Leptospirosis is a bacterial disease of both humans and animals. The age of people who are most at risk of leptospirosis is 5-16 years. The number of cases increases during the rainy season in the tropics and in late summer or early autumn in Western countries.

Aim. The aim of the report is to inform people about the main pathognomonic symptoms by which the disease can be identified, as well as actual pharmacotherapy.

Materials and methods. The main methods of therapy are the administration of antibiotics and the introduction of a specific immunoglobulin. For treatment of patients with severe forms of leptospirosis, complicated by acute renal failure, pathogenetic therapy is of great importance. The most effective antibiotic is penicillin, with intolerance it can use antibiotics of the tetracycline group. The most effective treatment started in the initial period (up to the 4th day of the disease). Assign penicillin at a dose of 6-12 million units/day, with severe forms that occur with meningeal syndrome, the dose is increased to 16-20 million units/day. At the beginning of treatment with penicillin during the first 4-6 hours, the Yarissh-Gerxheimer reaction may develop. Of the tetracyclines, the most effective is doxycycline (in a dose of 0.1 g 2 times a day for 7 days) orally, from III generation cephalosporins (ceftriaxone) 2-4 g/day. With severe general intoxication and hemorrhagic syndrome, antibiotics are combined with corticosteroid drugs (prednisolone 40-60 mg with a gradual dose reduction for 8-10 days). For relief of hemorrhagic syndrome, dicynone 12.5% 2 ml, Vikasol 1% 1 ml.

Anti-leptospirosis immunoglobulin (gamma globulin) is administered after preliminary desensitization. On the first day, 0.1 ml of diluted (1:10) immunoglobulin is injected under the skin, after 30 minutes. under the skin, add 0.7 ml of diluted (1:10) immunoglobulin and after another 30 min. - 10 ml of undiluted immunoglobulin intramuscularly. On the 2nd and 3rd days of treatment, 5 ml (in severe forms - 10 ml) of undiluted immunoglobulin are injected intramuscularly. Assign a complex of vitamins, symptomatic treatment. With the development of acute renal failure, a set of appropriate medical measures is carried out.

Results and discussion. The incubation period lasts from 4 to 14 days (usually 7-9 days). The disease begins acutely, with complete health, without any precursors (prodromal phenomena). There is a chill, often strong, body temperature quickly reaches high figures (39-40 ° C). Patients complain of severe headache, insomnia, lack of appetite, thirst. A very characteristic feature is severe pain in the muscles, especially in the calves. In the process, the muscles of the hip and lumbar region can be involved, their palpation is very painful.

Conclusions. Protection of sources of water supply from pollution. Protection of products from rodents. Vaccination of animals. According to epidemiological indications, people can be vaccinated. The vaccine is administered subcutaneously twice - the first time 2 ml, the second - 2.5 ml with an interval of 7 days. A year later, revaccination is carried out (2 ml of the vaccine subcutaneously). Sick people do not pose a danger to others, hospitalization - only according to clinical indications.