

analysis, the percentage of aromatic cosmetics for external use was determined from the total number of cosmetic products. Also aromatic cosmetics were considered depending on various forms of release. Aromas were also investigated depending on the purpose, method of application. The formulation and categories of active substances for this segment of drugs were analyzed.

The studied aromatic cosmetics were segmented depending on the country and the manufacturer. Also, domestic and imported flavorings were studied depending on the manufacturer, forms of release, features of the recipe and sales in pharmacies.

Conclusions. Based on the analysis of the nomenclature of aromatic cosmetics sold in pharmacies, the results of segmentation of this category of cosmetic products intended for use both for internal and external use. The peculiarities of the distribution of aromatics of this direction of action depending on the country and the enterprise - the manufacturer, the form of release, features of compounding and drugstore sales are established. The conducted researches allow to establish specificity of unification of domestic and foreign production of the given direction of action.

CONTACT DERMATITIS IN THE PRACTICE OF A COSMETOLOGIST

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Introduction. In the general structure of dermatological pathology a special place is occupied by contact dermatitis, which can develop due to the influence of numerous environmental factors: when exposed to acids or alkalis, physical factors (friction, pressure, high or low ambient temperature, etc.). Contact dermatitis is an acute inflammation of the skin caused by allergens or irritants. The primary symptom is itching. Skin changes range from erythema to blisters and ulcers, often localized on the skin of the hands or adjacent areas, and occur in exposed areas.

Aim. The aim is to study contact dermatitis and methods of correction in cosmetic institutions.

Materials and methods. Research methods are literature sources and Internet resources.

Results and discussion.. Contact dermatitis is caused by allergens or irritants.

Contact dermatitis from irritation (CDR)

KD from irritation is 80% of all cases of contact dermatitis. This is a non-specific inflammatory reaction to substances in contact with the skin; the immune system is not activated. Many substances can cause CDD, including:

- Chemicals (eg acids, alkalis, solvents, metal salts);
- Soaps (eg abrasives, detergents);
- Plants (eg, poinsettia, peppers);
- Body fluids (eg urine, saliva).

The properties of the irritant, environmental conditions and the patient's condition affect the likelihood of developing CDR. CDR is more common in patients with atopic disorders, in whom CDR can also initiate immunological sensitization and, as a consequence, allergic contact dermatitis.

Phototoxic dermatitis is a variant of dermatitis in which substances are applied externally or orally, causing the formation of damaging free radicals and inflammatory mediators only after the absorption of ultraviolet light.

Allergic contact dermatitis (ACD)

AKD is a cell-mediated IV type of hypersensitivity reaction that occurs in 2 phases:

- Sensitization to the allergen;
- Allergic reaction that develops after repeated contact.

In the sensitization phase, allergens are absorbed by Langerhans cells, which migrate to regional lymph nodes, where they process and present the antigen to T cells. This process can be short-term or prolonged. Sensitized T cells then migrate back into the epidermis and are activated by any repeated contact with the allergen, releasing cytokines, recruiting inflammatory cells and leading to the development of characteristic symptoms and signs of AKD.

Cross-sensitization between different allergens is often observed. Cross-sensitization means that exposure to one substance can lead to an allergic reaction after exposure to another but related substance.

Clinical manifestations

Contact dermatitis due to irritation

CDR is more painful than itchy. Symptoms range from mild erythema to hemorrhage, crusting, erosions, pustules, blisters and edema.

Allergic contact dermatitis

In AKD, the primary symptom is intense itching. the pain is usually the result of excoriations and the accession of a secondary infection. Skin changes range from transient erythema to vesiculation and severe edema with blisters or ulcers or a combination thereof. Rash is often characterized by a certain grouping or localization, which indicates a specific effect. Linear bands almost always indicate exposure to an exogenous allergen or irritant. Most often, rashes appear on the skin of the hands as a result of work or contact with potential allergens. Dermatitis is usually limited to the site of contact, but can then spread. At the AKD caused by the general influence of substance, rashes can extend on all each cover. The rash usually appears 24-48 hours after exposure to the allergen. The shape or pattern of the affected area can help distinguish contact dermatitis from other types.

Diagnosis

- Clinical evaluation
- Sometimes skin application tests

Contact dermatitis can often be established on the basis of the clinical picture of skin rashes and anamnestic information about contact with the irritant. Data on the patient's occupation, hobbies, household responsibilities, vacation, clothing, use of external means, cosmetics and occupation should be taken into account. If the suspicion of provoking the development of dermatitis with perfume, shampoo or other means used, you can perform a test with the application of the proposed tool on the skin, usually remote from the initial development of dermatitis, usually on the flexor surface of the forearm.

An accurate diagnosis requires a positive test result and a history of dermatitis in the area where the test agent has been in contact with the skin.

It may take up to 3 weeks to regress. Reactivity usually lasts a lifetime. Patients with photoallergic contact dermatitis may suffer from exacerbations for many years in insolation.

Treatment

- Avoid contact with provocative substances
- Maintenance therapy (eg cold compresses, bandages, antihistamines)
- Glucocorticosteroids (usually external, but sometimes systemic for oral administration)

Prevention of contact dermatitis is carried out by eliminating the provoking factor; insolation should be avoided in patients with photosensitive contact dermatitis.

Conclusions.

1. The diagnosis is established on the basis of anamnestic information about contacts, survey data and sometimes skin application tests. Treatment includes antipruritic drugs, external corticosteroids and exclusion of provoking factors.

2. External therapy includes cold compresses and corticosteroids; patients with mild or moderate ACD are prescribed external corticosteroids of medium to high efficacy. In severe cases with severe blistering or a common process, oral corticosteroids may be prescribed. Systemic antihistamines help reduce itching. Wet-drying bandages can improve the condition of wet blisters, dry the skin and accelerate healing.

ANALYSIS OF MEDICINAL COSMETIC PRODUCTS, SOLD IN PHARMACIES KHARKOV.

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Introduction. The cosmetics industry occupies a leading position in the economies of Europe, Asia and the United States. The global beauty products market will reach a market value of USD 805.61 billion by 2023, providing a CAGR of 7.14% during 2018-2023. Cosmetics, which are sold in pharmacies, are especially popular with consumers. Thus, in the range of Ukrainian pharmacies in 2019, the share of cosmetics increased to 3.6%. The increase in sales of cosmetics in pharmacies in 2019 compared to 2018 amounted to 18.7% in physical terms, and 1.5% in monetary terms. A particularly promising category is cosmetic medicinal products that combine pharmacotherapeutic and cosmetic effects and are used in dermatology.

Aim. Analysis of trends in the modern nomenclature of medicinal cosmetic products sold in pharmacies on the territory of Ukraine.

Materials and methods. As the objects of research were presented medicinal cosmetics, sold in the pharmacy network in Kharkov. The methods of analysis of open information sources were used as research methods - materials of legislative documents, registration database of medicines, materials of the Compendium publication, instructions for the use of this category of medicinal products.

Results and discussion. The first stage of the work was to study the range of medicines for external use, sold in the network of pharmacies in Kharkov. Based on the results of the analysis, the percentage of drugs for external use was determined from the total amount of pharmaceutical products. Also, drugs were considered depending on the different forms of release. Dermatological drugs were also investigated depending on the purpose and form of release. We analyzed the formulation and categories of active drugs for this segment of drugs.

The studied dermatological agents were segmented depending on the country and the manufacturer's enterprise. They also assessed their level of demand among consumers and the dynamics of sales in the conditions of pharmacies. A special category of dermatological preparations - medicinal cosmetics - was studied depending on the manufacturer, the form of release, the characteristics of the formulation and the volume of sales in pharmacies.

Conclusion. Based on the analysis of the nomenclature of medicinal cosmetic products sold in the network of pharmacies in Kharkov, the results of segmentation of this category of pharmaceutical products intended for use in dermatology were obtained. The features of the distribution of drugs of this direction of action, depending on the country and the enterprise - the