FEATURES OF CHRONIC NEUROBORRELIOSIS CURRENT

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Relevance. Given the multifaceted clinical picture of this pathology, it is safe to say that Lyme disease is an urgent problem of modern internal medicine, which requires timely diagnosis and treatment by doctors of different specialties. According to the indicators of the growth of morbidity, the diversity of symptoms and clinical flow, the features of the development of neurological, rheumatological and cardiological manifestations and the significance in modern infectious human pathology, borreliosis came to the first place among naturally focal zoonoses in many countries of the world.

According to data provided in scientific works, among the population of Ukraine, 18.3% of cases of Lyme-borreliosis (LB) disease are accompanied by lesions of the musculoskeletal system, 10.7% - pathology of the cardiovascular system, about 40% - lesions of the nervous system. At the same time, 16.7 per cent of cases of LB causative agent caused etiologically undiagnosed neurological and 20.7 per cent pseudo-rheumatological diseases.

Materials and methods. The examination of 50 LB patients on the basis of the KP «POK them. M. V. Sklyfosovsky POR», t. Poltava. The average age of the patients is 34 11.3 years. The neurological status has been assessed, magnetic resonance imaging of the brain and spinal cord, ophthalmoscopy, stimulation electron-neuromiography of peripheral nerves has been conducted.

Results. Clinical diagnosis: 17% of patients have chronic atrophic dermatitis of the extremities, 27% have chronic arthritis, 18% have chronic fatigue syndrome, 14% have chronic polyarthritis, 26% have been diagnosed with neuroborreliosis.

The complications of the CNS are of particular interest. Among these patients, there are both cases of damage to the peripheral nervous system-radiculopathy, polyneuropathy, polyradiculoneuritis, cranial neuropathy (16%), and lesions of the central nervous system (encephalomyelitis, encephalopathy, pseudopholia syndrome) - 10% of patients. Peripheral nervous system lesions are most often manifested by distal sensory or sensory-motor polyneuropathy (reduced amplitude m-response m. abductor pollicis brevis right 3.1 0.12 μV., left 3.24 0.09 μV., m. Abductor hallucis right 2.8 0.2 μV. left 2.6 0.13 μV, and sensor response-n. Suralis right 4.6\956μW, left 2/2.Sensory response amplitude 7.4 0.7 μV., sensory speed 13.6 2.8 m/s) polyradiculoneuritis with pain syndrome, sensitivity disorder of polyneurotic or spinal type, development of peripheral paresis with muscle atrophy in upper and lower extremities. For patients with central nervous system lesions predominated brain syndrome

(60% of patients), hypertension-lysis syndrome (30% of patients), vestibulo-atactic syndrome (30% of patients), focal symptoms in the form of a central pair - or tetraparesis (7% of patients)Bulbar syndrome (5% of patients). According to the MRI of the brain, the following changes were observed in patients - unaltered size of the ventricles, indirect signs of intracranial hypertension: «empty Turkish saddle», dilation of the amygdala in the occipital opening, flattening of the back pole of the sclera, optic fibers, subarachnoid perioptic expansions, intraocular protrusions of the optic nerve. Cerebral pseudo tumor syndrome, which is diagnosed in two subjects, in the case of neuroborreliosis in the adult population is described as a single case.

There are suggestions for immune responses, low activity inflammation, and direct infectious damage to arachnoid outgrowths, which ultimately results in impaired liquor absorption with this complication.

Conclusions: The variety of clinical manifestations of the disease makes timely diagnosis and, consequently, treatment difficult. In order to timely diagnose late complications in borreliosis, it is recommended to carry out advanced clinical neurological, laboratory, and paraclinical examination of patients. Early detection, timely diagnosis and treatment of neuroborreliosis prevent the development of neurological lesions of the central nervous system. Given the significant percentage of severe lesions of the nervous system, studies of chronic stages of Lyme disease with signs of neuroborreliosis deserve special attention.

HCV: FEATURES AND INSIDIOUSNESS

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Introduction. Hepatitis C virus (HCV) is an RNA-containing virus belonging to the Flaviviridae family of the Hepacivirus genus, six genotypes and more than eighty subtypes have been identified. Geographical prevalence of HCV genotypes: in the countries of North America and Europe - genotypes 1a, 1b; Africa - 4; Japan - 1b, 2a, 2b; in Hong Kong - 6. Genotype 1b has a general distribution, 1a is called the "Western genotype", 2a - the "Eastern genotype".