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СБОРНИК МАТЕРИАЛОВ

**МЕЖДУНАРОДНОЙ НАУЧНО-ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ
«ИНФЕКЦИОННЫЕ БОЛЕЗНИ - МЕЖДИСЦИПЛИНАРНЫЕ
ВОПРОСЫ ГАСТРОЭНТЕРОЛОГИИ, ПУЛЬМОНОЛОГИИ»**

14-15 Ноября 2023

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СОСТАВ

Организационного комитета по проведению международной научно- практической конференции «Инфекционные болезни – междисциплинарные вопросы гастроэнтерологии, пульмонологии»

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THE FEATURES OF MULTIDRUG-RESISTANT STAIN SALMONELLOSIS PATIENTS' IMMUNOLOGIC STATUS

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Relevance. Salmonella and other intestinal infections may pose a serious problem of healthcare practice, making up a large group of infectious diseases with ubiquitous spread.

Salmonellosis is a disease that appears as damaging of the human digestive system by a bacterial infection of the genus Salmonella. As a rule, the infected patients have to face not only with severe diarrhea syndrome, accompanied by dehydration, but also with intoxication and severe septicemia. The course and outcome of Salmonella infection is largely dependent on pathogenicity, virulence and toxicity of salmonella, as well as the state of the bio-immune activity of the body. Increasing expansion of multidrug-resistant strains of salmonellosis, indicates the importance of studying the immunological status of patients in order to predict the development of complications and prescribe timely therapy.

Purpose of the study. Resistant strain salmonellosis patients' immunological status feature evaluation.

Materials and methods. There were 30 (100%) patients under observation, 15 (50%) of whom were suffering from multidrug-resistant salmonellosis strains (I – reference group) and the other 15 (50%) - patients with salmonellosis sensitive to conventionally used antibiotics (II - reference group) and 10 nominally healthy individuals. Study of immune status in these groups was carried out within a comparative aspect by studying the levels of CD3+, CD4+, CD8+ and B-lymphocytes.

Results and discussions. Results of the comparative study of homeostasis in patients with multidrug-resistant strains salmonellosis (I – reference group) and in patients with salmonellosis, sensitive to conventionally used antibiotics (II - reference group) showed that in group I there is a decrease in the count of CD3+, CD4+, CD8+ T-lymphocytes in relation to group II, but with a reliable distinction in CD4+ count only ($29.2 \pm 0.6\%$). The study found that in group II the CD3+, CD4+, CD8+ T-lymphocytes and B-lymphocyte count was significantly increased compared to the indicators of group I. The analysis result shows a decrease in total lymphocyte count of groups I and II compared to healthy individuals by half. Cellular immunity factors - CD3+, CD4+ T-lymphocytes were significantly lowered in both groups of those examined. The comparative analysis of indicators of cellular and humoral immunity in group I and II patients shows that all indicators are twice decreased, indicating that multidrug-resistant strains are more aggressive, which, in turn, promotes severe immunosuppression in initial stages of the disease.

Conclusions. Multidrug-resistant stain salmonellosis patients feature significantly decreased levels of cellular and humoral immunity.