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МЕДИЦИНА

Scientific novelty of research. For the first time, the quality of life of patients with lichen planus will be studied and an innovative technology for the staged treatment of this group of patients will be developed, which will improve social adaptation.

Regional features of the clinical picture and course of lichen planus, social adaptation of patients will be shown.

The attitude of relatives, relatives, colleagues at work (study), doctors of various specialties (dermatologists, psychotherapists, psychiatrists) and psychologists to patients with lichen planus was studied.

The indicators of social adaptation and quality of life of patients in the process of staged therapy will be analyzed.

An innovative technology will be proposed for the treatment of patients with lichen planus, including psychotherapy and acupuncture, and its effectiveness has been proven.

For the first time, a model of medical and social care for patients with lichen planus was developed on the basis of a clinical and socio-psychological study of patients.

Conclusions. The use of tacrolimus improves well-being to a greater extent. The data obtained by us are consistent with the literature on the efficacy and safety of using Tacropic ointment in the treatment of papular dermatoses accompanied by a hyperproliferative process. Thus, tacrolimus is a highly effective drug that is successfully used in the treatment of chronic dermatoses (atopic dermatitis, psoriasis, LP, etc.). In some cases, the resulting clinical effect is comparable to the results of therapy with strong corticosteroid drugs in the absence of side effects and complications characteristic of the latter. The use of tacrolimus is possible for a long time, which allows to obtain a clinical effect and carry out maintenance therapy, thereby preventing possible recurrences of dermatosis.

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Method of immunogistochemical research of microbial eczema diseases

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Eczema pathogenesis immunological aspect according to take went studies the results account received without, many researchers immunity system deficiency or his violation this disease pathogenesis central joint that proved. Immunity through of eczema endogenous factors for development (endocrine and non-vomiting of systems disorder, genetic defects and others) influence guess it does is done [1]. Modern studies us of the skin to himself special immunological features have is local again work ability demonstration is enough said to the idea take comes. Inside and external antigen signals is the central point, in which local immunity system imbalance or deficiency characteristic clinical to appearances have has been pathological of processes development with manifestation will [2]; With that together, of endogenous share and of the process next in development exogenous factors different to be possible [3].

In eczema immunity blood of cells immune in the process participation reach level determination through learning enough level information giver indicator not. Because main immunity process straight away on the skin and hematological this without indicators only of the body immunity system common the mood reflection makes [4]. The pathogen to understand for big important has eczema process because of affected of the organ of his own skin immune situation evaluation need Peripheral similar to that in the blood indicators with to compare as a result info is taken. To learn such approach of eczema clinical forms pathogenesis not only his options appear of being possible has been conditions to clarify

possibility gives also local immunity system broken connection correction therapy important in determining have

Research purpose microbial and really with eczema sick of patients inflammation infiltrates of cells immunophenotypic content is learning

Materials and methods. Immunohistochemistry method with chinwa microbial eczema with sick 15 patient biopsies checked. Biopsy materials written consent after received Control cosmetic operations during received skin biopsies was Cryostat conditions thickness up to 10 MK has been consecutively cuts received Ip- in search chromogenic substrate-ta-3-amino-9- ethylcarbazole using biotinstreptavidin- immunoperoxidase (Strep ABComplex /HRP, manufactured by DAKO release) standard method is used. Background color hematoxylin with done increased In research monoclonal antibodies used CD3+, CD4+, CD8+, CD1a + and CD22 + (DAKO). In a row in sections reactogen of cells quantitative ratio was determined. In the epidermal layer (up to 3 mm) epithelium cells, characteristic to expression have cells the number counting developed marker antigen.

Received results and them discussion to do Impact done dermal component of the skin in the part microbial to eczema played of patients mostly cases pathogenological changes themselves manifestation does: — of the papillae smoothness; — dermis high swelling in parts to be — vasodilatation and blood vein cracks, intensive oculovascular mononuclear of cell in- filtrates formation with emphasized. In the epidermis epithelium layer thickness one different it's not was, this of spongiosis open up manifestation to be with depends being his mononuclear in places of cells infiltration and accumulation observed. CD3 + — positive cell (t- lymphocytes) is the main one part organize became (86.2 ±2.5 %) mostly veins around spread out of the dermis inflammatory infiltration cells. Various different CD3+lymphocytes of the dermis papillae and reticular layer is located basically localization tendency with the epidermis border CD3 + — lymphocytes in the epidermis rarely cases observed, spongiosis furnaces from this Except this on the ground they are relaxed epicellus layer come in to go for themselves manifestation they did CD4 + — lymphocytes High of infiltrates common cell 68.2 ±2.1 % of its composition. The only Cle- flow as CD4 + — lymphocytes of the dermis reticular in the layer, as well as with the epidermis at the border observed. CD4 + cells of the epithelium basal to the part, especially sure spongiosis months come in to go inclined was Very rarely cases of the epidermis CD4+lymphocytes were observed in the thickness epithelium cells between CD8 + — lymphocytes basically blood vein in infiltrates localization done, their composition cell 26.3 ±2.4 % of its composition organize does Same such CD4 + — lymphocytes, CD8 + cells subepithelial to the department transition for to the trend have was and spongiosis in places to the epithelium come in For this kind of CDla + cells the environment across not but straight away in the cytoplasm of reaction to himself special event being, this the oval nucleus of the cell emphasizing and describing gave In these cells different in directions interkle-exact intervals according to separate standing dendritic structures guess they did Skin eczema with sick 93.5 ±4.6 % of all dermis cells are HLA- dr cell on the surface or antigen in the cytoplasm. Interesting that is, the expression of HLA-DR+ positive activity lymphoid lines and endothelial cells with described cells of this dermal region blood vein network emphasized. Swollen relaxed in the stroma spread out individual HLA-DR + cells there is was wrong to the configuration have is a dendrite structures have they are with separate stands to the nucleus relative kata.

Single cells in the environment and of the epidermis high in parts found Cell infiltration in the epithelium dystrophic changes also recorded in places done CD8 + lymphocytes inflammation of infiltrates very big part organize reached — 11.5 ±1.3 %. CD8 + cells constant respectively of the epidermis basal in parts accumulates, but even his high not specified in the parts spongiosis or Pu-PIN elements formation conditions. Ratio index CD4+ / CD8 + lymphocytes at the level of 5.6 defined. CDla + cells accounted for 9.6 ±0.9 % of cells organize dermis. Cells different different to the configuration have is big nucleus, re-actogen cytoplasm with separate was standing Relaxed in the dermis, outside cell veins with connections Cytoplasmatic tumors and veins nearby himself manifestation did they are round to form have was

In the epidermis of cells spreading uneven in HLA-DR+ cells spongiosis in places cell of cells simplification observed structures: cells shortened to processes have was, they simplified high to form have has been more round to form have were Individual HLA- dr + cells around keratinocytes signs has been cells grouped, they are HLA- dr — positive reaction also manifested as will be B lymphocytes (CD22+) above such as unity number observed, so of the dermis bottom in the part. If in the dermis microbial and real eczema with CDla+ cells the number if we compare, then less content attention pulls microbial for exe -IU such of CDla + cells the number On the contrary, high level content CDla-positive the dermal part of the skin cells from the epidermis regional lymph to the node langerhans of cells strong trans- zitini to show can

Maybe again one explanation: in the circumstances microbial and real eczema CD antigen cells by express level decline the following reflection to continue possible CD of the complex expression with together incoming Cl antigen again work of the process high level intensity. In practice, studies [5] langerhans antigen- process of cells from the form of antigen- representative trans formation to be shows form express decline with together will come CDla-antigen cell by. Such without, is smaller CDla-complex cells by expression level microbial eczema for dermal part (9.6 %) quality in terms of faster the process reflection makes this change However, Cd1a-antigen expression in the features note done changes they are addition to learn need In the dermal part of the skin, he himself appeal does HLA-DR cells of inflammatory in- filtrates by complex in the expression of changes nature Data different forms according to comparison eczema, that's it to emphasize should be cells number, expression causing HLA-DR, microbial in eczema real to eczema than high was with a CD in expression note done changes and HLA-DR elevation of the process ten-

sion shows and of eczema each one of form features reflection makes Lymphocytic in unity changes analysis to do of eczema different in forms immunity each one form with is described its individual immunophenotypic Profile. First of all that's it to emphasize should be B lymphocytes almost eczema Pro- in session did not participate. Theirs composition of the dermis inflammation infiltrates so much small that 's it kind of lymphocytes to this able it's not was account taken need This observation research information is waiting, then inflammation of h previous worldly

This in research he himself appeal does attention give, inflammation of the process in the formation of CD3 + — lymphocytes accumulation superiority did Inflammation dermis CD3 + — lymphocytes in infiltrates the main Cle- clearly component being their in formation share infiltrates approx one different was of eczema all in the form of This yarn results research information with suitable comes [7], which con-tactical dermatitis conditions cell 80 % of its composition detected dermis infiltrates CD3 + — lymphocytes because of harvest will be value in terms of similar data [8], eczema inflammation from infiltrates separated 97 % of cells are CD3+-lymphocytes with together placed

T- lymphocytes of the subpopulation change in ratio (CD4+ and CD8+). feature analysis to do this on the ground what the most sure that shows erythematous forms between differences himself manifestation does Groups according to in comparison microbial eczema and real eczema with hurt patients, microbial of eczema to himself special features presence was determined interest in comparison sure manifestation CD4+ and CD8+ cells have individual characteristics. From the analysis the following come comes out; of the process microbial eczema type looking development, CD8+- lymphocytes number decrease and of truth formation, development with related eczema-CD4 + — lymphocytes number decrease with. Each of the form shown to himself feature eczema two conclusion with depends to be can

1. This happen will be that guess to do possible certain reactogen of properties decline in the blood turning around of walking t- lymphocytes parts and transit inflammation their center to the signal enough level answer to give ability inflammation of the hearth cell intermediaries and blood vein his bed throw, from it outside quality in terms of in formation participation reach efficient inflammation reaction. T- lymphocytes indicated known one of the subpopulation defect microbial ekzema (CD8+- lymphocytes defect) or real of eczema to himself special features have has been inflammation of the process in violation himself manifestation to do need (of CD4+- lymphocytes defect). That's it point of view In terms of studies interesting (U. Remold and et al., 1991) below in the circumstances atonic dermatitis from blood isolated In vitro CD8 + lymphocytes under the influence of interleukin-2 sensitive was (IL-2), this of cells increase of activity in decline manifestation it happened Reported such defect about estimated CD8 + lymphocytes of t-8 cells receptors of the area features change with depends to be possible or receptors number change with.

2. Eczema known one of form development of inflammation to himself special defect with depends is known one inflammation in the process to fly attraction do it cannot T- lymphocytes population (CD4 + — lymphocytes — real eczema and CD8 + lymphocytes for — for microbial).

Reported assumptions point of view in terms of of eczema each one shape for interest wakes up and on the skin observed T — lymphocytic population in the proportions changes observed.

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1

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