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ТЕРНОПІЛЬСЬКИЙ НАЦІОНАЛЬНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ ІМЕНІ І. Я. ГОРБАЧЕВСЬКОГО МІНІСТЕРСТВА ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ

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First, the hematogenous route, which means entry of peripheral infected blood cells (monocytes/macrophages) as a "Trojan Horse" via crossing the brain blood barrier. This route might also include infection of brain microvascular endothelial cells and increase brain endothelial permeability.

Another major route of entry is the neuronal or axonal route, involving various peripheral nerves endings such as olfactory sensory neurons and intestinal nerve endings. It is called the axonal transport route because pathogens cross one neuron after another via synaptic nerve endings.

Actually, not all neurological manifestations require direct infection of cells or structures of the nervous system. Indirect neurotoxicity may result secondary to immune-mediated pathogenesis, coagulation dysfunction, cardiovascular comorbidities like hypertension or diabetes, altered glucose and lipid metabolism, disturbances in the lung-brain cross talk such as hypoxic encephalopathy, or as a consequence of an imbalanced gut-brain axis through disturbances of the gut microbiome during gastrointestinal SARS-CoV-2 infection.

Conclusion. Understanding the mechanisms that lead to neurological symptoms in patients with COVID-19 and how these manifestations correlate with clinical outcomes will be instrumental in guiding the optimal use of targeted therapeutic strategies.

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COMPARATIVE EVALUATION OF THE RECOVERY EFFECTIVENESS IN PATIENTS WITH FACIAL PALSY DEPENDING ON THE DATE OF REHABILITATION ONSET

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Development of FP affects the patients' psychoemotional state, the physical condition, often causing long-term disability and significantly reducing the quality of life.

Aim of research. To carry out a comparative evaluation of the rehabilitation effectiveness in patients with FP, depending on the beginning of rehabilitation, based on a retrospective analysis.

Material and methods of research. The survey was performed for 74 patients with FP: 44 men and 30 women. The average patients' age was 42.6 ± 15.5 years. Patients were divided into two groups. The first one contained patients who began a course of rehabilitation immediately after the acute period (10-14 days after facial paralyze onset), (n=49, average age 44.5 ± 16.5) and the second – who began rehabilitation after 20 days from the facial palsy onset (n=25, average age 38.8 ± 12.9). To assess the facial rehabilitation effectiveness the lagophthalmos and dental formula dynamics were studied. Pirson's nonparametric criterion $\chi 2$ was applied.

Results of research. After the rehabilitation activities in the first group, 5 patients (11%) experienced total regression of lagophthalmos, 34 (75.6%) had eyelashes symptom, and 6 of them had unchanged lagophthalmos. In the second group of patients complete regression of lagophthalmos had 4 (16.7%) patients, eyelashes symptom - 8 (33.3%) and no changed lagophthalmos were observed in 12 (50.0%), $\chi 2 = 13.021$ $p < 0,01$. Changes in dental formula were the following. 23 patients (51.1%) of the first group had 3-4 visible teeth, 1-2 teeth were visible in 13 (28.9%) of the group, 0-1 teeth - in 4 (8.9%), 0-0.5 teeth - in 5 (11.1%). In the second group the figures differed: 3-4 teeth were observed in 5 patients (22.7%), 1-2 teeth - in 4 (18.2%), 0-1 teeth - in 6 (27.3%), 0-0.5 teeth - in 7 (31.8%) ($\chi 2 = 10,399$; $p < 0.015$). Significant improvement of symptoms was detected in 30 patients (61.2%) of the first group compared to the second group – only 9 (36.0%) from the the second group ($\chi 2 = 4.226$, $p < 0.04$).

Conclusion. FP patients, who underwent rehabilitation measures immediately after the acute period, had more positive dynamics of the recovery process.

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EEG PECULIARITIES IN YOUNG MEN WITH POSTTRAUMATIC EPILEPSY

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Introduction: Epidemiological studies of epilepsy show that the overall incidence of epilepsy in men is slightly higher than in women. One explanation for this correlation is the higher risk of injury among men. One of the most common causes of epilepsy is traumatic brain injury (TBI). From 11-20% the posttraumatic epilepsy (PTE) develops after TBI. Moreover, seizures can occur immediately after TBI and in the later and distant period. The purpose of the study was a clinical-neurophysiological study of the PTE's characteristics by evaluating the spatial organization of brain bioelectric activity.

Material and methods of research. The studies were based on the analysis of clinical symptoms and instrumental studies. EEG, EEG-video-monitoring, CT scan and MRI were used as screening methods.

Results of research. In a study of 120 patients aged 18-44 years who had a TBI, 50 young men were diagnosed PTE. Neurophysiological studies were performed in patients who have had at least of 2-3 attacks. In 20 patients with PTE in the anamnesis there was repeated TBI in an amount of from 2 to 3 injuries of varying severity, consistent with published data that repeated trauma increases the likelihood of developing PTE. The debut of epilepsy after TBI varied in terms from 6 months to 5 years. Focal (n=39, 78%) and generalized (n=11,