

the development of nephrotoxicity may be due to underlying kidney disease in diabetes mellitus, hypertension, long-term antiretroviral therapy (ARVT), the use of other nephrotoxic drugs and low body-weight of the patient. Manifestations of Fanconi syndrome accompanied by hypophosphatemia, glucosuria (renal diabetes without increasing blood glucose levels) and proteinuria. To analyze the cases of nephrotoxicity of TDF in patients with HIV / AIDS. We observed 330 HIV-infected patients treated with TDF (Truvada®. Viread, Atripla®, Tenvir®, Tenvir EM®). TDF was administered in the absence of a history of renal disease, under the control of glomerular filtration rate (GFR) - not <50 ml / min, the level of CD4, viral load, blood and urine tests, biochemical blood tests. GFR was carried out under the control of the correction dose and ARVT. Following the appointment of TDF in 5 patients (1.5%), men, middle-aged and mature, developed renal dysfunction. 4 patients co-infected with TB/HIV received TB treatment; 1 middle-aged patients with coronary artery disease, myocardial infarction, and in childhood suffered scarlet fever. One month after the initiation of TDF in patients began to complain of weakness, headache, fatigue, lack of appetite, muscle pain, thirst, nocturia. 6-8 months - joined the complaint of pain in the joints, back pain, weight loss, increased blood pressure. The appearance of these complaints were accompanied by deterioration of renal function increased levels of creatinine and urea; hypocalcemia; changes in urine: proteinuria, glucosuria, red blood cell, cylindruria, phosphaturia, the advent of renal epithelium. In the 1st patient developed osteoporosis, as evidenced by a decrease in bone mineral density, the diagnosis was confirmed by densitometry. Two patients were diagnosed with chronic kidney disease V degree (CKD). After correction of the dose and ARVT, in 4 patients, there was improvement in clinical and biochemical parameters, reduction in viral load and increase of CD4. In one patient, due to increased creatinine more than 15 times, held peritoneal dialysis, ARVT was canceled. Thus, the secondary Fanconi syndrome occurred in 1.5% of patients receiving TDF as part ARVT that does not contradict the existing recommendations on the use of the drug. In appointing the TDF we must specify and determine the presence of contraindications in patients. Development of nephrotoxicity in patients with TDF was contributed by chemotherapy in tuberculosis and other somatic diseases.

#### **CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF TUBERCULOSIS BY CHILDREN CO-INFECTED WITH HIV / TB**

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The current epidemic of tuberculosis (TB), which is registered in many regions of the world, is significantly different from previous years epidemics. A factor that makes it difficult is HIV (Lepshina SM, 2009). In 2012, the number of children who are simultaneously living with HIV / TB increased by 18%. (Bilogortseva E., 2012). Objective: to study the clinical and epidemiological features of tuberculosis (TB) in children with co-infection of HIV/TB based on the Zaporozhye regional center of AIDS. In the center is registered 59 HIV - infected children, 12 (20.3%) of these children are co-infected with HIV TB. The diagnosis of HIV infection and TB is based on the results of ELISA, PCR, clinical, laboratory and radiological data. At the age of 1 year TB was detected in 1 (8.3%), from 1 to 3 years - 5 (41.7%) from 3 to 7 years - 4 (33.4%), from 7 to 11 years - 1 (8.3%), 11 to 15 years - 1 (8.3%) children. HAART was given to 10 (83.3%) children. In the development of the disease, the formation of drug-resistant TB facilitated household contacts (83.3%), to children in the centers of death (58.3%), multiple contacts (41.7%), drug resistance is the source of infection (16.7%). TB has been demonstrated in adverse material living condition, 75% of parents were intravenous drug users. Only 6 (50%) (I group) children was observed at phthisiotherapist. Others were found to express positive tuberculin tests (II group). TB chemoprophylaxis are given to children in both groups. Because of the lack of information given to phthisiotherapist about the HIV status of the family (parents hide the truth) conducted chemoprophylaxis in patients of group II did not meet the protocol. In children with co-infection, extra pulmonary (50%) and common form(33.3%) is predominate. Morbidity of the disease developed in 3 (25%), destructive processes in 2 (16.7%) of patients. Bacterial-excretion is formed in 4 (33.3%), tendency to chronic course with the formation of drug resistance in 1 (8.3%) patients. In 3 (25%) children developed poly-organ failure with a fatal outcome due to the generalization of the process. For children with co-infection in the analysis of Mantu test, were characteristic hypoergic and anergic reaction to tuberculin. Thus, the reason for the development of TB in children is through family contact with patients with active disease. High-risk group are children under the age of 7 years (75%). In the structure of the clinical forms are prevalent of extra pulmonary TB and common forms.

#### **EPIDEMIOLOGICAL AND ETIOLOGICAL FEATURES OF SALMONELLOSIS IN ZAPOROZHYE REGION**

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Currently, salmonellosis remains not only one of the most important epidemiological problems, but is becoming increasingly important due to the environmental and epidemiological disadvantage in many regions of Ukraine. The aim of the investigation - to study epidemiological and etiological characteristics of salmonellosis in Zaporozhye region. Materials and methods: Under observation 180 patients with gastrointestinal form of salmonellosis. 110 patients - men, women - 70. The average age  $38 \pm 2$  years. For diagnosis used clinical,