

years) were studied within first 72 hours after clinical onset of AISS. Clinical examination included evaluation by National Institute of Health Stroke Scale (NIHSS). Clinical and social outcome was defined by modified Rankin Scale (mRS) on 21st day from AISS onset. Poor functional outcome (PFO) was clarified in case of 4-5 score by mRS on 21th day. Separately to affected and intact hemisphere the values of absolute and relative spectrum rhythm power (RSRP), fronto-occipital gradients (FOG) of δ -, θ -, α -, β -ranges, θ_{lo} -, θ_{hi} -, α_{lo} -, α_{hi} -, β_{lo} -, β_{hi} -subranges were detected. Development of prognostic model was made by logistic regression and ROC-analysis. Results: Out of 107 stroke patients, 48 (44,9%) had PFO. Near 60 models were obtained. The model with the largest area under the curve=0,9933 was: $\beta=1,918*(NIHSS \text{ score on the 3rd day})+12,769*(FOG \text{ of } \theta_{lo}\text{-subrange in IH})-20,293$. Significance level of Hosmer-Lemeshow-test for selected model $p=0,989$, Percent Concordant=99,3. Optimal cut-off value of β , which predicted PFO with sensitivity=95,8% and specificity=94,9%, was determined. Conclusions: Developed prognostic model might be a powerful tool for predicting PFO of AISS and improving effectiveness of treatment.

FULL OUTLINE OF UNRESPONSIVENESS SCALE – NEW POWERFOOL TOOL FOR PREDICTING EARLY LETHAL OUTCOME AFTER ACUTE ISCHEMIC SUPRATENTORIAL STROKE?

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Background: Identification of vital prognosis in patients with acute ischemic supratentorial stroke (AISS) using clinical parameters is a very important and relevant in modern angioneurology that can help the practitioners to improve treatment approaches. Therefore we decide to verify the clinical scale with the largest prognostic value for predicting early lethal outcome (ELO) after AISS. Methods: 120 patients (mean age $67,8\pm 0,8$ years) were studied within first 72 hours after clinical onset of AISS. Clinical examination included evaluation by National Institute of Health Stroke Scale (NIHSS), Glasgow Coma Scale (GCS) and Full Outline of UnResponsiveness scale (FOUR). Comparison of prognostic values of FOUR, GCS and NIHSS for predicting ELO after AISS was done using comparative ROC-analysis. Results: Out of 120 stroke patients, 13 (10,8%) was dead. On the 1st day from the clinical onset of AISS FOUR score has the largest area under the curve (AUC=0,97) for predicting ELO than GCS score (0,81, $p<0,05$) and NIHSS score (0,91, $p<0,05$). These differences were found also on the 3rd day from the clinical onset of AISS. Predictors of ELO were verified: FOUR score on the 1st day from the clinical onset of AISS ≤ 13 (Se=76,9%, Sp=97,2%) and FOUR score on the 3rd day from the clinical onset of AISS ≤ 12 (Se=84,6%, Sp=98,1%). Conclusions: Full Outline of UnResponsiveness score might be a powerful tool for predicting ELO after AISS and improving effectiveness of treatment.

IMMUNOCORRECTION AS A METHOD OF PREPARATION FOR THE SURGICAL TREATMENT OF PATIENTS WITH GENERALIZED PERIODONTITIS

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In generalized periodontitis there is violation of the immune system, making difficult progress of pathological process. The aim and tasks of our research work was improving the efficiency of surgical treatment in patients with generalized periodontitis by using in comprehensive treatment imunofan ("Bionoks"). The study involved 128 patients with generalized periodontitis, which were divided into 2 groups: I - 62 patients, II-64 patients. All patients had modified craft operation by Tsishynsky-Widmann-Neumann. Patients of II group in preoperative period (10 days before surgical treatment) were attributed immunomodulator (Imunofan 50 mg - 1 ml, 1 time a day, 10 days). We studied dynamics of treatment by using of biochemical, immunological and laboratory examinations. Results of immunological examination in all patients 10 days before the operation indicated secondary immunodeficiency. 1 day before operation parameters of cellular immunity in the second group of patients increased. II group of patients undergoing craft operation better. In 19.3% of patients of I, 4.8% - of II group had postoperative complications (baring necks of the teeth and interdental spaces, reducing the height of the alveolar ridge and so on.). At 6 months - immunological parameters in most of patients of II group were not significantly different from the norm, most patients were operated in the area of teeth formed stable tooth-gingival attachment, X-ray and ultrasound examination showed stabilization of the pathological process and mineralization processes of the jaw born. Conclusions: In patients with generalized periodontitis available secondary immunodeficiency. Usage of imunocorrective therapy in preoperative period increases the effectiveness of surgical treatment in patients with generalized periodontitis.

ANALYSIS OF CASES OF SECONDARY FANCONI SYNDROM BY HIV-INFECTED PATIENTS

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Currently, Tenofovir (TDF) is a nucleotide reverse transcriptase inhibitor (NRTI), which is most widely and successfully used for the treatment of HIV infection. The literature describes nephrotoxic reaction, in a developing renal failure, Fanconi syndrome and diabetes insipidus with TDF in 1-2% of patients. Risk factors for