In our opinion, this fact is associated with the presence of a certain limitation of the inflammatory process without significant disturbances in microcirculation; it is observed precisely with an abscess (shaft of inflammatory infiltration) and lymphadenitis (capsule of the lymph node), while the peculiarity of phlegmon is the absence of a clear border of inflammation and its limitations, depth is possible process. A comparative analysis of the general data of immunological parameters during treatment showed that the level of IL-1β on day 7 in 69.2% of patients in the main treatment group significantly decreased (p <0.05). An increase in the level of anti-inflammatory interleukin-10 was noted in 55.2% of patients in the main group, while in the control group it increased only in 33.4% (p <0.05). Such changes in the markers of inflammation corresponded to certain features of the clinical course of the wound process (reduction of local symptoms, development of granulation tissue) in children of the study groups. In children of the control group, on the 7th day of treatment, despite the increase in anti-inflammatory interleukin-10, pro-inflammatory IL-1β also remained high. This fact indicates a “lag” in the dynamics of cytokines in children who received standard therapy compared with children who received the proposed optimized local treatment.

Conclusions: 1. The use of magnetotherapy and liposomal solutions in the treatment of purulent wounds in children was accompanied by statistically significant changes in cytokine levels in children. Most significantly, this treatment tactic influenced the level of anti-inflammatory cytokine IL-10.

2. Changes in the markers of inflammation corresponded to certain features of the clinical course of the wound process (reduction of local symptoms, development of granulation tissue) in children of study groups.

3. The level of cytokines IL-1β and IL-10 can be used to assess the dynamics of the wound process in children.

Key words: cytokine, purulent wounds, treatment, children.

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59.15 [33.6; 127.3] pg / ml. The serum PTH concentration in a multiglandular lesion 30 minutes before surgery was 360.0 [342.4; 1000] pg / ml, with a significant decrease 20 minutes after removal of the glands to 232.0 [185.5; 510.0] pg / ml. In the control group, the level of blood PTH in the preoperative period was 40.0 [26.0; 59.0] pg / ml, and after thyroidectomy – 38.0 [21.0; 54.0] pg / ml, without statistically significant differences. The median of the concentration of PTH in the flush during puncture biopsy of the parathyroid glands was 2380 [703.0; 15018.0] pg / ml. We found that the median values of the concentration of PTH in the flush during puncture of the parathyroid gland in the hyperparathyroid state was 11097.0 [4257.0; 28000.0] pg / ml, and with puncture of unchanged parathyroid glands – 579.0 [388.0; 1467.0] pg / ml. The median level of PTH in the flush with a puncture needle in the study in the first group of patients was 11471.0 [4257.0; 28229.0], and in the second 8961.0 [8932.0; 18504.0]. Using ROC analysis, it was found that the cut-off point of the PTH concentration is at the level of 2380 pg / ml (AUC = 0.98; SE = 0.013). As a result of the study, “excellent” diagnostic capabilities of the proposed method of intraoperative differential diagnosis of an intact and visually unchanged thyroid gland in a hyperparathyroidism state were detected, the sensitivity of which was 100%, specificity – 91.8%.

Prospects for further research. Intraoperative differential diagnosis of adenoma and hyperplastic parathyroid gland by studying the level of parathyroid hormone in punctate.

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Key words: biopsy, parathyroid glands, parathyroid hormone, diagnostics.

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DOES A-SYNUCLEIN LEVEL IN BIOLOGICAL FLUIDS CORRELATE WITH SEVERITY OF COGNITIVE IMPAIRMENT IN PATIENTS WITH PARKINSON’S DISEASE? (REVIEW)

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There are many investigations about the role of α-synuclein as a possible biomarker of Parkinson’s disease (PD). The majority of researches consists data about the level of α-synuclein and its oligomers in patients with different stages of PD. One of the latest meta-analysis of 10 publications about α-synuclein level in total 1302 participants, performed by Bougea A. et al. [4], showed that total plasma α-synuclein levels were higher in PD patients than controls. As α-synuclein level can be considered as possible biomarker of PD, it is necessary to investigate correlations of its level in different human biological fluids with specific motor and non-motor symptoms of the disease on its different stages and to research any influences of its level on the speed of the development of these symptoms. One of the most important non-motor symptoms of PD is cognitive impairment, which is significantly worsening the quality of patient’s life. But there are only few studies about connection between α-synuclein level in human biological fluids...