

Moscow: Moscow scientific and research Institute and DH, 2007: 12-25.

12. Gromova O. A., Torshin I. Yu. Vitamin D is changing paradigm//Under edit. Acad.RAS E. I. Guseva, Professor Zakharova I. N.// Moscow 2015.-S. 373-378.

Borisenko Elena Pavlovna PhD, assistant Professor of Pediatrics DEPARTMENT AT the Amur state medical Academy of Minzdrav of Russia, elena-pavlovna.b@mail.ru. Tel 89638006777

UDC 61 DOI 10.22448/AMJ.2017.3.133-133

CLINICAL CASE OF RELAPSING IDIOPATHIC DISSEMINATED ENCEPHALOMYELITIS

Karnauch V.N., Cherednichenko O.A., e-mail: v.n.karnauch@rambler.ru

Amur State Medical Academy, Blagoveshchensk, Russian Federation

Abstract. Acute disseminated encephalomyelitis (ADEM) is an autoimmune inflammatory disease of the nervous system which can be characterized as widespread demyelization of the brain and spinal cord, which usually develops after infection or vaccination. ADEM takes a special place among the most frequent and severe forms of disseminated encephalomyelitis. In its pathogenesis, as well as in disseminated sclerosis, an important role is held by autoimmune reactions to myelin antigens.

A typical pathological ADEM process is monophasic, i.e. acute with later recovery, which is the main diagnostic measure, which makes it possible to distinguish it from multiple sclerosis. ADEM is manifested by severe encephalopathy with pronounced cerebral and focal symptoms. In some cases, it's possible to see the recurrence of the disease, with an exact reiteration of the first attack symptoms, this is a recurrent ADEM. Rarely, there is possibility of ADEM re-attack, which manifests itself by the involvement of new brain areas and, of course, new clinical symptoms appearance, this is called multiphase ADEM.

Objective. Analysis of the clinical case.

Materials and methods. Literature analysis, clinical records.

Here is an example of observation of the patient with recurrent ADEM.

Patient G., female, 44 years old. By reason of the developed right-sided hemiparesis was taking treatment for ischemic stroke in the primary vascular center. On brain CT – there is hypodensive area in the right parietal-temporal region. Released with improvement. In 2 months, weakness in the right limbs came back, also there was a walking shakiness. Examined in the regional vascular center - in addition to focal symptoms as right-sided hemiparesis and static locomotor ataxia, attention was attracted by the presence of euphoria and decrease of criticism and cognitive functions. There was carried out a complex examination. On the brain MRI large pocket of demyelination in white matter, mainly periventricular were revealed. ADEM diagnosis was established, on the pulse therapy with methylprednisolone there was positive dynamics. MRI monitoring in 2 months – pockets reduction. In 4 months - the focal symptoms re-entered, there were bouts of short-term loss of consciousness without seizures. On MRI - decrease of the "old" pockets volume and a new one was revealed in the left temporal region. Considering the disease flow and examinations, the diagnosis is a multi-phase ADEM. Under the pulse therapy with glucocorticoids, there is positive dynamics, but cognitive and emotional disorders persisted.

Conclusion. Despite the development of ADEM criteria, there are difficulties in its diagnosis, especially in the recurrent cases. It is necessary to carry out a differential diagnosis with systemic diseases, chronic neuroinfections and disseminated sclerosis. The study of the anamnesis, clinical and MRI-monitoring allows to clarify diagnosis, as it was in the given case.

UDC 616-002.5 DOI 10.22448/AMJ.2017.3.133-134

INDICATORS OF MORBIDITY AND MORTALITY OF TUBERCULOSIS IN THE AMUR REGION.

Goryacheva S.A., Voitsekhovskiy V.V., Prikhodko O.B., Kostrova I.V.

Amur state medical academy, Blagoveshchensk, Russian Federation

Abstracts. In the Amur Region, as well as in Russia as a whole, there is a stabilization of the epidemic situation in tuberculosis with a tendency to improve it. The level of incidence of tuberculosis is fairly objective. The decrease in the incidence of tuberculosis is taking place against the background of improving the organization of preventive examinations for tuberculosis and reducing the proportion of neglected forms of tuberculosis among newly diagnosed tuberculosis patients. Tuberculosis remains one of the most urgent medical and socio-economic problems. Despite the vast experience of mankind in the fight against tuberculosis, including affordable and effective treatment, 9 million new cases of tuberculosis and almost 2 million deaths from it are registered annually in the world.

Keywords: tuberculosis, morbidity, mortality.

In the modern period, one third of the world's population is infected with a pathogen of tuberculosis, of which 5-10% become sick. Every year, 2-3 million people die from tuberculosis in the world. In the Amur Region, from 2012-2016, the incidence of tuberculosis was 87.8 percent 100,000 population, and the death rate was 20.88 percent 100,000 population.

Material and methods. We have analyzed the accounting and reporting documentation for the period from 2012 to