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CLINICAL CASE OF RELAPSING IDIOPATHIC DISCEMNATED ENCEPHALOMIELITIS

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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 hypodensitive 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. Examinated 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.

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

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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 persent 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

2016. (“Primary morbidity and mortality from tuberculosis of the population of the Amur Region in dynamics 100 percent thousand population)”. Currently, the level of the incidence of tuberculosis (diagnosed for the first time in life) in the Amur region amounted to 110 in 2012, and in 2012 - 100.2, in 2014 - 85, in 2015 - 76.9, in 2016 - 66.9 cases 100 percent thousand of the population. Analysis of the dynamics of incidence rates of tuberculosis in the Amur Region as a whole for 2012-2016. indicates a change in this indicator in the direction of decrease.

In 2012, the greatest number of cases was detected in the Progress settlement - 200, in the Konstantinovsky district - 193.8, and in the Mikhailovsky district - 162.2 cases 100 percent thousand population. In 2013, the prevalence rates in the Belogorsky district were 186.2, in the Romny region - 181.8, in the Bureysky district - 151.1 cases 100 percent thousand of the population. In 2014, in the Svobodnensky district-168.9, in the Konstantinovsky district - 140.6, in the Shimanovsky district - 137.9 cases 100 percent thousand of the population. In 2015, in the Bureysky district - 154.5, in the Magdagachinsky region - 125.6, in the Ivanovo region - 119.3 cases 100 percent thousand of the population. In 2016, the incidence of tuberculosis in the Shimanov district was 153.8, in the city of Shimanovsk - 127.9, in the Belogorsky district - 120.9 cases 100 percent thousand of the population.

The total TB mortality in 2012 was the highest in the Svobodnensky district and amounted to 109.6, in Progress - 69.2, in Bureysky district - 60.1 cases 100 percent thousand people. In 2013 the greatest number of deaths from tuberculosis was registered in Raichikhinsk - 75.8, in the Ivanovo region - 52.0, in the Romny region - 45.5 cases 100 percent thousand of the population. In 2014, Ivanovo region - 51.8, in the Bureysky district - 48.9, in the Oktyabrsky district - 42.1 cases 100 percent thousand of the population. In 2015, the greatest number of deaths from tuberculosis was registered in the Shimanovsky district - 56.6, in the Svobodnensky district - 47.9, in the Romny region - 46.0 cases 100 percent thousand of the population. In 2016 in the Mikhailovsky district - 71.4, in Raichikhinsk - 53.4, in the Bureysky district - 28.3 cases 100 percent thousand of the population.

Most people with tuberculosis are aged 18-44 years. The maximum incidence of tuberculosis is 25-34 years for women and 35-44 years for men. The peak of mortality from tuberculosis is at the age of 35-44 years among women and 45-54 among men.

Conclusions. In the Amur Region, there is a stabilization of the epidemic situation of tuberculosis with a tendency to decrease. The reduction of tuberculosis incidence and mortality from this disease occurs against the background of increased coverage of the population with preventive examinations for tuberculosis, development and implementation of modern clinical protocols, procedures and standards of medical care that take international experience into account and reduce the proportion of advanced forms of tuberculosis among newly diagnosed tuberculosis patients.

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DIFFICULTIES OF DIFFERENTIAL DIAGNOSTICS OF INTERSTITIAL LUNGS DISEASES

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Abstracts. The hardest problem in practice of general practitioner and pulmonologist is the problem of differential diagnostics of interstitial lungs diseases. We introduce the case of cryptogenic organizing pneumonia with ways of diagnostics and treatment of that disease.

Key words: interstitial lungs diseases, differential diagnostics, cryptogenic organizing pneumonia.

The hardest problem in practice of general practitioner and pulmonologist is the problem of differential diagnostics of interstitial lungs diseases. The traditional triad of the most common causes of pulmonary infiltrates during over many years is the classical differential series. However, with the advent of modern diagnostic methods, diseases that have previously occurred under the guise of those listed above or have not been diagnosed at all, have become plural. There are big difficulties, when radiologist or morphologist meet cases that they have not seen before in their practice. In this case even obtaining a complete histological material does not guarantee a correct diagnosis.

Material and methods. The clinical analysis of the case of a 54-year-old patient was done. During the examination, one of the forms of idiopathic interstitial pneumonia was diagnosed – the cryptogenic organizing pneumonia. The patient came to the department at 08.07 with complaints of fever to subfebrile digits, shortness of breath with moderate physical exertion. From an anamnesis: she considers herself ill since June 14, when she noted a chill after a hypothermia, the temperature was raised to 38°C, she was treated symptomatically, 24.06 a segmental pneumonia in the lower lobe on