Discussion results: We found that among patients HCV infection was found in 50 cases (66.66%) of them - 4 suffered from acute viral hepatitis C (5.33%) and 46 - with chronic hepatitis C (61.33%). Among patients with ALL and HCV infection there was a division of the level of transaminases in the blood: 3 patients - the level of ALT and AST was in the normal range (6%) 12 - had increased level of ALT and AST in 2 times (24%), 18 - in 3-5 times (36%), 11 - in 5-9 times (22%) and 6 - in 10 and more times (signs of toxic hepatitis) (12%). According to the literature (V. Berezenko "Clinical and paraclinical aspects of chronic viral hepatitis C in children"//Perynatology and pediatrics 2(62), 2015) in HCV patients without comorbidity was observed following distribution: 28 patients (43.75%) - normal levels of transaminases, 20 (31.25%) - increased in 2 times, 16 (25 %) - in 3-5 times, 0 – increased in 5 - 9 times, 0 – in more than 10 times. In patients with ALL and HCV statistically significant ($p < 0,05$) that level of transaminases was higher than in patients without ALL, indicating a greater severity of cytolytic syndrome in children with ALL and HCV. In patients who were treated with chemotherapy, but not infected with HCV there was not observed expressed cytolytic syndrome.

Conclusions: In patients which suffer from ALL and HCV was observed more expressed cytolytic syndrome (increased ALT and AST) than in patients with HCV without comorbidity. In patients with ALL without concomitant HCV was not observed cytolytic syndrome during PCT treatment. Thus, the HCV infection causes more expressed liver injury in the presence of comorbidity, in this case, ALL, and increases the risk of toxic hepatitis in patients with ALL during PCT treatment.

Keywords: pediatrics, oncology, hematology, infectious diseases, hepatitis, HCV infection, acute lymphoblastic leukemia.

35. PROGNOSTIC VALUE OF GENE IL-28B IN TREATMENT OF CHRONIC VIRAL HEPATITIS C

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Introduction: The problem of chronic hepatitis C (CHC) is one of the most pressing problems of modern health care. Each year between 3 and 4 million people are getting infected. Due to the rapidly spreading of infection, lack of specific vaccination, a high frequency of chronic infection, frequent adverse effects of the disease, expensive treatment of chronic hepatitis C and its complications - the problem is not only medical but also social and economic. One of the modern standards of treatment of chronic hepatitis C in Ukraine is using a combination of antiviral therapy (AVT) (Pegylated interferon α and Ribavirin). Approximately 60% of patients achieve sustained virological response. Due to the possible risk of relapse after complete treatment, and side effects of antiviral drugs, the importance of determining predictors efficiency of AVT. In 2009 was published a first report on the existence of a specific IL28B-gene polymorphisms, which nucleotide sequence was different depending on the response to combined antiviral therapy.

Materials and Methods: We have analyzed 40 patients with chronic hepatitis C infected with genotype 1 virus. Among observed were more men - 25 (62.5%) patients. The average age of the patients was (38,46 ± 2,4) years. All patients were on in/outpatient treatment in the Clinical Hospital №1 of

Vinnytsia and were treated with combinated antiviral therapy (Ribavirin+PegIFN α2a) during 2014-2015 years. All patients with chronic hepatitis C were conducted molecular genetic analysis to determine IL28B-gene polymorphism using PCR.

Discussion results: According to the data obtained among patients with chronic hepatitis C more than half of the patients (21 patients - 52.5%) were carriers of C/T genotype. Genotype C/C of IL28V-gene occurred in 32.5% (13 patients). T / T genotype was observed only in 15% (6 patients). Analysis of the effectiveness of combination antiviral therapy in patients with chronic hepatitis C genotype 1 of the virus has set it differs depending on the genotype of the gene IL28V. Thus, was found that stable virological response (SVR) was observed mainly in patients with C/C genotype (at 75.33%) and occurred in 1.9 and 2.9 times higher in comparison with patients who were carriers C/T (39.9%) and T/T (25.9%) genotypes gene IL28V.

Conclusions: The presence of C/C genotype IL28V gene may be a prognostic predictors of efficiency dual combination antiviral therapy in patients with chronic hepatitis C genotype 1 of the virus (SVR was recorded at 75.3%).

Keywords: infectious diseases, hepatitis C, antiviral therapy, IL28B-gene polymorphism

36. THE THROMBOEMBOLIC RISK AT THE PATIENTS WITH NON-VALVULAR ATRIAL FIBR ILLATION

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Introduction. Atrial fibrilation is the most common cardiac arhytmia and is Associated with a substantial risk of stroke and mortality.The prevalence of atrial fibrillation is related to age and is projected to rise exponentially as the population ages and the prevalence of cardiovascular risk factors increases. The risk of ischemic stroke is significantly increased at atrial fibrillation patients, and there is evidence of increased risk of stroke Associated with advancing age. The objective of the study is the determination of thromboembolic risk at the patients with non-valvular fibrillation with the CHA2DS2VASc.

Materials and methodes. This study was conducted on 110 patients (aged 47 and 83 years old) with non-valvular atrial fibrillation, hospitalized in MCH,,Holy Trinity'' during october 2014 - march 2016. The study was made on 65 females(59,09%) and 45 males(40,91%).The factors that could influence the thromboembolic risk were analyzed. Were utilized the next tests: CHA2DS2VASc score and HAS-BLED score. Laboratory analysis: Total Cholesterol; HDL- cholesterol; Triglycerides; Glycemie; Body mass index.

Results. Pacients with age less than 65 years: 11(10%-males:4,5% and females:5,5%); 65-75 years: 70(63,63%- males: 28,2% and females 35,5%); older than 75 years: 29(26,36% -males:8,18% and females:18,18%). At the patients with the following risk factors were identified: the low thromboembolic risk-0%*;* moderate – 2,73%*;* high – 97,2%. The predominant risk factors: arterial hypertension-93,63%(103); diabetes mellitus-24,6% (27); vascular disease(MI, PAD)-15,45% (17); stroke/TiA or thromboembolism-10,91% (12).