legislation stipulates responsibility according to 145 of the criminal code of Ukraine. In the legislation of Ukraine is noted that responsibility for disclosure the information on the health status of the patient are not drawn: the brides and the parents of children up to 14 years, the legal representative, doctor's of SES, who revealed the secret with the purpose of elimination of employment and training of TB patients, the doctors, the disclosure of classified information at the request of persons engaged in the production investigator — prosecutor, court. When conducting tuberculosis chemoprophylaxis the contact persons to preserve patient confidentiality becomes almost impossible. According to the instructions of the Ministry of health order № 499 dated 28.10.2003 aid to TB patients, a group of people who are in contact with persons, who are contagious people are held chemoprophylaxis, vaccination of uninfected children with BCG.

Conclusion: Thus, the issue of preserving in secret the information about the diagnosis and course of the disease tuberculosis is complicated enough. So, trying to minimize the risk of disease is quite difficult to observe complete confidentiality. Current legislation does not ensure full observance of medical confidentiality.

Keywords: Medical secret, Tuberculosis

20. PATHOMORPHOLOGICAL SIGNS OF INTRAUTERINE INFECTION

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Introduction: Intrauterine infection (IUI) is characterized by high prevalence and diversity of morphological manifestations which appear in the biological system mother - placenta - fetus.

In this regard, the university not only can pose a serious threat to the normal development of pregnancy, but often bring harm to the health of pregnant women and the further implementation of reproductive function. High practical importance IUI led to growing interest to specialists on infectious diseases placenta, fetus and newborn.

Purpose and Objectives: The aim of our work is the analysis of recent literature data and the results of their own research (materials PDVinnitsa 2007 - 2011.) and identify the main morphogenetic mechanisms of IUI.

Results: Intrauterine infection is one of the most important problems of modern pediatrics. There are 4 main ways of placental infection: ascending, hematogenous, contact, descending. Ascending path leads to the development of inflammatory reactions in the tissues of the litter. Among the microorganisms that cause infections of the rising of the pregnant uterus and membranes have a wide range of opportunistic bacteria, including E. coli, fecal staphylococci, hemolytic streptococci group B, Staphylococcus aureus, gonococcus, Corynebacterium, Campylobacter, Klebsiella, Pseudo-monadaaeruginosa, mycoplasma, chlamydia and others. Also significant role is played by anaerobic bacteria, fungi of the genus Candida yeasts. A characteristic feature of ascending infection in pregnant women is a form of exudative inflammatory reaction (serous, purulent, fibrinous), a substantial role violation vaginal biocenosis and pathological conditions of the cervix. Hematogenous route of infection is most typical pathogens core group TORCH-infections, toxoplasmosis, rubella, cytomegalovirus, herpes simplex, and others. Thus the prevailing productive inflammation.

Downturn theoretically is an acceptable way to infections in pregnant women with areas of active inflammation in the ovaries and fallopian tubes (gonorrhea, mycoplasma, chlamydia).

Conclusion: Contact fetal infection may develop during birth when the newborn, placenta and membranes fruitful encounter with an infected birth canal contents. So, in newborns occur gonorrheal conjunctivitis, chlamydial and mycoplasma vulvovaginitis, herpetic and bacterial dermatitis. Existence single biological system mother-placenta-fetus is the basis for selection in the pathogenesis of IUI "parent", "postpartum" and "productive" stage.

Keywords: Intrauterine infection