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SPREAD OF SEBORRHEIC DERMATITIS, IMPROVEMENT OF TREATMENT METHODS AND THEIR IMPACT ON THE DERMATOLOGICAL INDEX OF QUALITY OF LIFE

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ABSTRACT

In the peripheral blood of patients with seborrheic dermatitis, IL-1ß and fnoa pro-inflammatory cytokines are found, the degree of their concentration of which will have a tendency to rise in a pronounced inflammatory process. The activation of immunopathological mechanisms in the initial stages of the disease (up to 5 years) occurs due to the involvement of the immune system of various joints, zvenolari immunological response reactions. Symptoms of immune T-cell zvenosine (joint) deficiency are formed when the disease lasts more than 10 years, which indicates decompensation and indicates the need to recommend immunocorrelation agents.

Keywords: Malassezia, perkhot, seborrheinium dermatitis, Otsenka tyajesti techeniya, etiology, pathogenesis, lechenie.

INTRODUCTION

Relevance of the topic: Most often, seborrheic dermatitis is detected in pale ferrous, Parkinson's disease, depressive states, in patients who have received PUVA-therapy [Gadzhigoroeva A.G. 2007; Gallyamova Yu.A. 2010; Gupta A.K., et al. 2004]. The presence of SD ni negatively affects the quality of life of women, young pasiets and patients with higher education [Szerietowski J.C., et al. 2009]. Functional various disorders of the Endocrine, nervous systems, gastrointestinal tract, immune shifts play a significant role in the development of the disease [Gadzhigoroeva A.G. 2007; 2010; Kornisheva V.G. and co-authors 2012].

Although the etiology of SD has not been determined, J.Q. Rosso (2011) distinguished three factors that play an important role in the development of dermatosis: excessive secretion of fat, skin microbiota colonization and metabolism (Malassezia spp.) change as well as increased individual sensitivity [J.Q. Rosso 2011]. As a permissive factor, lipophilic yeast, which is part of the normobiote of the skin and aggravates the course of SD, is considered a complication of Malassezia fungi, which form an association with bacteria [Bogdanova T.V., Elinova N.P., 2007; Kornisheva V.G., Ejkov G.A., 2012; Monakhov S.A. 2010]. V.V. According to Kozlovskaya (2007), the frequency of detection of yeast fungi was 55.4% in healthy people. Fungi have been found to be reliably low compared to those examined between the ages of 21 and 30 in children between the ages of 3-5 and people over 50 [V.V. Kozlovskaya, 2007].

Fungi settle around the mouth of hair follicles, fat glands, because they need lipids to grow and develop. Seborrhea creates a favorable environment for the development of Malassezia, a predisposition that is a calling factor. For fungi, the required level of moisture is necessary, which is considered the most important factor, it affects the population of fat glands rather than its product. In healthy skin (46%) injured plots, apparently seen in SD, there is a significantly higher concentration (83%) of cells of yeast fungi [Ignatev D.V., Lomonosov K.M., 2009]. The formation and penetration of re-formed mycelium among yeast fungi helps it to persist in the epidermis even if it is Malassezia ni descvamasia. Seborrheic dermatitis is one of the earliest and most common skin symptoms of HIV-infection and is observed in 30-80% of IOV/AIDS cases. Dermatosis is significantly severe and is observed with erythematous and papulous rashes, which are clearly observed in relation to immunocomponent people. In HIV-infected pasients, SD is the most common, third in frequency of occurrence after folliculitis and acute triple condylomas [Kornisheva V.G., Ejkov G.A., 2012]. But in HIV-positive patients, data on the decisive role of yeast fungi in the origin of SD are contradictory. F. Cedeno-Laurent co-authors [Cedeno-Laurent F., et al. 2011] Malassezia spp in SD foci in HIV-infection. they did not find a reliable increase in ni or an increase in IgG titers compared to yeast [Gadzhigoroeva A.G. 2007; 2010].

The Shape of the yeast cells in the pathological Matrial can depend on the place of residence of patients: while the rounded forms prevail in Sweden and Venezuela, the forms of media in England and the USA are determined. Malassezia restricta is more common in adolescents and young people when the culture of Malassezia in different sections of their skin is studied, while M in people over 50 years of age. globosa abundance observed [Monakhov S.A., 2010]. In addition to Malassezia, the skin is covered in seborrheic zones by Staphylococcus spp. and Propionibacterium spp. live and are in a balanced state [Raznatovsky K.I., Barinova A.N., 2011].

H.K. Park and coauthors [2012] observed that healthy and Reedy patients, when they examined skin tangles on the hairy part of their head by sequential method, preferentially Association of ascomycete and basidiomycete fungi, in which they observed that their proportions and types differed in two categories of people whose different nebulae were examined. In patients who have been observed vomiting, the amount of basidiomycetes on the skin of the head has increased. Cryptococcus spp in the most common cases in healthy people. identified. Other assosias of basidiomycetes have been found on skin coinage of the hairy part of the head of patients. Instead of the different types of Cryptococcus observed in healthy humans, 94% of basidiomycetes have a society of Phylobasidium floriforme I Malassezia spp. Lar organized. Kornisheva V.G., Mogileva E.Yu. [2012] s note that Philobasidium sp. It is teleomorph, so they are not pathogenic to humans. F. Floriforme collects tregalose, which is widely used as a food ingredient in the US da and Europe. Tregalose has a strong moisture-retaining property and also has the ability to retain tissues and proteins in their mother form, so they are used in cosmetics and pharmacy.

Malassezia is a weak human pathogen associated with the caisus, but all humans with this trigger also have dandruff on the skin of the hairy part of the head. In those who have measles, it has been observed that healthy people have a 1.5-2 fold increase in the amount of Malassezia compared to the skin of the hairy part of the head. Acremonium spp in relation to healthy

people in patients from among sac fungi. and Penicillium spp. found at high frequency [Park H.K., et al. 2012].

Y.W. Lee and co-authors [2011] found that patients with SD are most likely to be exposed to M when the skin tangles on the hairy part of their head were examined at 26s rDNA PCR-RFLP li. restricta (47.5%) identified; M. globosa has been observed at 27.5% pasient, while M. furfur-7.5% and M. sympodialis-found in 2.5% of patients. Healthy people in the control group often have M. globosa – identified at 32.0%, M. restricta-25.0%, M. forfur-in 8.0%, M. obtusa - 6.0%, M. slooffiae-6.0% and M. sympodialis-observed in 4.0%. In the pathogenesis of SD ni, Malassezia spp. the role remains controversial. Even so, due to the dependence of the use of ketoconazole shampoo between a decrease in the amount of Malassezia fungus in the wound furnace and clinical improvement of the scalp, researchers have been able to predict that these yeast-commensals play an important role [Rosso J.Q., 2011]. As the causative agent of SD and stubble for a long time, M. furfur was calculated, but according to the determination, M. with furfur, the injury of other sections of the skin will have a different clinical picture, SD and scaly head were different from dandruff on the skin. When genetic studies were carried out, the exact component of mycobiotes was identified, which was first discovered a hundred years ago by the French scientist Louis-Charles Malassez. In the material taken from the surface of the skin of the hairy part of the head, two previously did not call doubts M. restricta and M. globosa fungi identified [Breuting J., et al. 2012; Lee Y.W., et al. 2011]. Malassezia spp. it is found not only on the surface of the skin, but also on the inner floors of the muguz floor. M. restricta and M. globosa needs exogenous sources of lipids for its vital activity. They break down skin fat lipids to free fatty acids and triglycerides and then IST'mol, M. globosa secretes unsaturated fatty acids, which the components call skin tickling [Polesco I.V., and co-authors 2005, Rosso J.Q., 2011]. M. globosa has higher lipase activity and is the primary cause of tickling and dermatitis in SD. Significant immunodeficiency in macroorganism Malassezia spp. ni causes not only local, but also systemic pathology to be an etiological factor. Mammals and, in rare cases, humans are separated from the skin cover by M. rachydermatis has been identified as the causative agent of sepsis of chala - born infants, as well as information about the survival of patients with diseases such as psoriasis and fungal mycosis on their skin [Bogdanova T.V., Elina N.P. 2011; Lee Y.W., et al. 2011]. Malassezia spp. other types of HIV-infected people are the cause of developing sepsis [Rosso J.Q., 2011].

Science is an important goal. For seborrheic dermatitis, bilan ogrigan is a patient of Richard Molostrum, the drug bilan complex davolash metollarini peroxidlanish tizimini, Malassezia spp.dermatological quality of life and index of dermatological effects.

The study of the subject and object, stylistics and auxiliary. The study of seborrheic dermatitis of kasalliga bilan agrigan in a patient and pathoanatomic breast cancer studied the therapeutic samaradorliga, Malassezia spp.NI and quality of life dermatologist condition index and the redox effect of tizimig, the clinic improved the clinical conditions four times.

In the Andijan region, patients with seborrheic dermatitis have a decrease in the oxidative function of small dialdehyde receptors, fever and Malassezia spp infection. In addition, the dermatologist's quality of life index helps in the diagnosis of pathoanatomic roast using a dermatoscope.

The results of the study. It has been established that the absence of any therapeutic actions has a certain negative effect on the degree of local hemodynamics: in patients of the control group, the indicators of thermal activity of the skin did not undergo significant changes during the entire observation period. There was a distinct thermal pattern corresponding to the underlying inflammatory process.

The analysis of corneometric indicators in group I revealed the exponential nature of the graphical component, the progressive growth of the curve was noted already in the age subgroup of 49-51 years, and the highest values were recorded in the age subgroup of 63-65 years ($R = 0.5524$ $y = 0.2429 x + 42.133$). The hydration level of the epidermis of the facial area significantly increased compared to similar indicators of other studied groups ($p<0.05$). It was found that the proposed combined technique has a positive effect on the level of transepidermal fluid loss. Thus, the average indicator of group II decreased by 1.4 times compared to the same value of the control group III. It was found that the average values of groups I and II are generally commensurate with the control data and are: 40.7±4.5 g/cm2/hour and 40.0±5.2 g/cm2/hour, respectively. In patients of the III control group, the level of peeling of the skin practically did not change during the entire observation period. At the same time, the level of skin desquamation in individuals of groups I and II decreased by 12.2% and 19.0%, respectively, after 3 and 6 months of observation, which amounted to 2.56±2.2 and 4.6±1.9 conventional units.

After six months of therapy, significant changes in sebumetry indicators were observed: Thus, in patients of groups I and II, the levels of sebum excretion were 83.6 g/cm2 and 91.1 g/cm2, respectively, while in patients of group III, these indicators did not undergo significant changes, which amounted to 231.6 g/cm2, respectively.

Patients of groups I and II noted a subjective improvement in the condition of the skin - the oiliness of the skin and hair decreased, the amount of dandruff decreased, the general psychosomatic condition of patients and their self-esteem improved. In 87.5% of patients of group I and 92.1% of patients of group II, after 6 months of therapy, the process of hair thinning practically slowed down, and in 22.0% of patients, areas of alopecia were completely covered with downy hair. The phenomena of seborrheic dermatitis in group II patients were completely stopped.

After 3 months of treatment, there was a decrease in the echogenicity of the affected skin areas, and after six months, the ultrasound picture of the patients' skin practically corresponded to the skin of a healthy person, but at the same time, there was no pronounced restoration of the collagen matrix. 6 months after specific therapy, the structure of the skin and epidermis, in particular, is presented in the form of a hyperechoic shadow, while the dermis is also echopositive and heterogeneous in echo density.

The average thickness of the epidermis before treatment averaged 87.3±4.7 microns. At the same time, in group I individuals, the level of epidermis thickness varied in accordance with the timing of taking the hormone replacement drug. Thus, the thickness of the epidermis decreased by an average of 1.2 times after 6 months of taking the drug. The evaluation of this parameter in group II individuals showed the highest variation frequency of changes. Compared with the baseline period, after 12 months of observation, the thickness of the epidermis decreased by 1.3 times (at $p< 0.05$).

The level of estradiol in group 1 increased 3.9 and 4.1 times, respectively, compared with the baseline level during the observation period. Similar changes were observed in the II study group of patients: the level of estradiol in this group increased 4 times compared with the baseline data in the III group and approached the limits of the physiological norm.

It was found that patients of groups I and II noted a subjective improvement in the condition of the skin - the greasiness and greasiness of the skin and hair decreased, the amount of dandruff decreased, the general psycho-somatic condition of patients and their self-esteem improved. In 87.5% of patients of group I and 92.1% of patients of group II, after 6 months of therapy, the process of hair thinning noticeably slowed down, and in 22.0% of patients, the rarefaction areas were completely covered with hair. The phenomena of seborrheic dermatitis in group II patients were completely stopped.

In group II patients, the total total hair density index after 12 months of follow-up was on average 1.2 times higher than in group I and control groups, and the diameter of the core hair was significantly increased 1.3 times compared with patients in the control group and 1.2 times compared with those in group I.

A correlation was established between the degree of hair restoration and the level of testosterone in blood plasma. Thus, at a testosterone concentration of 1.5 ± 0.5 nmol/l, the degree of hair restoration in individuals of the studied groups was 43.6%, at a concentration of 2.7 ±1.6 nmol/l - only 11.3%.

CONCLUSIONS

When HRT is prescribed to the observed patients, the thickness of the epidermis decreases (by an average of 1.3 times), the area of the subepidermal hypoechoic layer decreases (by 23.4%), the echological parameters of the dermis thickness increase (by 14±0.7%) and the acoustic density of the skin decreases (by 3.2 times), which is established by echographic studies and correlates with positive clinical dynamics of dermatoses.

The use of the combined HRT drug in the complex treatment of women in the period of induced or physiological menopause suffering from rosacea, seborrheic dermatitis, premature hair loss, allows for improved results, which provides regression of clinical manifestations, normalization of functional parameters of the skin. In 89.8% of patients, the process of hair thinning slows down, 22.0% of them have hair growth in the foci of baldness.

Skin smoothness parameters are restored. The level of skin hydration increases (by an average of 30.2%). The TEWL index decreases (by 1.4± 0.5 times). Sebum excretion is significantly reduced.

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