

билан зарарланиши аниқланди. Бир ёшдан икки ёшгача ва катта ёшдаги кўйларда ёзда трихоцефаллар билан инвазияланиш пасаяди. Айнан шундай эпизоотологик ҳолатни тоғолди-тоғ биоценозларида ҳам кузатиш мумкин.

Хулоса: Самарканд вилояти шароитида кўйлар орасида трихоцефалёни бир мунча кенг тарқалганлиги ва уни икки турга оид трихоцефаллар *Trichocephalus ovis* ва *T. skrjabini* лар қўзғатилиши аниқланди.

SCREENING FOR TOXOCARIASIS OF PATIENTS WITH ALLERGIC DISEASES

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Toxocariasis is a disease of humans caused by larvae (immature worms) of either the dog roundworm (*Toxocara canis*) or the cat roundworm (*Toxocara cati*). Toxocariasis is often called visceral larva migrans. This zoonotic, helminthic infection is a major cause of blindness and may provoke rheumatic, neurologic or asthmatic symptoms. Humans normally become infected by ingestion of embryonated eggs from contaminated sources (soil, fresh or unwashed vegetables).

Diagnosis of toxocariasis is difficult in view of polymorphism and uncertainty of clinical manifestations. Clinical manifestations of toxocariasis do not have their own specific features, complicating the diagnosis of the disease. Patients often focus doctor's attention on previously established diagnosis: bronchial asthma, atopic dermatitis and other. Eosinophilia is often severe and sometimes represents the only sign of infection, except in ocular and neurological forms. Therefore, a key role in diagnosis belongs to laboratory methods of diagnostics.

The object. Optimization of diagnosis of toxocariasis among high risk groups.

Materials and methods. 30 patients aged 21 to 55 years (men - 17, women – 13) were under our supervision. 19 of them were in the in-patient Department of the specialized allergological center, 11 patients were treated in outpatient clinics allergological center and Republic infectious diseases clinic. We have examined for toxocariasis 30 patients with chronic allergic diseases (bronchial asthma, urticaria, atopic dermatitis), and patients

with high level of eosinophils of unknown etiology. During the study all the patients were carefully analyzed for the history of the illness, accent has been made on epidemiological anamnesis. Collecting epidemiological history we asked about the presence of an animal in the house, especially the dogs and the presence of geophagia (geophagia). Clinical and laboratory examination were carried out. Serological testing for toxocariasis was performed at the laboratory of immunology of parasites, by using ELISA test system "Toxocara-strip".

Results. Positive results were received in 14 patients from 30 examined patients. The frequency of major clinical manifestations of toxocariasis was presented as follows: manifestations of allergic skin rash - 7 (50,0%), astheno-vegetative syndrome - in 11 (78,5%), intoxication syndrome - in 10 (71,4%), pulmonary syndrome in 5 (35,7%), enlargement of lymph nodes - 4 (28,5%), alopecia in 1 (7,1%). In peripheral blood eosinophilia were found in 13 (92,8%) patients.

Conclusion. Based on epidemiological analysis it was established that the key risk factors for infection with *T. canis* are existence of geophagia and/or contact with a dog (79%). The range of clinical variants of toxocariasis course varies to a great extent. These data coincide with the literature data. The most frequently toxocariasis was diagnosed in patients with allergic skin rash (50,0%), astheno-vegetative syndrome (78,5%), intoxication syndrome (71,4%) and high titers of antibodies to *T. canis*.

LEISHMANIASIS PREVENTION BY LEISHMANIZATION OR VACCINES: A BRIEF OVERVIEW

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Leishmaniasis is among the neglected diseases which are reported from 98 countries. According to World Health Organization (WHO) estimation a tenth of the world population is at risk of contracting the disease, and 12 million are affected, the annual incidence rate being 1.5-2

million. Leishmaniasis clinical manifestations depend upon the *Leishmania* species which causes the disease and the host immune response, the clinical forms ranging from a self-healing cutaneous leishmaniasis (CL) to a lethal visceral form. Vector and reservoir control are not always possible and