улучшение – у 6. Непосредственно после проведенного лечения лабораторное обследование не выявило признаков паразитарной инвазии. Из числа пациентов с прослеженными отдаленными результатами, лишь у 1 возник рецидив, подтвердившийся лабораторно обнаружением клещей. Переносимость лечения у всех пациентов была хорошей, побочных эффектов не наблюдалось.

Выводы. Приведенные в данном исследовании данные по лечению пациентов с первичным и вторичным демодекозом показывают, что применяемые нами способы дают хорошие результаты и обеспечивают у значительного числа пациентов стойкий клинический эффект, а также элиминацию клещей-демодексов более чем в 70-80% случаев.

Таким образом, наши исследования подтверждают мнение о том, что клещи рода *Demodex* являются важным кофактором развития вульгарных и розовых угрей, а терапевтическая эффективность местного лечения объясняется его выраженными не только противовоспалительным, но и акарицидным действиями. Последний эффект, в свою очередь, является важным фактором, создающим неблагоприятные условия для жизнедеятельности клещей, что способствует их элиминации.

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The detection of pathology of psychoemotional system in patients with acne vulgaris

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Abstract

The characteristic of acne vulgaris is present. Under clinical observation of 48 patients with different clinical forms of acne vulgaris. A lot of patients have functional disturbances of psychoemotional system.

Key words: acne, comedones, psychovegetative disorders.

Introduction: Acne is one of the most common skin diseases, affecting up to 85% of people aged 12 to 25 years old and 30-40% of people over 25 years old. Damage to the skin of the face is one of the most frequent reasons for patients visiting a doctor for medical help. Acne vulgaris is among the most common facies localized dermatoses and is 5-25% among all skin lesions [1,2,6]. Pathological processes are characterized by a chronic, recurrent course, preferential localization on the skin of the face and staging of clinical manifestations. In order to avoid clinical errors, in order to make a correct diagnosis, a clear assessment of this disease requires a detailed study of the pathology, including a description of the elements of the rash depending on the clinical form and stage of the pathological process.

Acne vulgaris is a polymorphic disease, based on the pathology of the pilosebaceous complex associated with its functional activity and the development of rashes in areas rich in sebaceous glands. The disease is very common, but only 20% of patients come to the doctor, since many acne occur in a weakly expressed form and are often considered a physiological phenomenon. According to various authors, it affects up to 85% of males and females aged 12–30 years [Adaskevich VP, 2005]. The peak of the disease falls on puberty (14-16 years), the rash lasts up to 20-25 years. Acne vulgaris is an early symptom of puberty, especially when inflammatory elements appear in the middle of the face; in very young adolescents comedones are the most frequent manifestation of the disease, inflammatory acne is rare [Kovalev V.M., 1991]. In girls, acne precedes the onset of the menstrual period in more than a year. The greatest number of patients is observed in the middle and late adolescence. It is noted that in young men, acne is more likely to take on severe forms. Comedone forms of acne are found at the age of 12 years, papular and pustular - at 16 years old, and deep inflammatory - by 16-20 years of age [4,5,6].

At the age of 20-25 years, acne vulgaris begins to be gradually resolved, and in 20% of patients they occur after 25 years, and in this case, women with physiological acne predominate. Recently, women with acne have become less, due to the use of oral contraceptives. At the same time, the number of patients in whom acne appeared at a later age (25-40 years) increased.

In some cases, acne is a family disease. The tendency of “growing up” of this disease at present, its significant impact on the psycho-emotional sphere, social status and social adaptation of patients determine the relevance of a complete study of this pathology, differentiation with other skin manifestations, detailed examination, the appointment of complex treatment, detection of psycho-vegetative disorders, assessment of quality of life and the need to develop new therapies.

Despite the large number of studies on the etiology, pathogenesis and treatment of acne vulgaris, many issues still remain unexplored. Acne often affects the face - the main body of interpersonal communication. Taking this into account, it is safe to say that the psycho-emotional state of patients suffers significantly with this disease. Most patients had complaints not about specific skin defects, but about psychopathological experiences. Self-doubt, feelings of anxiety, own inferiority, isolation, irritability, depression aggravate the condition of patients and worsen the course of the disease. The presence of skin manifestations, psycho-vegetative disorders, cosmetic discomfort leads to the fixation of patients on their illness, which complicates the treatment.

Despite the fact that the disease does not apply to urgent conditions, it is often the cause of depression [5,6]. At the same time, the nature of complaints and their emotional coloring do not always depend on the severity of clinical manifestations [5,6].

The occurrence of acne symptoms at puberty, the chronic course and localization of lesions on open areas of the body largely determine the presence of various psychological problems in this group of patients.

Also, in parallel with the clinical evaluation of the effectiveness of treatment, in world practice, no less attention is paid to the aspect of “quality of life” (QOL) or evaluation of a person’s health and functional state that covers many aspects of a person’s life, and not just

those directly related to his health [1,4,5]. It should be borne in mind that QOL varies with time depending on the patient's condition, due to a number of endogenous and exogenous factors [4,5,6].

Thus, acne vulgaris is a psycho-emotional dermatosis that causes a state of chronic stress, social maladjustment and aggravates psychological and interpersonal relations in patients.

The purpose of the study - is to identify dysfunctional disorders of the psycho-emotional sphere in patients with acne vulgaris and to assess its quality of life.

Materials and research methods. Under my supervision there were 48 patients suffering from acne vulgaris. Men - 27 (56%), women - 21 (44%), the age of patients is 15-40 years old, the average age is 22 years, the duration of the disease is from 5 months to 16 years, the average duration is 3.9 years.

When collecting anamnesis about the transferred diseases, contributing to the development of acne vulgaris, it was revealed that most patients have gastrointestinal diseases (gastritis, cholecystitis, biliary dyskinesia) - 63%, Botkin's disease - 7%. The most frequent precipitating factors for the development and recurrence of acne vulgaris were: a violation of the diet - 6%, psychological stress - 5%, gastrointestinal diseases - 21%, the effect of drugs - 9%, and the negative impact of some cosmetics - 3%. Basically, the pathological process was characterized by subjective complaints of itching, burning (78%), pain (71%) in the area of rash, peeling of the skin of the face (32%), increased sweating, irritability, sleep disturbance (35%), social discomfort (75%).

A polymorphism of elements, including non-inflammatory, inflammatory and post-inflammatory, is noted. The total number of elements ranged from 10 to 30, averaging 16-17. Along with open and closed comedones, there were papules, pustules, abscess nodes.

The following clinical forms of acne are noted: papules-pustular - 26 patients (54%), inductive - 10 patients (21%), conglobating - 11 patients (23%), 1 patient (2%) had acne keloid. By severity, 38 patients (79%) were diagnosed with mild and moderate, 10 patients (21%) had a severe form of the disease. Among the severe forms caused by the presence of cysts, fistulas, the most common are conglobating acne. They were recorded more often in men - 15 patients (55%). The combined damage of the face, chest and back (52%) prevailed. In a man with acne-keloid, the process was localized on the back of the neck and the nape in the form of keloid scars after suffering and repeatedly treated Goffman's folliculitis disruptive.

Thus, classical non-inflammatory forms of acne vulgaris, which are the initial stages of development of dermatosis, are rapidly progressing towards more generalized ones, which is associated with the action of various exo - and endogenous factors. The increase in the number of deep and complicated inflammatory forms of acne (induration, conglobating, keloid) is provoked by irrational and inadequate therapy (without affecting the key pathogenesis), self-treatment, using various cosmetics, some drugs. In our republic, this is to some extent due to the peculiarities of the national cuisine, climatic conditions. The course of severe forms of acne worsens stress, smoking. Special types of acne are characterized by peculiar clinical manifestations and require a more thorough study of these pathologies and a different approach to treatment, which may have a positive effect on the success of therapy.

To assess the state of the psycho-emotional sphere, a thorough history of psycho-vegetative experiences was collected and a survey was conducted, which focused on the following factors: - complaints related to cosmetic inconveniences; - embarrassment from the appearance of their skin; - irritation about their appearance; - a feeling of insecurity, isolation; - feeling of anxiety, depression; - moral suffering and anxiety about the opinions of others.

Results and its discussion. In all patients with acne vulgaris, complaints were noted not only on skin rashes, but also on psycho-emotional states. Almost all patients were in a state of chronic stress, had psycho-vegetative disorders and were maladjusted in society, which in turn led to fixation on their illness and frequent complications of therapy. Cosmetic

problems often complicated interpersonal and socio-psychological relationships and reduced the quality of life in patients with acne.

The patients examined noted the following factors listed: - increased irritability - 48 patients - 100%; - anxiety and depression - 36 - 75%; - isolation - 25 - 52%; - self-doubt - 41 - 85%; - a feeling of discomfort in public places - 42 - 87.5%; inability to get a more respectable job - 19–39.5%; - restrictions on the achievement of professional success - 16 - 33%; - notorious in terms of new acquaintances, including intimate ones - 22 - 46%; - dissatisfaction in personal life - 18 - 37.5%.

Findings. In examined patients with acne, the indicators of quality of life and self-esteem are significantly reduced, patients are indecisive, and avoid communication with others. All this hinders the fight against life difficulties and hinders the activity in public life. Thus, an analysis that assesses social activity and patient self-perception confirms the fact that acne vulgaris has an effect on social adaptation in the environment.

Given the cosmetic defects and emotional disorders, acne treatment should attract the attention of not only dermatologists and cosmetologists, but also doctors of other specialties. Thus, the achievement of the effect in treatment is associated not only with the conduct of drug therapy, but also with the psychoemotional stability of the patient, which determines the need to manage such patients with mandatory counseling by a therapist or psychologist.

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