a depletion of endogenous antioxidant system, especially GSH, NAC parenteral administration as part of the complex therapy of uveitis is a reasonable and promising approach in pharmacotherapy of uveitis.

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SEASONAL FEATURE OF LEPTOSPIROSIS: A CASE STUDY

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Introduction. Leptospirosis is the most common zoonotic disease globally with an incidence of about 1 million cases and 60,000 deaths per year [1]. In the year 2019, 0.23/100,000 cases were reported in Belarus, with epidemic tendencies seen. Overlooking the disease beyond its classic seasonal periods may result in missed diagnosis, due to current weather changes.

Aim of the study. To present a case of severe leptospirosis with favorable outcome in a patient during the November–December period.

Materials and methods. The diagnosis of leptospirosis was confirmed by Microscopic Agglutination Test (MAT) with a positive titer of 1:20 (01.12.2023) and 1:40 (08.12.2023) for L. M-20 (Leptospira interrogans serovar Copenhageni).

Results and discussion. Patient R., 74 years old, complained general weakness and loss of appetite on 25.11.2023. On Day 2, fever, pain in calf muscles was present and she received antipyretics. Due to jaundice and fever (39°C) on Day 3, she was admitted to the Grodno Emergency Hospital. Patient was managed with IV saline, plasmapheresis, veno-venous hemodiafiltration, hemotransfusion (cryoprecipitate, albumin, platelet concentrate, washed red blood cells), solumedrol, heptral, esfolip, emoxifarm, papaverine, omeprazole, lisinopril, moxonidine, vitamins B1, B6, heparin, ceftriaxone, metronidazole, levofloxacin changed to meropenem on 30.11.2023. In epidemiological history patient indicated using a cellar and having contact with sheep.

On Day 7 (01.12.2023) MAT was done with a resulting a titer of 1:20 for L. M-20. Laboratory findings showed hypercreatinemia (290 mcmol/L), CRP 320 mg/L, AST 165 U/L, ALT 97 U/L, amylase 147 U/L, thrombocytopenia (35.0 $x10^9$), procalcitonin 9.3 ng/mL, hypoproteinemia (51.3 g/L), hypoalbuminemia (25.5 g/L), blood urea 28.1mmol/L, total bilirubin 473.8 mcmol/L, direct bilirubin 351 mcmol/L, hyponatremia (132.4 mmol/L), hypokalaemia (3.0 mmol/L), hypochloraemia 93.0 mmol/L (95-110), leukocytes 24.9 $x10^9$ (band neutrophils 11%, segmented neutrophils 77%). On day 12, patient was transferred to the Grodno Regional Infectious Disease Clinical Hospital with D-s: Leptospirosis, icteric form, severe course. Complications: Acute renal failiure KDIGO 3. Hepatic failiure, not elsewhere classified. Thrombocytopenia, unspecified. Hepatorenal syndrome. Comorbidities: Coronary artery disease: atherosclerotic cardiosclerosis. Atherosclerosis of the aorta and coronary arteries. Arterial hypertension 1, risk 4. H1. Patient was with jaundice, bilateral crackles, hepatomegaly, GFR of 47.5 ml/min/1.73m2 (CKD-EPI). Laboratory studies showed total bilirubin 367.98 mcmol/L, indirect bilirubin 174.4 mcmol/L, D-dimer 10.3 mcg/mL, erythrocytes $2.04x10^{12}$, hemoglobin 62 g/L. Management was with IV glucose-saline, meropenem, doxycycline, methylethylpyridinol hydrochloride, fragmin, hepa-mertz, ursacline, lactulose, enteroline, fluconazole, ertapik, voriconazole, fosfomycin, tigecycline. The patient showed gradual positive dynamics and was discharged on Day 39 with D-s: Leptospirosis, jaundice-hemorrhagic form, severe course. Complications: Multiple organ failure (renal, hepatic insufficiency). Thrombocytopenia, unspecified. Hepatorenal syndrome. AKI KDIGO 3. Bilateral hydrothorax. Hydropericardium. Comorbidities: Candidiasis of the esophagus. CAD: coronary heart disease: atherosclerotic cardiosclerosis. Atherosclerosis of the aorta. PR 2. MR 1-2. TR 2. Sinus tachycardia. Arterial hypertension, risk 4. H2A. FV (58%). Anemia of mixed etiology.

Conclusion. Leptospirosis should be investigated devoid of its typical seasonal associations in temperate regions of the world.

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