sIgE levels (kUA/l) in children with clinically confirmed reactions to food allergens were examined. Median levels of sIgE in children with clinically confirmed reactions to milk was 0,09 [0,01; 0,27] kUA/l, to egg white – 0,25 [0,04; 1,92] kUA/l and to wheat – <0,01 (max 0,19) kUA/l. Median sIgE concentration was higher diagnostic level 0,1 kUA/l only to egg allergen. It means that 50% infant who clinically diagnosed with food allergy will have negative serological test. Presented data of sensitization in children of this age are consistent with the literature. The described results, on the one hand, are determined by the age of the child – it takes time from the onset of antibody production to reaching the level of detection using laboratory methods; on the other hand, in children of this age, the percentage of non-IgE-mediated allergic reactions is quite high.

Conclusion. Diagnosing food allergies in children in the first years of life is not an easy task, primarily due to the lack of sufficiently reliable tests. Serological diagnosis is an additional confirmatory criterion, while clinical data are of paramount importance. Most often, children had milk allergy, followed by food allergy to eggs. Hypersensitivity to wheat allergens is much less common. Serological confirmation of sensitization in children of this age group is not sufficiently reliable: the early tests remain negative in a large percentage of cases (~60%).

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VISUALIZATION OF VESSELS AND BONES OF LOWER EXTREMITY DAMAGED IN DIABETES MELLITUS PATIENTS ON THE STAGES OF SURGICAL TREATMENT

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Introduction. Diabetic foot syndrome is the most common complication associated with diabetes and a common cause of non-traumatic lower extremity amputations. The main risk factor associated with it is peripheral arterial occlusive disease [1]. In order to precisely diagnose lower limb ischemia, we use different instrumental methods. Computer tomography angiography, magnetic resonance

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angiography, and colour duplex ultrasound are a few methods among them [2]. While a long history of diabetes leads to secondary osteomyelitis.

Aim of the study. Optimization of the surgical treatment algorithm on the basis of analysis of the angiographic abnormalities and radiographic analysis of foot bone state in patients with lower extremity damage caused as a consequence of diabetic mellitus on the stages of operative treatment.

Materials and methods. The analysis of the results of 51 patients who were hospitalized over the past 10 months (2023.01-2023.10) in the purulent department of the University Clinic of Grodno, Belarus, with a diagnosis of diabetes mellitus. For statistical data processing, Pearson's $\chi 2$ test was used. The $p < 0.05$ level was accepted as statistically significant.

Results and discussion. Different diagnostic methods have been implemented in order to clarify what method of surgical tactic will maximize the salvage of the lower extremity. Out of 51 patients, only 12 (23.52%) have undergone CT angiography and ultrasound of the lower extremity. 9 (75%) patients had performed CT angiography, while the rest had undergone ultrasound procedures in order to visualize the arteries of the lower extremity. The most common artery that is subjected to occlusion is the superficial femoral artery. Three patients had diffuse multiple stenosis in the middle and distal third of both superficial femoral arteries on the right and left, with more than 55-65% stenosis. Among them, one patient had 80% subocclusion at the level of the femoral neck, and one had calcified plaques with the maximum formation of a collateral network. 1 patient had stenosis in more than 55% of the right superficial femoral artery and 49% in the left superficial femoral artery. Two patients, were visualized with less than 30% stenosis of the both superficial femoral arteries. Out of 9 patients only 1 was visualized with an extended stenosis of 60% and a transition to subocclusion of 95% at the level in the middle and lower third of the the common femoral artery. The rest of the patients had no hemodynamic disturbance at the level of common femoral artery. With regards to tibial arteries, the posterior tibial artery was most commonly affected by atherodiabetic lesions. Occlusions of the middle and distal one third of the posterior tibial artery were seen among 8 patients. One patient had poor visualization of both anterior and posterior tibial arteries due to slow blood flow. Illustrating the results of popliteal arteries, all patients had diffuse multiple stenosis along the popliteal artery except one with stenosis up to 35%. Among the patients who had performed ultrasound, 1 had conserved blood flow and 2 had hemodynamic disturbance and altered blood flow in both popliteal, anterior and posterior tibial arteries due to the formation of atherodiabetic plaques.

Radiography of bones was analyzed in 19 patients out of 51. The majority of patients (10; 52.6%) were diagnosed with diffuse osteoporosis without visible bone destructive changes. Three patients had osteodestruction, against the background of degenerative changes, the destruction and indistinctness of the bone structure. Two patients had already been identified with osteonecrosis against the background of indistinct contours.

Conclusion. CT angiography and arterial ultrasound are the basic defining methods illustrating what kind of surgical tactics can be used to treat the patient. If the

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limb's main artery is occluded, only bypass surgery will be performed, while endovascular stenting can be done for patients with multiple stenosis, especially distal localizations. The radiographic results show that a long term history of diabetes mellitus in more than 37% will lead to secondary osteomyelitis and finally diabetic foot.

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LIPID PEROXIDATION ACTIVITY AND STATE OF ANTIOXIDANT DEFENCE SYSTEM IN THE EYE TISSUES OF RABBITS WITH EXPERIMENTAL IMMUNOGENIC UVEITIS

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Introduction. Uveitis as a disease represents a serious social and medical problem in the world [1]. Currently, more and more evidence is emerging confirming the leading role of oxidative stress (OS) in the pathogenesis of uveitis, regardless of the etiological factor. Development of OS causes expression of proinflammatory cytokines (TNF-α, IL-1, IL-2, IL-6, IL-8), chemokines and growth factors. At the same time inflammatory markers increase the activity of OS, triggering a vicious circle of unregulated inflammation [2]. Considering that OS is believed to be an important pathogenetic factor in uveitis development and is accompanied by the depletion of endogenous antioxidant system, it is of great interest to study the major markers of OS, as well as the state of the antioxidant system, in particular, the key intracellular antioxidant – glutathione (GSH) in eye tissues of rabbits with experimental immunogenic uveitis.

Aim of the study. To study changes in lipid peroxidation products and the antioxidant defense system in eye tissue of rabbits on the 3rd and 7th day of experimental immunogenic uveitis (EIU).

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