

operated in childhood and they are users of the cochlear implant system. The average service life of the cochlear implant was 10 years. In our opinion, an important indicator for assessing the use of cochlear implant systems is the training of patients in general educational institutions (preschool, school, secondary specialized, higher). The distribution of patients by place of education was as follows: 77 respondents (81.1%) study (studied) in general educational institutions, 13 (13.7%) study (studied) in a specialized institution for children with hearing impairments, and 5 (5.3%) of the habilitated study (studied) at home. The distribution of students among general educational institutions was as follows: 57 (74%) people attend (attended) a regular school, 10 (13%) attend (attended) a general preschool institution and 10 (13%) of the respondents receive (received) secondary vocational or higher education. In our opinion, the effectiveness of cochlear hearing aids can also be assessed using the level of speech development of patients and the level of understanding of addressed speech after the installation of a cochlear implant. The distribution of respondents by speech development level was as follows: speech development level - 4 34 (33.7%) respondents, speech development level - 3 38 (37.6%) respondents, speech development level - 2 15 (14.9%) respondents, speech development level - 1 14 (13.9%) respondents. Based on the data, we can conclude that 72 (71.3%) respondents have a high level of speech development. Distribution of respondents by level of understanding of addressed speech: level 4 – 35 (35%) respondents, level 3 – 36 (36%) respondents, level – 16 (16%) respondents, level 1 – 13 (13%) respondents. Thus, 71 (71%) respondents have a normal level of understanding of addressed speech.

**Conclusion.** Although cochlear implantation is an expensive method of hearing correction, it allows for a significant improvement in the quality of life of patients, as well as the maximum integration and adaptation of patients with hearing impairments into our society.

#### **4-YEAR FOLLOW-UP OF MALIGNANT METASTATIC MELANOMA OF LYMPH NODES WITH UNKNOWN PRIMARY ORIGIN: A CASE REPORT**

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**Introduction.** Melanoma is a tumor that originates from the cancer-causing transformation of melanocytes formed by neural crest cells and a wide spectrum of somatic mutations. The skin is the major organ affected in 90% of the cases, however it can affect any organ where the neural crest migrates. Most cases of malignant melanoma have a clear cutaneous main lesion; yet, they may develop metastatically in the absence of an obvious original tumor – so-called

melanomas of uncertain primary origin.

**Aim of the study.** This case study hopes to bring more awareness and understanding about malignant melanoma of unknown origin, treatment methods, prognosis and the follow-up investigations and their findings within a span of 4 years.

**Materials and methods.** A 54-year-old male with no past medical history presented with a tumor-like development in the right axillary region. A skin lesion was removed, revealing a 3.5 cm diameter skin area and a cancer metastasis with a 4.5 cm diameter. The final clinical diagnosis was C77.3 Malignant neoplasms of lymph nodes of the axilla and upper limb. PET scan showed no metabolically active tumor processes, and molecular genetic investigations revealed a negative mutation in the BRAF gene.

**Results and discussion.** Melanoma of unknown origin (MUP) is the term used when the primary location is typically unidentified. MUP occurs in about 3% of all melanoma patients. About 60% of MUP diagnoses occur in LNs, while about 30% occur in subcutaneous sites. With the lowest percentage (10%) found in visceral organs. In a 2017 study titled “Treatment Outcomes for Metastatic Melanoma of Unknown Primary in the New Era”, immunotherapy showed a somewhat higher median overall survival than target treatment; nevertheless, the findings are still unclear because of insufficient data. Following the excisional biopsy, the final diagnosis was made as C77.3: Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes.

**Conclusion.** Most typically, melanoma of unknown origin is identified on suspicion after every other possibility has been ruled out. The sooner patients are diagnosed, the better their prognosis is.

## **STUDY OF THE EFFECT OF RIFAMPICIN-RESISTANT TUBERCULOSIS IN COMBINATION WITH ALCOHOL DEPENDENCE ON THE LEVEL OF INTERFERON-GAMMA IN THE BLOOD SERUM**

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**Introduction.** The development of tuberculosis in patients with alcohol dependence leads to significant changes in cellular immunity and is characterized by a decrease in the production of gamma interferon (IFN- $\gamma$ ) by T-lymphocytes and impairment of IFN- $\gamma$ -dependent macrophage activation.

**Aim of the study.** To study the effect of rifampicin-resistant tuberculosis (RR-TB) and alcohol dependence on the level of gamma interferon in blood serum.

**Materials and methods.** The study involved 41 patients with RR-TB,