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BACTERIAL PROFILE AND ANTIBIOTIC RESISTANCE PATTERN IN DIABETIC FOOT INFECTION: A CROSS SECTIONAL STUDY

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Relevance. Diabetic Foot Infections (DFI) cause global amputations. Rising Multi Drug Resistance (MDR) strains hinder therapy and outcomes [1]. Local surveillance is vital to guide treatment and resistance [2].

Target. To evaluate the antibiotic sensitivity and resistance patterns of isolated microorganisms in a patient group and identify the bacterial profile of DFIs.

Research methods. In this cross-sectional study of DFI patients, wound cultures were analyzed using data from clinical files and lab reports. Gram-positive (Gr+) and Gram-negative (Gr-) isolates were categorized. Susceptibility was coded Sensitive(S), Resistant (R), or Intermediate (I treated as R). Descriptive statistics (frequencies/percentages) were used to calculate sensitivity and resistance rates for all isolates tested antibiotics.

Results and their discussion. Gr- bacteria predominated, while both Gr+ and Gr- species were found. The polymicrobial character of DFIs was demonstrated by the most common isolates, which included *Staphylococcus aureus*, *Pseudomonas aeruginosa*, *Klebsiella* spp., *Acinetobacter* spp., and *Escherichia coli*. *Staphylococcus aureus* was the primary pathogen among Gr+ bacteria. High sensitivity was demonstrated by vancomycin and linezolid, although resistance to beta-lactams such as ampicillin was more prevalent.

Pseudomonas aeruginosa and *Klebsiella* species showed varying levels of resistance among Gr-organisms. Cephalosporins and fluoroquinolones were less sensitive than carbapenems, especially Meropenem. There was an increase in resistance to certain cephalosporins and ciprofloxacin. MDR strains were present in several isolates that showed resistance to several antibiotic classes.

Gr- organisms predominate, which is in line with research from tertiary care facilities, where resistance colonization is encouraged by recurring antibiotic exposure

and persistent wounds. *Staphylococcus aureus*'s high frequency is consistent with its involvement in infections of the skin and soft tissues.

Patterns of resistance pose questions about empirical treatment. Despite the continued effectiveness of glycopeptides and carbapenems, there is significant resistance to frequently used antibiotics. Instead of depending solely on empirical therapy, these results suggest culture-guided treatment. The existence of MDR pathogens highlights the necessity of stringent infection control procedures and antimicrobial stewardship.

Conclusions. Gr- bacteria account for the majority of diabetic foot infections, whereas *Staphylococcus aureus* is the most prevalent Gr+ isolate. Significant resistance to commonly used antibiotics was found, although the efficiency of carbapenems and glycopeptides was greater. To maximize treatment, lower resistance enhance patient outcomes, ongoing local surveillance is crucial.

LITERATURE

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TIC DISORDERS DYNAMICS DURING THE COVID-19 PANDEMIC AND BEHAVIORAL MEDIA FOR THEIR CORRECTION

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Relevance. Tic disorders, including chronic motor or vocal tic disorder and Tourette syndrome (TS), are a fairly common developmental disorder in children and adolescents. During the COVID-19 pandemic, an increase in the incidence and severity of tics in children has been observed. Varying in severity, tics cause significant distress to individuals and those around them. Therefore, behavioral interventions are important for tics in children and adolescents.

Target. To study and analyze the dynamics of tic disorders during the COVID-19 pandemic and behavioral interventions for their treatment.

Research methods. Analysis of text databases of medical and biological publications (PubMed, CyberLeninka, and the Cochrane Library) on tic disorders during the COVID-19 pandemic, as well as behavioral interventions for their treatment.

Results and their discussion. One of the most common childhood neuropsychiatric disorders is tic disorder, a type of hyperkinesia characterized by sudden,