

**EFFICACY OF ONYCHOMYCOSIS TREATMENT AND EXAMINING
THE IMPACT OF PATHOLOGICAL PROCESS DURATION ON
PREVALENCE**

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***Abstract:** this article attempts to reveal the main reasons for the influence of the duration of autoimmune pathology on the effectiveness of the treatment of onychomycosis of the feet. To carry out scientific work, the author observed 150 patients in the rheumatology department of the Altai Regional Clinical Hospital aged 18 to 70 years with autoimmune pathology and onychomycosis of the feet. The*

control group included 115 patients with onychomycosis of the feet without concomitant somatic diseases, examined and treated in the consultative and diagnostic department. The problem in question is still little studied, therefore, requires more thorough research.

Key words: *Onychomycosis, treatment efficiency.*

Introduction: Onychomycosis (from the Greek ónyx - nail and mýkēs - fungus) is a fungal infection of the nail. It is caused, as a rule, by dermatophyte fungi *Trichophyton rubrum*, *Trichophyton interdigitale*, *Trichophyton tonsurans*, less often *Epidermophyton floccosum* and microsporia (*Microsporum canis*) and others.

There are three types of onychomycosis (underlying the Russian classification):

- normotrophic - the color of the nail changes, stripes and spots appear, but the luster and thickness of the nail remain normal;
- hypertrophic - the color of the nail changes, it loses its luster, thickens and deforms. Perhaps partial destruction of the nail from the edges;
- onycholytic (atrophic) - the affected part of the nail atrophies and is torn away from the nail bed.

By localization, forms of onychomycosis are distinguished (used for classification by foreign doctors):

- distal (damage to the nail at the free edge);
- lateral (damage to the sides);
- proximal (damage to the posterior ridge);
- total (damage to the entire nail).

When diagnosing, one should distinguish between onychomycosis and non-fungal nail deformities (their occurrence approximately coincides). For accurate diagnosis, laboratory tests are used.

The cause of onychomycosis is often associated with the peculiarities of the profession and improper care of the legs:

- poor foot and nail care, lack of daily hygiene procedures due to neglect of personal hygiene rules or difficulties in their implementation (in bedridden patients or patients with limited mobility);

- work in wet, damp areas (greenhouses, greenhouses, vegetable stores), frequent wearing of rubber gloves or rubber shoes;

- professional sports activities;

- wearing uncomfortable, tight, narrow shoes or shoes made of artificial materials (leatherette), creating a "greenhouse effect" that prevents normal air exchange.

In women, a common cause of the fungus is long-term wearing of gel polish. It creates a closed space between the nail plate and the coating, in which a fungal infection successfully develops.

Aim: to study the effect of the duration of autoimmune pathology on the effectiveness of the treatment of onychomycosis of the feet.

Materials and methods: 150 patients of the rheumatology department of the Altai Regional Clinical Hospital aged 18 to 70 years with autoimmune pathology and onychomycosis of the feet were under observation. The control group included 115 patients with onychomycosis of the feet without concomitant somatic diseases, examined and treated in the consultative and diagnostic department of the Regional Dermatovenerologic Dispensary. To make a diagnosis of onychomycosis of the feet, a mycological examination was carried out, which included two stages - microscopy and cultural diagnostics. If indicated, systemic antifungal drugs were prescribed. All patients underwent mechanical cleaning of the nail plates, followed by treatment with antifungal varnish.

Results: in patients of the rheumatological group and the severity of onychomycosis of the feet, which required the appointment of systemic

antimycotics, the results of complete recovery by the 72nd week of observation had no significant differences depending on the duration of the underlying disease and ranged from $53.33 \pm 14.98\%$ to $68.42 \pm 12.4\%$. In patients with mild fungal infection of the nail plates of the feet, who received only external treatment, with the duration of the concomitant autoimmune process up to 5 years, complete recovery was observed in all treated patients, with the duration of the concomitant pathology from 5 to 10 years - $77.78 \pm 16, 12\%$, with a duration of more than 10 years in the absence of systemic therapy, a complete recovery did not occur in any patient. In patients of the control group, complete recovery with the use of systemic antimycotics was achieved in $79.22 \pm 7.6\%$ of patients, against the background of external therapy - in $60.53 \pm 13.04\%$ of those treated.

Conclusions: the effectiveness of the treatment of onychomycosis of the feet in rheumatological patients using systemic antifungal drugs is lower than in persons without concomitant diseases and does not significantly depend on the duration of the underlying disease; external antifungal monotherapy is not effective in patients with a duration of concomitant autoimmune pathology for more than 10 years

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