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EXPEDIENCY OF THE MINOR'S TEST IN PATIENTS WITH PURULENT DISEASE OF THE SKIN AND SOFT TISSUES

Contemporary literature data on the impact of hyperhidrosis on the development of purulent diseases of the skin and soft tissues have been analyzed in the article.

The objective was to evaluate the expediency of using Minor's test in patients with purulent-inflammatory diseases of the skin and soft tissues.

The material for the study was 25 healthy students, their age ranged from 19 to 24 years.

To evaluate the intensity of sweating Minor's test was used. The method implies the chemical reaction between the sweat, starch and iodine, which resulted in changing the color of areas with excessive sweating. The evaluation test was performed using the parameters initially suggested by Minor, according to color. If the color was yellow – it was a sign of hypohidrosis, color change to dark blue – hyperhidrosis.

Sweating is one of the natural mechanisms that provide cooling of the body and removing excess fluid from it, toxic substances, waste products and water-salt metabolism. Since sweat is a biological fluid, which is formed in the human body, it is favorable nutrient medium for bacterial growth, which leads to disruption of the protective functions of the skin and skin diseases development of: miliaria, skin intertrigo, as well as fungal and purulent lesions.

To evaluate the intensity of sweating in clinical practice objective and subjective methods may be applied. The objective methods include: gravimetric method, Minor's test. Subjective assessment methods are analogous scales and questionnaires, including the one by Denyshchuk. Analyzing personal data, it has been found that the factors that provoke axillary hyperhidrosis have mild changes in external temperature and physical activity (42.86%), middle level – stress, emotional arousal (35.71%), and the appearance of abnormal sweating at rest (21.43%) showed severe degree of axillary hyperhidrosis.

According to the study results, it was found that the questionnaire for Denyshchuk and Minor's test has "weak spots", because the results of these research methods do not estimate the exact area of injury, do not account for the totality or mosaic lesions, anatomical dimensions, the impact of changes in the external environment.

In view of the above, we have modified the Minor's test, which included: 1) taking into account conditions (volume of fluid ingested, emotional condition, time of the day (late afternoon sweating is reduced, the use of antiper-

spirants at the day of the test), 2) the formation conditions of constant room temperature (test carried out in the same type of room, at 20 °C in the absence of air movement); 3) photo documentation of the results; 4) the exact calculation of the affected area; 5) color scale; 6) mosaic and total damage distribution.

According to the results of 25 healthy students functional changes in sweating in the axillary area were pronounced. In particular: mild axillary hyperhidrosis was detected in 35.71%, average – in 14.29%, severe – 50%. Thus, every second healthy person showed profound changes of axillary sweating (severe hyperhidrosis), which leads not only to a change in lifestyle, but also to violations in the local level against infectious level of the skin. Taking into consideration the life of today's youth: compliance with the rules of hygiene, regular shaving of axillary areas, using antiperspirants with different levels of pH, result in injury to the skin with epidermis loss, which in turn is a factor of the classical triad. Triad factors that give rise to purulent – inflammatory diseases of the skin and soft tissues are: acidity violation, hyperhidrosis, microtrauma. The relapse rate of purulent – inflammatory diseases of the skin and soft tissues in this group is high.

Conclusions.

1. Sweating is one of the components of natural protection against infection of the skin that provides some resistance of it.

2. Axillary area of active sweating is a typical locus minoris resistentiae of various purulent – inflammatory diseases of the skin and soft tissues, including those prone to relapse.

3. Evaluation of the intensity of sweating in anatomic areas, using Minor's test, enables to detect the natural mechanisms of protection against infection as one of the main causes of surgical infection with further possibility of its correction.