

value in patients with NHL is the viral infection, the frequency allocation Epstein-Barr virus 35,5%, Cytomegalovirus — 19,3%. Mixed infection stood at 79,0% of patients. For infections of the genitourinary system frequent pathogens were representatives of Staphylococcus (64,0%), among mycotic infections — *C. albicans* (28,0%). Markers of viral infections were positive for Epstein-Barr virus — 76,0%, mixed infections accounted for 92,0%. Infectious complications of gastrointestinal tract in patients with NHL were accompanied by the release of Enterococcus (52,9%), *E. coli* (58,8%), and Acinetobacter (58,8%). Generalized infectious complications (sepsis) in patients with

NHL were verified in 5 patients and are bacterial (*Streptococcus* — 60,0%, *H. influenzae* - 60,0%, *M. pneumoniae* — 60,0%, *Klebsiella* — 40,0%), fungi (*Aspergillus* — 60,0%, *Candida* — 60,0%) flora, accompanied by positive markers for Epstein-Barr virus (80,0%), mixed infections — 100,0%.

CONCLUSIONS: The analysis of the data showed that in most cases, non-Hodgkin's lymphoma at the forefront respiratory infections caused by strains of *H. influenzae*. Special attention should be patients with generalized infections, as the causative agent of sepsis supports the mixed infection (80–100% of cases).

BREAST CANCER AND EPSTEIN-BARR VIRUS INFECTION

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OBJECTIVE: To investigate the existence retrospectively viral particles Epstein-Barr tissue mammary adenocarcinoma with the overall survival (OS) and disease-free survival (DFS), and in accordance with known prognostic factors (RE, RP, Her-2-neo, Ki-67).

dium grade (G2–3), as well as Her-2-neo overexpressing cancers and high index proliferation-related activity (Ki-67 > 50%). Summary data are shown in Table 1.

Total Adjusted 5-year survival of patients with breast cancer cases registered in 2007 was 74.57%.

Table 1. Having EBNA - 1 as defined by IHC in breast cancer tissue with the TNM, G, Her-2-neo, Ki-67

	T			N			G			Her2-neo +++	Ki-67 >50%	
	1	2	3	0	1	2	3	1	2			3
EBNA -1 +	3	8	4	0	5	7	3	0	6	9	20	23
EBNA -1 -	5	8	0	8	5	0	0	2	6	5	4	2
Bcero	8	16	4	8	19	7	0	2	12	14	24	25

MATERIALS AND METHODS. The study included 28 women diagnosed with breast cancer in 2007. I–IIIB stage. The average age of the women ($M \pm SD$) was $56 \pm 11,3$ years. Determination of the presence of Epstein-Barr virus was carried out in paraffin-embedded archival histological material immunohistochemical (IHC) method manually. We determined the presence of nuclear antigen (EBNA-1) in tumor tissue.

RESULTS. Found that in 15 out of 28 cases, which was 53.5% revealed the presence of EBNA-1 in breast cancer cells. The viral genome has been detected in tumors of various sizes, but preferably in patients with metastases in the lymph nodes (N+) and high and me-

Adjusted disease-free 5-year survival of patients with breast cancer cases registered in 2007 was 64.63%. The average time to relapse-free period were stage I, $31,36 \pm 17,36$ months for stage II – $28,48 \pm 18,37$ months and for stage III – $21,19 \pm 11,37$ months, respectively. No patient who has found EBNA - 1 in the tumor tissue is not lived for more than 3 years.

CONCLUSION. More than half (53.5%) have the presence of Epstein-Barr virus, presented in the form of EBNA-1 in breast cancer tissues. EBNA - 1 in the tumor tissue of breast cancer can be considered as one of the predictor. This fact requires further study.