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## OPTIMIZATION OF CLINICAL DIAGNOSIS OF ACUTE TONSILLOPHARYNGITIS IN CHILDREN

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Administration of antibiotics in case of acute tonsillopharyngitis (ATP) is reasonable only when the disease is caused by β-hemolytic streptococcus of A (BHSA) group, although clinical confirmation of its etiology is rather complicated.

Objective of the study was improvement of the diagnosis of acute tonsillopharyngitis in children, considering the etiological factor and the clinical characteristics of the course of this disease.

102 children with acute tonsillopharyngitis were included in the study. The patients were divided in 2 groups. The first group included 68 patients with non-streptococcal acute tonsillopharyngitis (nATP), the second one – 34 children with streptococcal acute tonsillopharyngitis (sATP) with BHSA. The study was performed in the Children Regional Hospital, Chernivtsi, during the period 2014-2016. General clinical examination was performed in all the children, using MacIsaac, Centor probabilistic-orientation clinical systems. Constellation pattern of ATP was simulated by successive Waald's method in Kulbak's modification.

The use of MacIsaac and Centor probabilistic-orientation clinical systems with the total sum less than 3 points was indicative of non-streptococcal nature of the disease. They were also characterized by high specificity (93.9% and 90.9% respectively), but low sensitivity (12.5 % and 20.0% respectively), with predicted value of positive and negative results on the level of 50.0%. At the same time, the post-test probability of the event, that is, diagnosis of non-streptococcal acute tonsillopharyngitis, in case of a positive test increased with only 9.0%. It should be noted that according to the given diagnostic systems, with assessment score of 3 sensitivity and specificity of the test to find streptococcal ATP was not higher than 60%. The post-test probability of the event was increased by 9.0%.

MacIsaac and Centor probabilistic-orientation clinical systems with the total sum of less than 3 are indicative of non-streptococcal acute tonsillitis in children, with a high specificity, but low sensitivity. Therefore, according to our research, to reduce the risk of insufficient diagnosis of acute tonsillopharyngitis caused by β-hemolytic streptococcus when microbiological examination is not possible, a multilevel algorithm for its treatment should be used.

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## EXPERIENCE WITH RESULTS OF ADHESIVE DISEASE'S TREATMENT IN CHILDREN AT CHILDREN'S CLINICAL CITY HOSPITAL

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Scar tissue that develops between two organs will cause the surfaces of the organs to stick, or adhere, to each other. These bands of scar tissue are called adhesions. Thus, adhesive disease (AD) is defined as a condition in which scar tissue binds adjacent organs to one another. AD accounts for 2.4% of the total number of operations in abdominal surgery. Abdominal adhesions are fibrous bands that span two or more intra-abdominal organs and/or the inner abdominal wall (i.e. peritoneal membrane) which typically form after abdominal surgery. Adhesions may also form secondary to inflammatory conditions of the abdomen in the absence of prior abdominal surgery or as a sequela of abdomino-pelvic radiation. Although the majority of patients with intra-abdominal adhesions remain asymptomatic, a clinically significant subset of patients will develop "adhesive disease", a symptomatic state ranging from mild and/or vague to highly distressing and even life-threatening symptoms.