



(CESC) was diagnosed based on irrigographic examination, which was conducted for all children at admission in order to study anatomical and physiological condition of the LI.

Microbiological examination of faeces in all children with CC against the background of CESC showed that LI dysbiosis was characteristic of those patients. Thus, we were able to diagnose the normal composition of the LI microflora in only 5.5% children, however it should be noted that these patients had CESC with the compensated and subcompensated stages of CC. Microbial composition disorder was found in the remaining patients - 94.5 %, including all the children with the decompensated CC 100.0%. pH value of the LI environment is one of the main values in a coprological examination of faeces. The analysis of the pH value of coprofiltrates in children with CESC showed a significant shift in the alkaline direction (7.78) as compared to the values of children in the control group (6.21). Faeces pH values of children from groups with the compensated, subcompensated, and decompensated stages of CC were significantly different from those of the control group ( $p < 0.05$ ). However, it should be noted that the average pH of faeces in children with the compensated stage was close to that of the control group ( $p > 0.05$ ). In the course of correlation analysis, it was revealed that the sIg A value largely depends on the level of indigenous flora. We have not found any correlation dependence on other microorganisms in our research. A decrease in bifidobacteria and lactobacteria causes the deficiency of secretory Ig A, which in turn causes an increase in the permeability of the epithelial barrier of the intestine, trophicity impairment of the LI wall tissues, significant changes in tissue immunity, and launches the inflammatory process in the LI, which is one of the most significant risk factors for the development of CC decompensation against the background of CESC and the occurrence of complications. The revealed correlation relationship allowed assuming that the level of secretory immunoglobulin A in coprofiltrates of children can be indicative of dysbiotic changes in the bowels, i.e. this indicator may be an additional marker of dysbacteriosis and CC decompensation. Therefore, finding stool pH and sIg A values in coprofiltrates using a non-invasive method of diagnosis makes it possible to assess the condition of tissue immunity and microbiocenosis of the bowels, and trace transformation of the compensated stage into the sub- and decompensated stages, which allows identifying the risk group as to the development of adverse effects of dolichosigmoid, taking measures to prevent the progression of the pathological process and the development of complications. These indicators can be used as additional diagnostic criteria with a detailed algorithm intended for doctors of different specialties to be subsequently developed for differential diagnostics of CC in children.

Thus, chronic constipation in children against the background of CESC, is accompanied by changes in the microbiocenosis of the large intestine lumen and tissue immunity, reflecting the stages in 94.5%. Children with CESC show a decrease in sIg A levels in coprofiltrates by 1.3 times as compared to the generally healthy children, which indicates the deficiency of mucosal immunity and contributes to the persistence and development of dysbiotic disorders in the bowels, progression of decompensation, and is directly and closely connected with the severity of constipation in children with CESC.

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### **FLAP-PLASTIC ON THE NUTRITION BRANCH FOR THE TREATMENT OF PILONIDAL SINUS IN CHILDREN**

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Treatment of the pilonidal sinus in the practice of a pediatric surgeon is a difficult issue, because this pathology affects a large volume of soft tissues. This leads to the formation of significant diastase between the edges of the wound. Surgical treatment is accompanied by a high frequency of complications. The recurrence rate is up to 50%. Such results cannot satisfy surgeons. Finding the optimal solution to this problem is relevant.

The possibilities of flap-plastic for the treatment of the pilonidal sinus in children are compared.



Twenty-five cases of the pilonidal sinus in children were analyzed. The children were divided into two groups: I - the use of the traditional method - excision of the pilonidal sinus and suturing the edges of the wound to the sacral fascia (n = 14); II - excision of the pilonidal sinus with closing of the wound by the flap on nutrition branch in its own modification (n = 11).

Healing of the postoperative wound in group I of patients lasted from 18 to 40 days, in contrast to the group of flap-plastic, where healing was observed for 10-15 days. In the first group of children, healing was a secondary tension, in the second group - primary. No recurrence was observed in any group. In the first group of children 50% of complications of the postoperative period were observed. Whereas in group II only 1 child (9.09%).

For treatment of the pilonidal sinus in children flap-plastic on nutrition branch surgery is possible to use. Flap-plastic on nutrition branch surgery is better method of treatment.

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### **THE POSTGRADUATE TRAINNES' PRE AND POST ASSESSMENT ON SHAKEN BABY SYNDROME**

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Shaken baby syndrome (SBS) is one of the leading causes of unintentional physical child abuse. The level of awareness of both doctors and parents about SBS is insufficient, therefore the simulation scenario on SBS was included in educational programs for physicians' training at the postgraduate stage.

The aim of the study was to evaluate the basic level of doctor's knowledge about SBS.

A questionnaire on awareness of SBS was developed and an anonymous survey of 30 respondents was carried out before discussion of the simulation scenario on SBS, which was developed under the international grant project "Training Against Medical Errors": Sixteen interns of the specialty "Pediatrics" and 14 physicians of postgraduate education cycles were interviewed.

Ninety three percents of respondents had experience of long-term care for a baby, in 63% of cases respondents had at least one child of their own, the average age of the respondents was 31±12 years, 93% of the respondents were females. Informed consent was received for an anonymous survey from everyone and upon completion doctors were provided with a specially developed informative flyer.

Only 60% of doctors have heard about SBS earlier, only half of them got any knowledge of SBS while being educated and only 6,7% - while learning at graduate stage, most of the respondents could not indicate the source of their awareness of the SBS or indicated its randomness (own experience, the Internet, stories of relatives, etc.). Most of doctors did not consider themselves sufficiently informed about SBS and in 67% of cases they gave an incorrect or only partially correct definition of the syndrome. The average number of correct answers on the survey of SBS was 67.3 ± 0.9%.

All respondents were well aware of the ban on shaking a child due to persistent crying, correctly indicated the crying of a child as the main stress factor for parents. However, half of doctors mistakenly believed that a child can cry for more than two consecutive hours only in case of some pathological conditions, 63% of respondents did not know that the continuous crying is the main trigger for shaking a baby, and none of the respondents indicated that baby crying may not have any specific reason.

The respondents were worse informed about the persons shaking the child, some mistakenly believed that this was a mother, most did not know that this was a male person, many respondents incorrectly believed that parents behave more tolerantly with their own children. Doctors could list approximately 3.6±0.7 of 5 reasons for baby crying, 3.6±1.3 of 4 methods of comforting the child, but physicians were significantly less familiar with the complex of measures to prevent SBS and could list on average only 1.6±1.3 of 4 well known methods.

On the point of view of both doctors and interviewers the level of physicians' awareness of SBS is insufficient, after participation in simulation scenario on SBS (TAME project) at