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COVID-19 AND NEW-ONSET TYPE 1 DIABETES MELLITUS: CASE IN AN ADOLESCENT PATIENT

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Introduction. During the COVID-19 pandemic was found a significant increase in diabetic ketoacidosis and severe ketoacidosis at diabetes diagnosis in children and adolescents. Underlying causes may be multifactorial and reflect reduced medical services, fear of approaching the health care system, and more complex psychosocial factors (Kamrath C., Mönkemöller K., Biester T., 2020). During the COVID pandemic, a surge in pediatric type 1 diabetes mellitus cases appears to be occurring, potentially due to the presence of autoantibody-induced immune dysregulation triggered by COVID-19 (Nielsen-Saines Karin, et all., 2021).

The aim of the study. The purpose of the article was to analyze the case of an acute respiratory infection COVID-19 in a child with ew-onset type 1 diabetes mellitus.

Results. The patient felt ill suddenly, she has had dry cough, followed by a history of fewer (37,8 ^{o}C) and an increase in urinary frequency for 3 days. Her condition was rapidly worsening. She was presented to the department of infectious diseases of anesthesiology and intensive care with severe acute respiratory tract infection. The laboratory tests of the patient revealed hyperglycemia, hyperstenuria, glycosuria, ketonuria, hypertransferasemia, elevated levels of glycated hemoglobin and decreased levels of C-peptide. SARS-CoV-2 was confirmed by polymerase chain reaction (PCR) of naso/oropharyngeal swabs. The patient has been receiving fluid replacement treatment intravenously, short-acting insulin to correct hyperglycemia followed by symptomatic treatment therapy. The patient responded well to the treatment plan and was discharged from the hospital after 8 days continuing treatment from home.

Conclusions. The presented article describes a clinical case of COVID-19 in adolescent female patient with new-onset type 1 diabetes mellitus. The patient's severe condition was caused mainly by dehydration and COVID-19 precipitated ketoacidosis despite having light respiratory symptoms.

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DIAGNOSTIC VALUE OF CLINICAL AND LABORATORY INDICATORS FOR THE DETERMINATION OF ACUTE NON-STREPTOCOCCAL TONSILOPHARYNGITIS IN CHILDREN

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The aim of the study: to study the diagnostic value of clinical and laboratory indicators for the determination of acute non-streptococcal tonsillopharyngitis in children in order to optimize treatment tactics.

Materials and methods. To achieve this goal, two clinical groups were formed. The first (I, main) group consisted of 66 patients with acute tonsillopharyngitis of non-streptococcal etiology, which was evidenced by the negative result of the bacterial examination of washings from the pharynx and the back wall of the pharynx. The second (II) clinical group included 32 children diagnosed with "streptococcal acute tonsillopharyngitis".

Results. The total number of points on the MacIsaac scale, which did not exceed 2 points, was recorded in 15.2±4.4% of people in the I group and in 6.2±4.2% of patients in the comparison group. The sensitivity of the method was 15.2%, the specificity was 93.7%, the positive and negative predictive values were 83.3% and 34.8%, respectively, with an odds ratio of 2.6 [95% CI: 0.5-13 ,0]. The average content of leukocytes in the blood was less than 8.9×109/l in 57.6% of patients of the first group and in 48.8% of the representatives of the second group (P>0.05). The sensitivity of this laboratory test in detecting non-streptococcal tonsillopharyngitis was 57.6%, specificity - 55.6%, predictive value of a positive result - 54.1%, negative - 59.1%. The relative risk of non-streptococcal GTP etiology when registering a patient with less than 8.9×10^{9}/l leukocytes of

peripheral blood was 1.7 (95%CI 0.9-2.9), the absolute risk was 0.1 with an odds ratio of 1.7 (95% CI 0.9-2.9).

Conclusions. The proposed clinical scales and individual paraclinical indicators have insufficient diagnostic value, so they cannot be independently applied for early verification of non-streptococcal etiology of tonsillopharyngitis in children.

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CHARACTERISTICS OF PAIN SYNDROME IN CHILDREN WITH A COMBINED PATHOLOGY OF THE GASTRODUODENAL AREA AND VEGETOVASCULAR DYSFUNCTION

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Introduction. Diseases of the gastroduodenal tract occupy a leading place among the general morbidity of the children's population. In recent years, a steady trend towards an increase in the frequency of this pathology has been established. Vegetovascular dysfunction remains a frequent companion of gastrointestinal tract pathology. It acts both as a trigger and as a cause of the poor state.

The aim of the study was to study the specifics of the pain syndrome in children with combined pathology of the gastroduodenal region and vegetative-vascular dysfunction as a leading clinical syndrome of gastroduodenal pathology.

Material and methods. The examination group consisted of 43 patients. The presence of an erosive and ulcerative defect of the mucous membrane of the stomach and/or duodenum was confirmed endoscopically. Initial vegetative tone was determined using Kerdo Index = (1-dBP/HR)*100, where 0-normotonia, <0-vagotonia, >0-sympatotonia.

Results. The ratio of gastroduodenal pathologies is the following: erosive gastritis - 7 cases (16.3%), erosive duodenitis - 19 (44.2%), gastric ulcer - 2 (4.7%), duodenal ulcer - 15 (34.9%). By Kerdo Index data there were 37 (86.1%) patients with predominance of parasympathetic part of vegetative nervous system and only 6 (13.9%) children with predominance of sympathetic part of it.

In the presence of erosive gastritis or stomach ulcer, pain during palpation of the abdomen was more intense in the epigastrium, and in duodenal pathology - in the epigastrium and pyloroduodenal areas. A positive Mendelian symptom was observed in 28 patients (65.1%). In 93.1% of cases, the pain was aching, only 6.9% of children complained of stabbing, spasm-like pain. In 72.1% of abdominal pain cases were associated with meal intake: in 74.4% they occurred after feeding (20.9% pain appears early, and in 79.1% - late), pain on empty stomach was noted in 16.3% of children, night pain – in 11.6% of cases. 11.6% of children did not associate pain with feeding. In addition, 62.8% of children had a genetic history of gastroduodenal pathology, 53.5% of patients had spring-autumn seasonal exacerbations of erosive-ulcerative diseases of the gastroduodenal region.

Conclusion. Therefore, the presence of abdominal pain syndrome requires a timely in-depth examination of the child to clarify the cause of its development and the correct choice of further treatment tactics in children with a combined gastroduodenal pathology and vegeto-vascular dysfunction.

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COVID-19 CLINICAL COURSE IN CHILDREN FEATURES DURING THE FIRST YEAR OF PANDEMIC

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Introduction. Pneumonia is one of the leading causes of death in children worldwide for the several last decades. This fact makes the study of coronaviral infection in children especially relevant and important. Although according to first reviews and meta-analysis of the world literature data, most infected children appear to have a milder course and have better outcomes