

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

**104-ї підсумкової науково-практичної конференції
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Конференція внесена до Реєстру заходів безперервного професійного розвитку,
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вдосконалення індивідуальної верифікації щодо повної клініко-інструментальної ремісії захворювання.

Висновки. Показники ризику розвитку виразної гіперсприйнятливості дихальних шляхів у дітей, із фенотипом астми фізичного навантаження з повільним типом ацетилювання порівняно до представників групи порівняння підвищує відносний ризик даної події у 1,1 разів, при співвідношенні шансів 1,5 (95% ДІ 0,3-7,3).

СЕКЦІЯ 14 АКТУАЛЬНІ ПИТАННЯ ПЕДІАТРІЇ, НЕОНАТОЛОГІЇ, ДИТЯЧОЇ ХІРУРГІЇ ТА ОТОЛАРИНГОЛОГІЇ

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IMPROVEMENT OF THE INTENSIVE CARE OF FULL-TERM NEWBORNS WITH PERINATAL PATHOLOGY AND RENAL DISORDERS

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Introduction. Considering an important role of the urinary system in ensuring the stability of homeostasis in the whole organism and high occurrence of renal dysfunction formation in term neonates with pathological course of postnatal adaptation, the therapeutic tactics of patients of neonatal intensive care units requires a systematic approach and is directed to the protection of vital functions including prevention of severe renal injuries and their remote consequences. Therefore, **the objective of the study** is to improve a complex of intensive therapy of neonates with severe forms of perinatal pathology against the ground of functional disorders of the urinary system.

Material and methods. A comprehensive clinical-paraclinical examination of 100 term neonates with severe perinatal pathology was conducted. The main group included 60 babies. An improved therapeutic complex was administered for them. 40 children (the group of comparison) got common therapy. In addition to traditional measures to stabilize homeostasis the neonates from the main group were administered to “Aminophylline-H 200” preventing adenosine-induced renal vasoconstriction, and “Cytoflavin”, a drug of anti-hypoxic and anti-oxidant action.

Results. As compared to the traditional therapy administration of the advanced complex of treatment enabled to improve considerably the functioning of the urinary system in case of severe perinatal pathology, and decrease occurrence of acute kidney injury in particular. The benefits of this study were increase of hourly diuresis (3.2 ± 0.15 ml/kg/h and 2.2 ± 0.06 ml/kg/h, $p < 0.05$), decreased creatinine level in the blood serum (42.8 ± 1.19 and 48.2 ± 2.01 $\mu\text{mol/l}$ respectively, $p < 0.05$), enhanced glomerular filtration rate (52.5 ± 2.72 and 46.9 ± 2.51 ml/min/1,73m² respectively, $p < 0.05$), improvement of the main Doppler indices of the renal blood flow and stabilization of the body weight balance. Moreover, stimulation of the antioxidant effect was evidenced by considerable decrease of malone aldehyde in erythrocytes (15.7 ± 0.81 and 24.2 ± 1.21 $\mu\text{mol/ml}$ respectively, $p < 0.05$), increased activity of glucose-6-phosphate dehydrogenase in erythrocytes (3.1 ± 0.15 and 2.01 ± 0.10 $\mu\text{mol/min} \cdot \text{Hb}$ respectively, $p < 0.05$), glutathione reductase (3.13 ± 0.16 and 2.12 ± 0.11 $\mu\text{mol/min} \cdot \text{Hb}$ respectively, $p < 0.05$), and glutathione-S-transferase in the blood plasma (11.9 ± 0.59 and 8.24 ± 0.41 $\mu\text{mol/min} \cdot \text{mg protein}$ respectively, $p < 0.05$).

Conclusions. The results of the study were indicative of the reasonability of the suggested complex of treatment which is evidenced by normalization of the renal functions under conditions of perinatal hypoxia and reduced severity of the pathology in neonates at the early neonatal period.

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TREATMENT OF PILONIDAL SINUS IN CHILDREN

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Introduction. The incidence of pilonidal sinus (PS) is 26 cases per 100,000. Despite the great amount of proposed surgical techniques, the frequency of disease recurrence remains high.

One of the problems of surgical treatment is the need to eliminate the soft tissue defect after PS excision, which is the main substrate that leads to longer treatment duration, long-term incapacity, difficult return to normal daily activities and decreasing of the quality of life. Therefore, determining the methods of treatment of PS in children, which will help reduce the number of complications and relapses, reduce the duration of hospitalization, remains relevant.

The aim of the study. To compare the results of PS removing with subsequent skin-fascial plastic and PS removing with suturing of the wound edges to the sacrococcygeal fascia.

Materials and methods. Database of patients who were being treated for PS, aged 13 to 18 years, was analyzed. Patients were divided into 2 groups: group I included children who, after PC removing, underwent surgery of a soft tissue defect according to the method of skin-fascial plastic in their own modification (n-25). Group II included patients who underwent PC removing with suturing of the wound defect to the bottom of the wound (n-40). Intra- and postoperative indicators and long-term results were evaluated. The analysis was carried out according to the following criteria: duration of hospitalization, pain and healing time, presence of complications and relapses of the disease.

Results. The duration of surgery in both groups did not differ significantly and ranged from 30 to 50 minutes, as well as the average volume of blood loss: from 7 to 10 ml. No intraoperative complications were registered. The average length of hospitalization after surgery was almost the same in both groups. The duration of pain in the 1st group was twice as short (by 54%). The healing time in the sacrococcygeal fascia suturing group was 61% longer compared to that in group I. The number of postoperative complications in group I was four times greater than in the skin-fascial plastic group. During the year of observation, recurrences of the disease were noted in 4 children. No recurrence was registered in the skin-fascial plastic group.

Conclusions. The method of skin-fascial plastic surgery allows to reduce the number of complications, to significantly reduce the duration of hospitalization, pain and wound healing time, compared to classical operative methods of treating pilonidal sinuses in children. The use of skin-fascial plastic surgery allows you to avoid recurrences of the disease, which makes this method the method of choice for the treatment of pilonidal sinuses in children.

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FECAL CALPROTECTIN AS A DIAGNOSTIC MARKER OF INFLAMMATORY PROCESS IN THE INTESTINAL MUCOSA IN PRETERM INFANTS WITH PERINATAL PATHOLOGY

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Introduction. Fecal calprotectin (FC) is a heterocomplex calcium- and zinc-binding protein that exhibits bactericidal, fungicidal and immunomodulatory properties, performs regulatory functions in inflammatory reactions, and has a beneficial effect on the protection of the body in physiologically normal environments, such as the intestinal ecosystem, in healthy infants during the first weeks of life [Kapel N, 2010; Li F, 2015; Lychkovska OL, 2015; Koninckx CR, 2021]. FC is released from cells under stress or damage and enters the feces and reflects the transepithelial migration of neutrophils to the intestinal lumen, is a marker of intestinal inflammation and allows to differentiate irritable bowel syndrome and inflammatory bowel disease [Li F, 2015; Katzinger J, 2020]. FC is mainly derived from granulocytes, its concentration is directly proportional to the degree of transepithelial migration of granulocytes or newly recruited macrophages to the intestinal tract. Thus, the increased concentration of FC may be the result of higher intestinal permeability, the establishment of intestinal flora, as the infant's body has not yet developed the ability to regulate it, the response to nutritional antigens, as well as the colonization of the intestine with commensal microbes that help prevent intestinal infections and block the interaction between pathogens and host cells [Savino F, 2010; Kapel N, 2010].

The aim of the study. To determine the level of fecal calprotectin as a diagnostic marker of inflammatory process in the intestinal mucosa in preterm infants with perinatal pathology.