potassium iodide) in prophylactic doses. At nodes till 2 cm, was used conservative treatment with medications of thyroid hormones in age-old doses.

Thus, the early diagnosis of nodular goiter allows to eliminate the neoplastic processes in the thyroid gland by means of a fine-focal puncture biopsy and timely initiated an adequate treatment.

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EVALUATION OF CLINICAL EFFICACY OF SYMPTOMATIC TREATMENT OF EARLY AND LATE ONSET OF BRONCHIAL ASTHMA IN CHILDREN

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Bronchial asthma is a chronic allergic airway inflammation with the presence of immune disorders that require long-term anti-inflammatory therapy. Despite the concept of international consensus documents which states that the control over the symptoms of the disease can be achieved in persons who used prophylactic treatment, in practice persons with partially controlled and uncontrolled asthma dominate. Inadequate effect from the suggested scheme of the basic therapy enables researchers to consider bronchial asthma not as a single disease but a group of asthmatic diseases. Such different "phenotypes" of asthma may vary in response to treatment, prognosis and inflammatory patterns and in susceptibility to environmental exposure.

The objective of investigation was to assess clinical efficacy of relieving therapy in children with early and late onset of persistent bronchial asthma.

On the base of Children Clinical Hospital (Chernivtsi) 50 children were examined retrospectively who were afflicted with bronchial asthma. According to the terms of asthma symptoms manifestation two groups of monitoring were formed. The first (I) group included 25 patients whose first episode of illness occurred before the age of three, the second (II) clinical group included 25 patients whose asthma symptoms were observed after six years of life. No significant differences by sex, age, place of residence and severity of asthma have been shown in an appropriate clinical comparison group.

More severe syndromes of bronchial obstruction were observed in patients with late onset phenotype of the disease (12,1 versus 11,7 points in the clinical group I, $P > 0.05$). However, since the third day of adequate relieving therapy the severity of airway obstruction was higher among children whose disease started before the age of three (8,7 vs 8,6 points in the II clinical group, $P > 0.05$).

The attributive risk of hospitalization with more severe obstruction of the bronchi during asthma attack in children with late onset phenotype as compared to the patients whose symptoms manifested till six years was 11,0%, relative risk 1,25 (95% CI: 0,64-2,42) and odds ratio 1,56 (95% CI: 0,42-5,82).

Thus, it can be assumed that more aggressive symptomatic therapy from the first day of acute attack should be recommended for patients with early onset asthma phenotype during hospitalization for exacerbation.

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CYCLIC VOMITING SYNDROME IN CHILDREN

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Cyclic vomiting syndrome (CVS) is a fairly common disease of unknown etiology that affects children of all age groups and sometimes adult population and refers to the functional disorders of the gastrointestinal tract.

The aim of study was to evaluate the effectiveness of the usage of "Rehydron Optim" medication for oral rehydration therapy in children.

Materials and methods included the treatment of 40 children aged from 3 to 11 years with CVS (15 persons) and primary AS (25 persons) in the period of acetonemic crisis, including 15 boys and 25 girls examined. All children were observed in the outpatient department of Chernivtsi regional children's hospital. The diagnosis was made on the base of anamnesis, clinical and laboratory findings. Patients underwent required clinical-biological tests and instrumental examinations. The dynamics of syndromes: pain, vomiting, dehydration and intoxication was investigated. Rehydration therapy in all cases was oral with the usage of Rehydron Optim medication.

Cyclical vomiting was observed in children with primary acetonemic syndrome in satisfactory condition during "interburst" period. Migraine like headaches prevailed in 36 patients (80%) older than 7 years. The same children had episodes of paroxysmal autonomic failure. Almost all surveyed children had risk factors for CVS development in their family history. All children had oral rehydration therapy including medication Rehydron Optim and the dynamics of basic clinical manifestations was positive. Within the 1st day of oral rehydration therapy with Rehydron Optim a significant decrease in the incidence of lethargy, vomiting, spastic abdominal pain, smell of acetone in exhaled air ($p < 0.05$) was determined in children.

In children with the I degree of dehydration, clinical signs of dehydration were not seen before the treatment, and in children with the second degree - an improvement in condition was observed, which manifested clinically in the transition of dehydration of the II degree into I degree, which required reduction of rehydration therapy volume.

After 48 hours of treatment, the signs of intoxication syndrome (lethargy, drowsiness, headache) were absent in all children. In 80% of patients there was a normalization of appetite, the frequency of nausea complaints significantly reduced. On the 5th day of therapy ketonuria was found in one child.

So, obviously there is a correspondence between cyclic vomiting syndrome and primary acetonemic syndrome (cyclic vomiting syndrome = primary acetonemic syndrome). Collecting of family health history and detailed clinical signs of "interburst" period is of a significant importance for making the diagnosis. The combination of risk factors in family history is one of the criteria for early diagnosis of cyclic vomiting syndrome. During oral rehydration therapy with the prescription of Rehydron Optim, ketosis completely stops in the vast majority of patients on the 2-nd day of treatment. Rehidron Optim possesses favourable organoleptic qualities, it is well tolerated by children, and it has an excellent safety profile of administration.

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PATHOLOGY OF THE UPPER GASTROINTESTINAL TRACT WITH FOOD ALLERGY IN CHILDREN

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Recent studies indicate that one of the causes of food allergy in children and adults is pathology of the gastrointestinal tract. However, many problems of the occurrence of these combinations have not yet been solved. Genetic factors and mechanisms underlying food allergy are largely unknown. Due to heterogeneity of symptoms a reliable diagnosis is often difficult to make. The most common medical conditions in infants belonging to pediatric and gastroenterological disease areas, are functional gastrointestinal disorders, food hypersensitivity and food allergy. First of all, these symptoms can alter lactase deficiency, cow's milk protein allergy, eosinophilic gastroenteritis, allergic proctocolitis, gastrointestinal manifestations of atopic dermatitis, functional disorders of gastrointestinal and biliary tract, etc.

The objective of the study was to determine the frequency and character of lesions of the upper gastrointestinal tract in children with food allergy.

On the base of Chernivtsy Regional Children's Hospital 40 children with food allergy (FA) associated with pathology of the upper gastrointestinal tract (UGIT) and 20 patients with FA but without UGIT pathology aged 3 to 18 years were examined. Clinical and laboratory examinations were conducted twice (routine clinical tests, chamber scarification test with non-infectious allergens during FA remission, fibrogastroduodenoscopy, ultrasound, pH-measuring biochemical blood tests (ALT, AST, HHTP, alkaline phosphatase, cholesterol), identification of *H. pylori.*

Out of 40 examined children with FA in 30 cases (75%) with various lesions of the esophagus, stomach and duodenum were diagnosed. In 10 (25%) children functional changes such as duodenogastral reflex (DGR, 70%) and failure of the cardiac opening (FC, 30%) were found. A multiple character of reflux was observed in 85.7% of children with chronic gastroduodenitis and in 100% of children with esophagitis and duodenal ulcer disease, CF. The contamination with *H. pylori* was observed in 72.5% of cases. An increased activity of ALT and AST, HHTP, alkaline phosphatase and serum cholesterol was determined.

Thus, in 75% of cases in children with food allergy an organic pathology of the upper gastrointestinal tract was diagnosed, therefore gastroenterological examination should be recommended to all patients. During the last five years constipation was the first gastrointestinal diagnosis followed by food allergy corresponding to the global trend. It is essential, therefore, to apply diagnostic algorithms, timely treatment, and prevention.

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TREATMENT OF SLOW TRANSIT CONSTIPATION IN CHILDREN.

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Slow transit constipations are associated with reduced amount of the nerve endings of the colon and Cajal cells, resulting in the absence of response to conservative therapy. In case of slow transit constipations ineffectiveness of the conservative therapy is found in 3-10%. In these cases a possibility of surgery is considered. The following may be suggested: total colectomy with ileorectoanastomosis, subtotal colectomy, right-side and left-side hemicolectomy, segmental resection of the colon, cecostoma, ileostoma, appendicostoma, stimulation of the sacral nerves and introduction of botulinum toxin into the puborectal muscle. The methods of resection are based on the limitation of transit time along the colon. The most optimal method of surgery is total colectomy (with the efficacy of 90-100%). Although, after making ileorectoanastomosis in the post-operative period the following signs are found: flatulence, abdominal pain and frequent stool, anal incontinence.

Dolichosigmoid is found in 58,6 % of children during chronic constipations. While estimating the time of intestinal transit delay of radiopaque markers is seen in the rectosigmoid portion in 48%.

30% of children with chronic constipations pass into the period of puberty and mature age with similar symptoms. Surgical treatment of dolichosigmoid in children is indicated in case of long-term constipations, ineffective conservative treatment and enemas, necessity of manual evacuation of feces. Certain evidences are presented concerning successful treatment of STC in children by means of resection of the sigmoid colon in children with severe constipations.