



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. Rehydron Optim possesses favourable organoleptic qualities, it is well tolerated by children, and it has an excellent safety profile of administration.

Sorokman T.V., Loziuk I.Ya.

PATHOLOGY OF THE UPPER GASTROINTESTINAL TRACT WITH FOOD ALLERGY IN CHILDREN

*Department of Pediatrics and Medical Genetics
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»*

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, pII-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.

Vatamanesku L.I., Ungurian A.M.

TREATMENT OF SLOW TRANSIT CONSTIPATION IN CHILDREN.

*Department of Pediatric Surgery and Otolaryngology
Higher State Educational Institution of Ukraine
«Bukovinian State Medical University»*

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.