

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



МАТЕРІАЛИ

**105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
присвяченої 80-річчю БДМУ
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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time, disturbances in the system of phosphorus-calcium metabolism are not excluded. Thus, based on the standards of the producer (10,4-66,5 pg/ml), we can admit that parathyroid hormone secretion decreases at least three times in patients with BA who receive basic therapy with glucocorticoids and short courses of systemic glucocorticoids during exacerbations of the disease. It was more marked in the group I with longer duration of the disease. At the same time, we have found statistically significant correlations between the parathyroid hormone content in the blood serum and the period of administration of systemic glucocorticoids during BA attacks ($R=0,72$, $P<0,05$). In general, it might be indicative of an exhausted function of the parathyroid glands caused by excessive resorption of the osseous tissue.

Conclusions. Thus, despite the lack of direct evidence concerning the ability of long-term and/or high-dose courses of inhaled glucocorticoid therapy to cause osteopenia and osteoporosis, this issue remains particularly relevant. It is especially crucial in the children population characterized by a long period of the disease, increased requirements of minerals during intensive growth and development, concomitant conditions including vitamin D deficiency, frequent episodes of hospitalization due to exacerbations and administration of systemic glucocorticoids. The determined statistically significant average correlation between parathyroid hormone content in the blood serum and duration of administration of systemic glucocorticoids during BA attacks ($R=0,72$) is indirectly indicative of osteopenia and osteoporosis in children.

Garas M.N.

A CASE OF SEVERE COMPLICATED CHICKENPOX IN A TEENAGER

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Introduction. Varicella is caused by varicella-zoster virus (VZV). It is a common, highly contagious illness. Chicken pox is regarded as a benign, self-limiting illness of children rendering lifelong immunity. However, it can be a potentially serious and life threatening condition in teenagers and adults.

The aim of the study was to analyze the case of severe complicated chicken pox in a teenager.

Material and methods. A 13-year-old teenager was under our observation in Chernivtsi Regional Pediatric Hospital in 2023.

Results. A boy was hospitalized on the 4th day of the disease and complained of fever up to $39,4^{\circ}\text{C}$, skin rash, weakness, headache, cough, vomiting and abdominal pain. The child was born from the first full-term pregnancy, BCG vaccinated with the development of left-sided post-BCG axillary lymphadenitis. In early childhood, a polyvalent food allergy with skin manifestations was observed, at the age of 5 an episode of Quinke's edema was recorded. The disease started with fever and rashes, he took antipyretics (paracetamol), H1-blockers (antihistamines). He contacted with a patient suffering from chicken pox.

The general condition was severe due to respiratory failure and exanthema. The boy was conscious, but lethargic. Meningeal symptoms were negative. The skin was pale pink, vesicular rashes were diffused over the entire surface of the body, somewhere merged, included purulent and bloody contents, crusts were somewhere. Vesicles covered with a white layer were visualized in the oral cavity on the palate, tongue, and inner surface of the cheeks. Extremities were cool to the touch; axillary body temperature was $37,5^{\circ}\text{C}$. Breathing over the lungs was bronchial, dry rales as wheezing were on both lungs, RR was 30/min. HR was 120 bpm, Sa was 90%.

SARS-CoV-2 RNA was not detected by PCR of an oropharyngeal swab. DNA of VZV in the cavity fluid was detected by PCR. CBC findings showed leukocytosis and neutrophilia. Lungs ultrasound registered B-lines with areas of pleural consolidation in both lungs in the lower fields, the level of free fluid above the level of the diaphragm was 16 mm on the right, 20 mm on the left, the layers of the pleura were thickened and dense (interstitial changes in both lungs, exudative pleuritis). X-ray multiple cloud-like infiltrates of medium intensity without clear contours were

noted in both lungs. The diagnosis was verified as severe chickenpox, complicated by bilateral viral-bacterial pneumonia with severe respiratory distress syndrome, moderate respiratory failure.

Treatment included CPAP oxygen therapy, infusion hemodynamic support, acyclovir, combined antibiotic therapy with imipenems and fluoroquinolones. On the 6th day, the patient's condition was characterized by positive clinical dynamics, respiratory failure regressed, and the child was transferred from PICU to the infectious department. On the 14th day, the boy was discharged from the hospital to continue rehabilitation treatment under the supervision of a family doctor.

Conclusions. The presented article describes a clinical case of rare life danger severe chickenpox, complicated by bilateral viral-bacterial pneumonia with severe respiratory distress syndrome in a teenager. We consider it reasonable to determine the predictors of a severe chicken pox in previously healthy immunocompetent children.

Horbatiuk I.B.

**DIAGNOSTIC VALUE OF USING CERTAIN PARACLINICAL INDICATORS FOR
EARLY DIAGNOSIS OF STREPTOCOCCAL ETIOLOGY OF ACUTE
TONSILOPHARYNGITIS IN CHILDREN**

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Introduction. Inadequate therapy of acute tonsillopharyngitis (ATP) leads to the development of life-threatening conditions and chronicity of the process. The development of ATP complications is known to be facilitated by the untimely or inappropriate appointment of initial etiotropic therapy. The inconsistency of antibiotic therapy of ATP to the pathogen that caused it is due to the difficulties that arise for clinicians in the early detection of the etiological factor of the disease.

The aim of the study. To study the diagnostic value of certain paraclinical parameters of the general blood test for early diagnosis of streptococcal etiology of acute tonsillopharyngitis in children.

Materials and methods. The first (I, main) group consisted of 10 children diagnosed with "streptococcal acute tonsillopharyngitis". The second (II) clinical group included 16 patients with acute tonsillopharyngitis of non-streptococcal etiology. The streptococcal etiology of the disease was confirmed by culture of a throat swab.

Results. When evaluating the results of a general blood test in patients of the main group, the average content of segmented neutrophils was significantly higher compared to patients of the control group and increased to $54.4 \pm 4.2\%$ and $44.3 \pm 2.6\%$ ($p < 0.05$), respectively. At the same time, the share of children of the 1st group, in whom an increase in the content of segmented leukocytes in the blood of more than 50.0% was observed, was $77.7 \pm 3.6\%$, and among representatives of the comparison group - $28.0 \pm 2.8\%$ ($p < 0.05$). When using the determination of the content of segmented neutrophils in the peripheral blood of children as a test to verify the streptococcal nature of ATP, its sensitivity was 77.7%, specificity - 72%, predicted positive value - 73.5%, predicted negative value - 76.4%, relative risk - 3.1 (95% CI 2.2-4.3), attribute risk - 0.49. When registering this indicator in children with inflammatory phenomena in the oropharynx, the risk of having streptococcal ATP increases almost 9 times (odds ratio - 8.9; 95% confidence interval 4.7-17.0).

Conclusions. The level of segmented nuclear leukocytes in the blood of more than 50.0% in a patient with acute tonsillopharyngitis is one of the early diagnostic criteria of the streptococcal etiology of the disease.