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SOME ASPECTS OF PEDIATRIC AND ADOLESCENT GYNECOLOGY

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The gynecological problem in children and adolescent are often both medically and psychologically complex and thus require a highly skilled and coherent approach. The adolescent, who is no longer a child but not quite an adult, poses a particular management problem to the traditional specialities.

Most common gynaecological problem during childhood are: congenital anomalies: ectopic vesicae, ureteric fistula; imperforate anus, vaginal anus; congenital adrenal hyperplasia; heterosexuality; true intersex. These anomalies are commonly dealt with by paediatric surgeon. Congenital adrenal hyperplasia needs correction of electrolyte imbalance and medical treatment.

Gynecological problems in adolescent includes: precocious puberty; acne; unwanted pregnancy; hyperandrogenism in adolescent girls; ovarian masses in adolescent girls; breast masses in adolescent girl; dysmenorrhea; vaginal discharge; pseudopuberty; delayed puberty; oligomenorrhoea; polymenorrhea; puberty menorrhagia; sexually transmitted disease.

All these above mentioned problem have a good prognosis and can be managed well, if noticed by guardian/ parents on time. And beside medical management, girls should be guided regarding the expectation of menarche,

personal hygeine and nutrition. More important aspect of knowledge of sex and sexually transmitted disease will prevent adolescent from indulging in sex. This will prevent unwanted pregnancy and Medical Termination of Pregnancy (MTP).

Many causes of early puberty are somewhat unclear, though girls who have a high-fat diet and are not physically active or are obessed are more likely to mature physically earlier. Obessed girls, defined as at least 10 kilograms (22 pounds) overweight, had an 80% chance of developing breasts before their ninth birthday and starting menstruation before age 12 - the western average for menstruation is about 12.7 years. Exposure to chemicals that mimic estrogen (known as xenoestrogens) is a possible cause of early puberty in girls. Bisphenol A is a xenoestrogen found in hard plastics that has been shown to affect sexual development. Factors other than obesity, perhaps genetic and/or environmental ones, are needed to explain the higher prevalence of early puberty in black versus white girls. While more girls are increasingly entering puberty at younger ages, new research indicates that some boys are actually starting later (delayed puberty).

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Building fine motor skills is one of the important stages of psychomotor development in infant. Fore fine motor skills the child needs for optimal interaction with the environment. But the presence of risk factors of development of fine motor skills can slow down, affecting adversely the child psychomotor development in general.

The aim of the present research was to determine the characteristics of the formation of fine motor skills in children with prenatal neurologic pathology in age from 0 to 4 years.

Materials and methods. We have examined 31 children. 16 of them were control group and were healthy at the time of the survey and had no history of neurological disorders, the other 15 had a history of prenatal neurological pathology, they were the main group.

Obtained results. Assessment of fine motor skills was conducted using a modified Denver scale. Calculation of results was conducted using statistical methods. We obtained the following results: in all children with fine motor skills control group was developed under age norms, in 11 children (71%) of a core group observed a delay of fine motor skills. The difference was statistically significant (p<0,05).

Based on the obtained results suggest the following conclusions: the ratio of the data from the control and main groups showed probable lag in the development of fine motor skills in children with a main group, which in turn indicates the presence of a link between prenatal neurologic disorders and retarded the development of fine motor function.

