The share of the different forms of the disease was as follows: congenital cleft palate 24,24%, congenital cleft lip – 36,36%; congenital cleft lip and/or palate – 39,39%, reflecting differences in the etiology of the disease.

Found that the presence of congenital malformations in future mother probability of a sick child increased in 14,38 times (CI 5,71-35,93). In the presence of congenital abnormalities in father probability of disease in a child was increased to the same extent as that of family history in the mother. The magnitude of increase unchanged when considering specific pathologies. Showing improvement opportunities having a child with congenital cleft lip and/or palate in the presence of congenital anomalies in the relatives of the mother (OR = 5.45, CI 2,59-11,22). Probability of a sick child in the presence of congenital disease in close relatives husband also increased (OR = 4,64, CI 1,84-11,20). The magnitude of increase in the probability of the whole group did not change when considering specific pathologies.

Value for boys/girls among children with congenital cleft palate different from the sex ratio was observed among healthy term infants ($p<0,001$); among the cases of children born with congenital cleft lip and cleft lip and palate and generally all cases of pathology sex ratio is not changed. Increase distance marriage the couple increases the likelihood of children born with congenital cleft lip and/or palate (OR = 1,39, CI 1,03-1,87). National composition of the group structure displayed on the disease: in areas with almost a hundred percent Ukrainian population proportion palate cracks in the structure of pathology increased. It is established that exposure to occupational hazards increases the likelihood of neonatal cleft lip or cleft lip and palate (OR = 3,28, CI 2,09-5,11 for women and OR = 2,44, CI 1,60-3,69 for men). Increased risk of having children with cleft palate provided adverse occupational factors in spouse is not selected. Chronic extragenital pathology, including endocrine, infectious and chronic diseases of parents, increase the likelihood of having a baby with cleft lip and/or palate (OR = 1,95, CI 1,40-2,70 for mother and 3,04, CI 1,98-4,64 for father; OR = 1,85 CI 1,21-2,81 for mother and 12,75, CI 4,35-36,61 for father; OR = 2,15, CI 1,39-3,30 for mother and 4,94, CI 2,37-10,09 for father, respectively). Pathology of the parents is a significant factor in causing congenital cleft lip with cleft palate or without cleft palate than. Smoking increases the likelihood of a newborn baby in congenital cleft lip and/or palate: OR = 2,92, CI 1,81-4,66 in the case of smoking mothers and 1,29, CI 1,00-1,67 - father. The probability of having a child with congenital cleft palate increased only in smoking women: OR – 2,70, CI 1,04-6,57.

The use of drugs in the preconception period increases the probability of a sick child: OR = 5,79, CI 2,97-11,12 when women use drugs and 5,73, CI 1,82-16,86 - man. The use of female drug in the first 12 weeks of gestation also increased the likelihood of having a baby with a defect: OR = 2,82, CI 1,80-4,38. There were differences in the impact of drug use on the formation of various forms of pathology.

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THE ROLE OF HEREDITY IN EARLY MANIFESTATION OF GASTRODUODENAL PATHOLOGY

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Among diseases of the gastroduodenal area in children and adolescents, a significant place occupies erosive gastroduodenitis and stomach and/or duodenum ulcer disease, due to the high prevalence, recurrent course and the possibility of serious complications. For the prediction of occurrence, recurrence and the probability complications is important to identify the socio-economic and genetic risk factors, and specific agent - *H. pylori.*

The aim of the study was to determine the role of heredity and *H. pylori* infection at an early manifestation of erosive gastroduodenitis and peptic ulcer disease and duodenal ulcer disease.

To achieve this purpose, at the gastroenterology department of Regional Children's Hospital were examined 25 children aged 11 to 17 years with chronic gastroduodenal pathology. All children performed a comprehensive clinical examination provided by «Unified clinical protocols of medical care for children with diseases of the digestive system» (№ 59 from 01.29.2013). Children were divided into 2 groups: the I group - 14 children with burdened heredity on gastroduodenal pathology and the II group - 11 children without a hereditary predisposition. By gender distribution was the next: the I group – 70 % of boys and 30 % of girls and the I group – 45 % of girls and 55 % of boys. It was established, that in children with burdened heredity on gastroduodenal pathology the average age of the disease appearance was 12,2 ± 1,4 years and was lower than in children without a hereditary predisposition - 14,6 ± 2,2 years ($p<0,05$). Analysis of groups by the presence of *H. pylori* infection showed that 72 % of Group I (10 children) had a positive test, and in Group II this test was positive in only 46 % (5 children) of cases. It should also be noted that all children with stomach and/or duodenum ulcer disease included in the Group I may indicate a hereditary nature of this disease.

Thus, in patients with gastroduodenal pathology with burdened heredity the disease occurs earlier than in children without a hereditary predisposition and in children with burdened heredity on gastroduodenal pathology more often was detected infection *H. pylori* than in children without a hereditary predisposition.

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THE USE OF OZONIZED PHYSIOLOGICAL SOLUTION IN EXPERIMENTAL PERITONITIS

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In spite of the progress and improvement of surgical methods of treatment and introducing of new antibacterial means into surgical practical work, lethal outcome in case of diffuse purulent peritonitis remains high.

One of the most dangerous complications in the post-operative period in case of peritonitis of appendicular genesis is acute commissural intestinal obstruction constituting 4,5% of all surgical diseases of the abdominal cavity. It is the most severe sign of commissural peritoneal disease and occupies a leading place among other kinds of intestinal obstruction.

The intestinal wall in the portion of the ileocecal angle in the control group of rats was found to be of usual histological structure. The mucous membrane was in the condition of normal physiological functioning with secreting glands; the glands are with clear enterocytes in the small intestine and colonocytes in the large intestine, as well as a considerable amount of cup-shaped cells secreting mucus.

In the submucous membrane the vessels with moderate blood filling, single lymphocytes, macrophages were found. The muscular membrane was with clear structure of fibers. Nerve plexuses were detected in the muscular layer.

In the control group of rats endocrine cells (APUD-cells), which granules were stained with silver by Grimelius and Mason-Gamperl staining, were found in great amounts in the glands of the mucous membrane. The granules were located in cells both in the basal and apical part of the cells; the granules were of different shape and occupy a considerable part of the cell which is indicative of normal secretory activity of the endocrine cells.

An average amount of APUD-cells in the mucous membrane of the ileocecal angle in the control group of rats was 326−16,8.

In the comparison group the portions of Bauhin's valve (ileocecal valve) are found in the sub-mucous layer of the intestinal wall, the walls of the small intestine were inflamed, granulomas were mostly formed of lymphocytes, macrophages that can be estimated as a sign of chronic inflammatory process; the mucous membrane in this case was with dystrophic changes of the villi epithelium. In the sub-mucous and muscular membranes of the small and large intestines adjacent to the portion of Bauhin's valve diffuse moderate infiltration with lymphocytes, granulocytes, macrophages, plasmatic cells were found.

Examination of APUD-system detected reduced amount of cells, APUD-cells were found only in separate glands, a small amount of argyrophilic and argentafinne granules which is indicative of decreased functional activity of APUD-cells. An average amount of APUD-cells in the mucous membrane of the intestine was 96+18,3.

In the portion of the ileocecal angle in some cases the glands were hyperchromic with moderately pronounced dystrophic changes in the epithelium, in some cases dystrophic changes were more focally pronounced. At the same time, focal pronounced lymphocyte infiltration of the mucous and sub-mucous membranes with formation of lymphoid follicles was detected.

In case of staining of the intestinal wall by Grimelius and Mason-Gamperl method a bigger amount of APUD-cells was found in the glands as compared to the group where in simulating commissural disease ozonized physiological solution was not used. The cells were found almost in all the glands, the number of granules and their sizes were bigger, the granules were located both in the basal and apical parts of cells. An average amount of APUD-cells in this group was 142−20,4.

СЕКЦІЯ 12
АКТУАЛЬНІ ПИТАННЯ, АНЕСТЕЗІОЛОГІЇ ТА ІНТЕНСИВНОЇ ТЕРАПІЇ

Кифяк П.В.

ПОТЕНЦІЮЮЧА ДІЯ УЛЬТРАФІОЛЕТОВОГО ОПРОМІНЕННЯ АВТОКРОВІ ПРИ ЛІКУВАННІ ОПІКОВИХ РАН З ГНІЙНО-СЕПТИЧНИМИ УСКЛАДНЕННЯМИ

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Гнійно-септичні ускладнення в хірургічній практиці прийнято вважати грізним ускладненням, яке являє собою поєднання як місцевих, так і загальних порушень в організмі. Незважаючи на численність препаратів, запропонованих на даний час, частка гнійної інфекції в післяопераційному періоді залишається високою, що зумовлено появою, насамперед, антибіотикорезистентної мікрофлори та зниженням імунологічної реактивності організму.

Позитивну терапевтичну дію УФО крові пов'язують із мембранотропним впливом на еритроцити та тромбоцити, фотомодифікацією поверхні клітин крові, їх активацією та позбавленням їх від біологічно активних речовин, а також із прямою бактерицидною дією на інфекційні збудники.

УФО крові проводилось хворим з опіками різної площі та глибини через добу в кількості 5 – 6 сеансів, шляхом забору та реінфузії крові із розрахунку 1,5 – 2 мл/кг за допомогою апарату «Ізольда». Під час як забору, так і автотрансфузії проводилося дворазове ультрафіолетове опромінення крові за допомогою лампи ДРБ-8. Для стабілізації крові використовували гепарин дозою 2,5 тис. ОД у флаконі із 50 мл ізотонічного розчину, а також уводили 2,5 тис. ОД гепарину внутрішньовенно за 5 хв. до початку сеансу. Експозиційна доза коливалась в межах від 400 до 800 Дж/м^2, що не спричиняє виникнення незворотніх змін в системі гомеостазу.

Після 3-4 сеансів УФО крові в рані спостерігали покращення процесів регенерації із одночасною активацією некролізу протеолітичними ферментами, що прискорює відторгнення некротизованих тканин, утворення грануляційних процесів, а також пригнічює запалення на фоні прогресивного розвитку і дозрівання новоутвореної сполучної тканини. Невеликий відсоток пацієнтів під час проведення реінфузії опроміненої УФО