



family is not burdened. Children from previous pregnancies are healthy. Ultrasound, performed in the period of 20-21 weeks of pregnancy revealed malformations of the upper limbs.

Clinical examination of proband: dolichocephalia, epikant, chin hypoplasia, dysplastic, deformed ears, talipomanus. Ultrasound diagnoses congenital heart defect (complete atrioventricular communication, ductus arteriosus); NSG (morphological immaturity of the brain); X-rays of the chest (atelectasis of the right lung) Child was consulted by specialists: cardiologist; ophthalmologist; orthopedist (bilateral radial talipomanus); geneticist (TAR syndrome?, Edwards Syndrome?).

To verify the diagnosis was passed complete blood count (normal platelet count) and cytogenetic analysis (karyotype of proband T.: 47, XX, 18+ - regular trisomy of 18 chromosome). The girl died at the age of 1 month due to multiple organ failure.

Thus, a data demonstrate the clinical case of polymorphism of Edwards syndrome and significant nosological range of conditions which should be differential diagnosis, that has predictive value regarding the course of the disease.

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### **THE BRONCHO OBSTRUCTIVE SYNDROME AND ALIMENTARY ALLERGY IN INFANTS**

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Respiratory pathology dominates the structure of child morbidity. Broncho-obstructive syndrome is often accompanied by respiratory pathology in small children. The prevention of the occurrence of relapsing forms of obstructive bronchitis in cases of repeated acute obstructive bronchitis (AOB) in young children is an urgent problem today. One of the factors of recurrent obstructive bronchitis (ROB) in children is severe atopic reactivity. Standard treatment of AOB includes hypoallergenic diet etiotropic, antispasmodic, bronchodilator, mucolytic, expectorant drugs, and physiotherapy. In most cases, a course of therapy leads to recovery of the child, but there are many children with further development of AOB and its recurrent course.

We aimed to study the influence of food allergy as an additional factor of ROB development in children and to work out the ways to prevent it.

The follow-up within three years observation of children with ROB on the background of a food allergy, according to the data of the pediatric unit of Chernivtsi clinical hospital, revealed the need to include allergy examination to identify the cause and significance of food allergens. Nowadays, there are several accepted methods of estimation of allergy. We have selected and conducted the examination of food allergens in 108 children aged 3 months to 3 years through an inhibition of neutrophil mobilization response. The study group was made of 66 children with ROB and 42 children registered with a single episode of AOB formed the group of comparison. In addition to general clinical examination methods, a thorough examination of a food diary, allergic history and heredity were carried out. In the study group of supervision, in 42.8% of cases food allergy was seen in the first year of life, mainly to cow's milk, as well as fruits and vegetables. Every third child had the hereditary burden. Anomalies of a constitution, mainly exudative-catarrhal type, were seen in 62.2% of children. In the comparison group food allergy to cow's milk was detected in 18.8% of children, a hereditary burden was determined in 19.5% of cases. Exudative-catarrhal type was seen in 22.2% of patients. All proven food allergens were withdrawn from the diet of children and hypoallergenic diet was intended. Children of the first eighteen months with an allergy to cow's milk protein diet were recommended a therapeutic powder based on deep hydrolyzed protein.

We have found out that in the group of children whose parents carefully adhered elimination and hypoallergenic diet, the frequency of hospitalization with recurrent obstructive bronchitis was significantly less in comparison with the rest of the patients, whose parents kept no food recommendations.

Thus, our investigation proved that the correction based food allergy examination reduces the frequency of relapses obstructive bronchitis in children at an early age.

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### **INDIGESTIONAL CONDITIONS IN CHILDREN AGED UNDER ONE YEAR WITH RESPIRATORY PATHOLOGY**

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The most frequent manifestations of functional disorders of the digestive tract include regurgitation (passive reproach of a small amount of gastric contents into the throat, mouth and out). The tendency to emesis was observed in 25-85% of healthy children aged under one year of age, nearly in half of them the regurgitations are sustainable and influence on weight and height indices.

The aim of the study was to optimize the treatment, to estimate the efficacy of medical antireflux therapy compounds and their comparative characteristics.

During 2016 in the pediatric department 295 children under the age of 6 months with various somatic pathology (acute respiratory disease, obstructive bronchitis, pneumonia, urinary tract infection) without concomitant