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CLINICAL OUTCOMES OF LARGE SOFT TISSUE DEFECT REPAIR BY FASCIOCUTANEOUS FLAPS WITH PERFORATOR VESSELS IN CHILDREN

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Spina bifida literally means "spine in two parts" or "open spine". Spinal dysraphism involves a spectrum of congenital anomalies resulting in a defective neural arch through which meninges or neural elements are herniated, leading to a variety of clinical manifestations. They are divided into *aperta* (visible lesion) and *occulta* (with no external lesion). Meningocele, myelomeningocele, lipomeningomyelocele, myeloschisis and rachischisis are the usual names associated depending on the pathological findings. Meningocele by definition involves only the meninges with no neural involvement; others have variable extent of neural involvement. The spina bifida *aperta* is usually associated with skin defect with an impending risk of CSF leak constituting "open defects," whereas the occult forms have normal skin cover. Both forms demand different approaches in their management. The clinical importance of occult lesion has grown tremendously in the recent years.

The plasty of large injured surfaces at various pathologies in children is difficult problem.

The children (n=64) were split into two groups. In the main group, the plasty of large injured surfaces by fasciocutaneous flaps with perforator vessels were performed in cases of spinal dysraphism (n=10): spina bifida (n=6), myeloschisis (n=4); pilonidal sinus (n=17); primary surgical treatment of wounds (n=12); myeloid leukaemia complicated by Fournier's gangrene (n=1); keloid scars (n=2).

Comparison group includes the cases of the plasty for spinal dysraphism (n=9): spina bifida (n=6), myeloschisis (n=3); primary surgical treatment of wounds (n=11) and keloid scars (n=2) were carried out by the local tissue. Suturing cutaneosubcutaneous flaps to fascia of sacrum were performed for pilonidal sinus (n=14).

In the main group of children with spinal dysraphism in 80%, pilonidal sinus in 88,24%, primary surgical treatment of wounds in 81,82 % were observed wounds healing by primary tension (in the comparison group in 55,56%, 0%, 63,64% accordingly). Fournier's gangrene and keloid scars wounds healed by primary tension without recurrence (100 % recurrences were in comparison group).

Using the fasciocutaneous flaps with perforator vessels for plasty of large soft tissue defect is effective method of treatment spinal dysraphism, pilonidal sinus, injured wounds, Fournier's gangrene and keloid scars in children.

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BRONCHIAL ASTHMA EXACERBATIONS IN CHILDREN DEPENDING ON THEIR WEIGHT STATUS

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Bronchial asthma exacerbations affect the quality of life for child and parent. Many factors are associated with asthma attacks including environmental exposures, patient-clinician relationship, and patient factors. Obesity has been associated with poor asthma control and severe asthma exacerbations in childhood. Reduced treatment response, chronic systemic inflammation, hormonal influences, and comorbidities such as gastroesophageal reflux may underlie the link between obesity and severe asthma exacerbations. Identifying children at risk of an asthma exacerbation affords the opportunity to prevent them.

The aim of the study was to reveal the relationship between weight status and asthma exacerbations in schoolchildren.