postgraduate education significant improvement was revealed. Doctors considered, that participation in SBS simulation scenario was relevant to their work and effective in teaching basic knowledge and skills, promoted reflection and team discussion.

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GLYCEMIA REGULATION AND GLYCEMIC TYPE IN CHILDREN SUFFERING FROM BRONCHIAL ASTHMA

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Bronchial asthma (BA) remains one of the most common chronic and complicated issues concerning the treatment of inflammatory diseases. According to the current standards of treatment and prevention the basic therapy of BA in children includes inhalation glucocorticosteroids (iGCS). At the same time, the question concerning the ir safe administration remains topical, because systemic glucocorticosteroids (sGCS) stimulate the processes of gluconeogenesis. Since high doses of drugs and their long administration in susceptible individuals may be associated with various side effects similar to those with sGCS therapy, nowadays there is much concern about potential systemic effects of iGCS.

Objective of the research is to study peculiarities of glycemia regulation and glycemic type in children suffering from bronchial asthma.

63 bronchial asthma patients were comprehensively examined under conditions of the Pulmonological-Allergological Department at the Regional Children Clinical Hospital (RCCH) in Chernivtsi. An average age was 11,43±0,39 years (from 4 to 17), on an average the disease lasted for 6,91±0,45 years (from 1 to 14). At the same time, severe BA was found in one third of patients, and this cohort of patients received high doses of iGCS. Therefore, two groups for comparison were examined where glucose utilization indices in children were compared. I group included patients who received low and mean doses of iGCS, II group included children who received high doses of iGCS. By means of immune-enzyme analysis performed by the immunological laboratory at the RCCH in Chernivtsi the following parameters were determined: the state of glucose metabolism regulation according to the content of antibodies IgGlass to insulin.

The differences in the groups of comparison according to the indices of carbohydrate metabolism regulation were found to be statistically significant. Thus, average values of antibody content to insulin were found to be in the concentrations 25,36±2,83 Un/ml (min – 0, max – 125,3 Un/ml).It should be noted, that high titers of antibodies from IgGclass to insulin in the blood serum wereas sociated with an increased risk of disturbe dglycemia regulation. Odds ratio showed that with the use of high doses of iGCS in comparison with low and mean doses the chances of increased glycemia were- 2,2 (95%CI 0,67-6,92) and concerning glucose utilization (OR) = 1,64 (95%CI 0,54-5,0).

Therefore, high doses of iGCS increase in considerably hyperglycemia risk on an empty stomach (OR=2,2), 2 hours after meals (OR=1,64), and it is accompanied by an increased risk of elevated content of antibodies to insulin (OR=1,6), which is manifested by disturbed utilization of glucose in children suffering from BA.

Haras M.N.

A CASE OF EXTRAPULMONARY TUBERCULOSIS IN A CHILD WITH CONGENITAL BRAIN MALFORMATION

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Tuberculosis is a major public health problem all over the world. Tubercular meningitis is the most dangerous form of tuberculosis in childhood, that is an important cause of permanent neurological disability in children and death. Extrapulmonary tuberculosis usually presents more of a diagnostic problem than pulmonary tuberculosis. In part this relates to its being less common and,

therefore, less familiar to most clinicians, especially in unusual situations with information deficits and combined pathology.

The purpose of the study was to analyze the clinical features of the tubercular meningitis in a child. A child of 3 years old was admitted on the 5th day of the disease with complains of the fever, weakness, depress of appetite, vomiting, weight loss. The child is unvaccinated because of the mother's refusal. General condition is severe, lethargic, meningeal symptoms were positive, hyperesthesia, photophobia. Leukocytosis, blood neutrophilosis. CSF was clear, pleocytosis 52 cells/mm^3, mostly lymphocytes (82%), normal protein and glucose.

Antibiotics, infusion therapy, dexamethasone and diuretics were prescribed. On the 5th day of treatment convulsions of the right extremities, convergent strabismus, and loss of consciousness were observed. CT scan demonstrated cerebrospinal fluid discirculation, involving the cerebellum, an enlargement of the fourth ventricle and absence of hyperdense brain abnormalities. CSF was clear, pleocytosis 36 cells/mm^3, mostly lymphocytes, normal protein and glucose level was slightly decreased. At that time the doctor received additional information about child's long contact with a relative suffered from tuberculosis. Tubercular meningitis was laboratory confirmed. The child began to receive specific therapy: kanamycin, rifampicin, pyrazinamide, ethambutol, isoniazid and supportive treatment which proved to be ineffective.

Difficulties of early diagnosis were associated with deviant parental behavior, lack of family complete epidemiological information, unusual changes in CSF in combination with a congenital brain malformation that caused the fatal termination of the disease.

Horbatiuk I.B.

DIAGNOSTIC SIGNIFICANCE OF C-REACTIVE BLOOD PROTEIN FOR VERIFICATION OF ACUTE NON-STREPTOCOCCAL TONSYLLOPHARYNGITIS IN CHILDREN

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Objective of this study was to investigate the diagnostic value of C-reactive protein level for the verification of acute non-streptococcal tonsillopharyngitis in children. The first (I, main) group included 68 children with acute non-streptococcal tonsillopharyngitis, whereas the second (II) group included 34 patients with acute streptococcal tonsillopharyngitis, caused beta-hemolytic streptococcus group A. C-reactive protein (CRP) (mg/1) serum level was determined with a semi-quantitative method using reagents "DAC-SpectroMed S.R.L. "

The results of investigation have shown CRP average level in the first group the admitted to hospital patients was 15.9 ± 1.0 (95% CI 13.8-17.9), in the second control group patients - 14.9 ± 0.63 (95% CI 13.7-16.2) (P> 0.05), respectively. In children who belonged to clinical group I, CRP level more than 16.0 mg / l was in 39.7 ± 5.93% cases, besides more than 50.0 mg / l - in 26.5 ± 5.35% cases. In patients with acute streptococcal tonsillopharyngitis such values of CRP were determined in 41.1 ± 8.44% cases and in 35.3 ± 8.20% of patients (P> 0.05). The investigation of CRP level in the venous blood of children, as a test, allowed to verify the non-streptococcal origine of acute tonsillopharyngitis with a significant sensitivity - 73.5% (95% a confidence interval 63.7-81.8), however, with a low specificity - 35.3% (95% a confidence interval 26.0-45.5), the estimated positive value was 53.2%, the estimated negative value - 57.1%.

Therefore, taking into account the fact that C-reactive protein level in the blood of the examined patients had a high sensitivity (73.5%) for the separation of acute non-streptococcal tonsillopharyngitis, but a low specificity for that (35.3%). This statement allowed to suggest us that it should not be used separately to confirm non-streptococcal or streptococcal etiology of the disease.