



I, $p < 0.05$). Dyspnoea occurred in 64.3% of patients from the clinical group I versus 89.3% of cases in group II ($p < 0.05$). On initial examination majority of patients had clinical signs of the inflammatory process in the lungs – decreased breath sounds (in 88.1% of group I patients vs 92.9% of cases in group II, $p > 0.05$), inspiratory crackles on auscultation (in 85.7% vs. 90.3% of patients, respectively, $p > 0.05$), and dullness on percussion (in 92.9% vs. 89.3% of patients, respectively, $p > 0.05$). Respiratory failure of the first degree was diagnosed in 85.7% of patients from the clinical group I and in 71.4% of patients from group II ($p > 0.05$). At the same time, the frequency of respiratory failure of the second and above degree was significantly higher in children with a moderate risk of severe pneumonia (2.4% in children from the group I vs 21.4% in patients from group II, $p < 0.05$), which attested to more severe disease course in these patients. Clinical signs of respiratory failure of the second degree increased the risk of severe pneumonia as follows: relative risk – 2.0, odds ratio – 11.1 (95% CI: 2.82-43.44), absolute risk – 45.3% at credibility ratio of 8.9.

Thus, the examination of patients revealed prolonged febrile fever, productive cough with little sputum and significantly more pronounced respiratory failure with its clinical manifestation as tachypnea, tachycardia, and involvement of accessory muscles in breathing act in patients with higher risk of severe pneumonia.

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SOME ASPECTS OF CARDIOVASCULAR SYSTEM LESION IN NEONATES WITH SEPSIS

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Cardiovascular disorders during the neonatal period are the totality of disturbances occurring in neonates from the site of the cardiovascular system in response to comorbid pathology or other pathological states. It should be noted, that due to the lack of precise diagnostic criteria of cardiovascular system damage in the literature great difficulties occur in evaluation of cardiovascular disorders in neonates.

On the assumption of it, objective of the study was to determine diagnostic value of biomarkers of cardiovascular system lesions in neonates with infectious and noninfectious pathology.

To realize the stated purpose 52 neonates were observed on the basis of the Intensive Neonatal Care Unit, Department of Neonatal Pathology and Department of Preterm Neonatal Care at the Municipal Medical Institution “Regional Children Clinical Hospital” in Chernivtsi. I group (48,1%) included neonates with verified septic process, and II – the neonates of the comparison group (51,9%) who were treated for hypoxic-ischemic lesions of the CNS of mild and moderate degrees or hyperbilirubinemia (at the expense of indirect fraction) with infectious-inflammatory process excluded. According to the sex the experimental groups were divided in the following way: I group included 60% boys, and 40% girls; II group included 63% boys ($p > 0,05$) and 37% girls ($p > 0,05$). With the aim to find myocardial damage biochemical blood analysis was made with detection of activity of cardiac specific enzymes: creatine phosphokinase (CPK), MB-fraction (MB-CPK), aspartate aminotransferase (AST) and lactate dehydrogenase (LDH).

The analysis of the clinical groups is indicative of susceptibility of preterm neonates to infectious-inflammatory processes. The analysis of diagnostic value of the biochemical markers of damage of the cardiovascular system gives the evidence to consider that AST level > 50 units/L and LDH > 300 units/L possess the specificity of 81,5% and 81,0%, and sensitivity for CPK-MB > 60 units/L in verification of damage of the cardiovascular system with neonatal sepsis was 72,0%. Chances of damage of the cardiovascular system with LDH level > 300 units/L in neonates with sepsis are found to increase reliably 3,3 times (OR= 3,35(95%CI 1,77-6,33)).

Thus, the investigated cardiac specific biomarkers (AST, MB-CPK, LDH) can be used in a complex with other ones only in verification of cardiovascular disorders in neonates with sepsis, since they do not possess sufficient independent diagnostic value. Serum level of the investigated



cardiac specific markers was considerably higher in neonates with comorbid pathology but without signs of infectious-inflammatory process and damage of the cardiovascular system.

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QUALITY OF LIFE OF SCHOOL AGE CHILDREN WITH CEPHALGIA

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The quality of life is an important complex index of self estimating health condition of a person and one of the most essential factors which reflect condition of a children's health. Pain syndrome formed significant medical and social problem among children. Near 88% school age children in our region suffer from different type of headache. Thus we made decision to study this problem.

Under our supervision were 90 children (age 9-15 years) from Chernivtsy region. We were carried out the medical examination, questionnaire among children with refinement social, anamnesis, and other features. Pain assessment was done by McGill and self-concept "color-pain" scales. We were looking on a direction, force and significance of correlation. Study concerning of type headache shows, that at 11% were acute headache cases, 35% - persistent headache, 27% - chronic type.

Cephalgia influences on the psychology of the child's behavior and emotions and often determine his place and role in a social life. The characteristic features of children with headache are as follows: restless, uncertainly, irritability and difficulty in communication. These traits increase with the progression of the diseases and reflect its impact on the child's mentality.

The importance of estimating quality of life among children with headache is emphasized.

Rate QOL can be used in complex estimation of health state of children at all the stages of prophylactics, treatment and rehabilitation.

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FESS IN PATIENTS WITH EPILEPSY: DOES IT HELP?

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Epilepsy is an extremely important medical and social problem due to its numerous complications, mental illness, and premature death. The Global Burden of Diseases, Injuries, and Risk Factors Study, conducted in 2010, found that only HIV was more likely to cause disabilities than severe uncontrolled epilepsy.

The purpose of our study was to study the effectiveness of endoscopic surgery of the maxillary sinus for the course of epilepsy. For the period from 2015 to 2020, 7 patients (2 women and 5 men) with epilepsy were treated. Patients' age ranged from 14 to 22 years. All patients have no history of sinusitis, nasal obstruction due to nasal septum deviation and chronic vasomotor rhinitis were found in 4 of them. On MRI of the paranasal sinuses, a cyst of the right maxillary sinus (in 2), left (in 4), hypogenesis of the maxillary sinus was found. The cysts were localized on the inferior sinus wall and varied in size from 15 to 22 mm. Patients underwent endoscopic maxillotomy with cyst removal (at 6) and anthrostomy (at 7) in the middle nasal meatus. In the postoperative period, complete disappearance of seizures was recorded in 5 patients.

In one of the cases, the 15-years boy with epilepsy was operated on the cyst of the left maxillary sinus. Complete disappearance of seizures after surgery was registered. But three years later seizures reappeared. On MRI of the head we found 20-mm cyst of the right maxillary sinus and performed the sinus surgery on the right side. No seizures were observed after endoscopic surgical removal of the cyst. Surgical treatment of sinus pathologies facilitates the course of epilepsy.