the I group, a significant decrease in serum concentrations of immunoglobulins of classes A, G, M was observed in these newborns.

Thus, the decrease in the level of the above serum immunoglobulins is probably due to the immunosuppressive effect of xenobiotics on the fetus, whose mother was under the conditions of long-term action of xenobiotics. This, in turn, reduces the resistance of the newborn body to infection and contributes to a more severe course of the infectious process. Probably, the more severe manifestations of neonatal sepsis in newborns of the I clinical group are partly due to a combination of decreased immunoglobulin synthesis and increased interleukin-10 production.

Yurkiv O.I.

FEATURES OF CLINICAL-PARACLINICALLY DIAGNOSTICS OF GASTROINTESTINAL FUNCTIONAL DISORDERS OF GROUP NEWBORNS OF PERINATAL RISK

Department of Patient Care and Higher Nursing Education
Bukovinian State Medical University

Dysfunction of the gastrointestinal tract in children under 1 year of age who had a history of perinatal pathology is a topical issue in modern neonatology and pediatrics. One of the most common pathological conditions of the gastrointestinal tract in newborns is disorder of the composition and function of the microflora of the colon, occurring under the influence of perinatal factors and is a precondition for the development of inflammatory bowel disease in the future. Clinical manifestations of intestinal dysfunction in newborns with underlying perinatal pathology are nonspecific, their severity depends on the duration and severity of disorders, the presence or absence of background conditions and are characterized by bloating, delayed meconium excretion due to impaired motor-evacuatory function, paresis with insufficiency of processes of digestion and absorption against signs of endogenous intoxication. Diagnosis of intestinal disorders is made by studying the anamnesis in detail to identify possible causes and pathogenesis of the pathological process, based on clinical examination of the child with local (intestinal) and systemic (extraintestinal) manifestations of the disease, as well as in-depth laboratory and instrumental studies.

Two groups of newborns were examined: I study group consisted of 30 newborns with perinatal diseases of varying severity; Group II - 30 newborns with physiological early neonatal period. Diagnostic complex included detection of secretory immunoglobulin A, alpha-1-antitrypsin and albumin in faeces. Increased levels of these markers showed functional disorders of the intestine.

In response to acute hypoxia, the fetus has a special form of protective reactions aimed not at activating life support mechanisms, but at their suppression, which is manifested by changes in homeostasis with the predominant provision of organ systems responsible for adaptation. As a result, newborns have a complex of vegetative-visceral disorders, which include changes in the functional state of the gastrointestinal tract. On day 6-7 in neonates of group I there was a significant increase in the level of alpha-1-antitrypsin 1125.7±56.25 mg/g against group II 96.5±1.83 mg/g, $p>0.05$ which is marker of interstitial protein loss and indicates increased permeability of the intestinal mucosa. With inflammation, the level of α-1-antitrypsin can increase threefold, as a result of which it is classified as a marker of acute phase inflammation. Increased albumin levels in children of group I 55.1±2.76 mg / g relative to group II 3.0±0.15 mg/g, $p>0.05$ indicates a disorder of the processes of parietal absorption, as well as the passage of plasma into the intestinal lumen. The level of sIgA in the feces of newborns who had signs of intestinal dysfunction was slightly higher compared to healthy newborns - 534.3±26.72 mg/g and 373.8±18.69 mg/g respectively, $p>0,05$. In our opinion, the increase in sIgA levels in newborns with perinatal pathology may be associated with disorders of the formation of the biofilm characteristic of this stage of microbiocenosis formation, with a predominance of opportunistic pathogens.

Thus, early diagnosis of intestinal dysfunction in newborns will increase the effectiveness of treatment and prevent the development of diseases in infancy.