

The average age of children with ulcer disease was $14,8 \pm 2,0$ years. 53,5% of examined children suffering from ulcer disease, were boys. There were almost equal numbers of children with the duration of UD less than one and over 3 years. Verification of clinical diagnosis was carried out in accordance with the treatment of children in “Children’s Gastroenterology” (Ministry of Health of Ukraine 59 of January 29, 2013). All children were interviewed with studying of anamnesis, genetic, social, environmental, household and other characteristics of their habitat. Clinical studies were performed by the standard method of patient examination. Particular attention was paid to children’s complaints on pain, its location, seasonality, the nature of the factors that enhance and ease the pain.

Pain was observed in 100% of sick children, mostly had aching in nature and was located mainly in the epigastrium and pyloroduodenal areas, regardless of the duration of ulcer disease. Pain, which appeared on an empty stomach and after 1-1,5 h after the meal was dominant at the time of occurrence. The significant difference of pain intensity in children was noted. So, for children who were sick less than 1 year, intensive pain syndrome was observed in $83,3 \pm 7,7\%$, in children with disease duration 1-3 years – $13,3 \pm 2,3\%$ and in aching patients with disease duration more than 3 years – $34 \pm 0,4\%$ of cases, ($p < 0,05$).

The leading symptom of the dyspeptic syndrome among pediatric patients was nausea (90,8%). In children with the duration of ulcer disease up to 1 year was shown a tendency to constipation (83,3%), in patients with disease duration more than 3 years – a tendency to diarrhea (85,3%) and decreased appetite (100%).

The main symptoms of astenovegetative syndrome in children with the duration of ulcer disease up to 1 year were: emotional lability in 92% of cases, headache, weakness, drowsiness, fatigue in 83%, in 25% – heart pain and in 42% – poor sleep. With increasing ulcer disease duration grew and prevailed symptoms of vagotonia: emotional lability (100%), excessive sweating (93,3%), chill (90,0%). In addition, in all children of 1-3 years duration of disease were observed weakness, flabbiness, fatigue, drowsiness and headache – in 83% and 92% of children. There were emotional lability, weakness, drowsiness and fatigue in 100% of children suffering from ulcer disease more than 3 years, 83% of children complained about headache, 93% – sweating and 90% of patients – chill.

Thus, with increasing disease duration, quantity of children with pain syndrome (22,5%) decreased and number of patients with dyspeptic (68,3%) and astenovegetative syndromes (62,5%) increased.

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EVALUATION OF TREATMENT TACTICS IN CHILDREN WITH BRONCHITIS DEPENDING ON ITS CLINICAL FEATURES

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Respiratory diseases always account for a significant proportion of visits to the pediatrician or family doctor, and bronchitis is usually a frequent clinical manifestation of acute respiratory diseases. The doctor often faces the question of how to objectively assess the clinical picture of bronchitis, and now the assessment of respiratory symptoms is often based on criteria such as cough, shortness of breath or wheezing on auscultation. However, today there are practically no data on the severity of bronchitis in children depending on the above criteria.

The aim of the work was to study the clinical features of bronchitis in children with varying severity of inflammation of the bronchial tree and to assess the effectiveness of standard treatment tactics to optimize the management of these patients.

A cohort of 158 children with bronchitis was created at the pulmonology and allergology Department of the Municipal Medical Institution “Regional Children’s Clinical Hospital” in Chernivtsi. The average age of the examined children reached 6.6 ± 0.30 years. 63.3% of the surveyed children were boys and 36.7% - girls, most of the patients lived in rural areas (60.1%). The severity of bronchitis was assessed at the beginning and on the 3rd and 7th days of inpatient

using the Bronchitis Severity Score (BSS). According to this scale, mild bronchitis was verified in 30 patients which formed the I clinical group, and 128 children had moderate bronchitis (II clinical comparison group).

Acute bronchitis occurred in 34.8% of cases, in 65.2% there was a recurrent nature of bronchitis. In 21.6% of patients the simple nature of bronchial tree inflammation was verified, in 78.4% - obstructive, and in 5.7% of cases signs of purulent endobronchitis were found. At the same time, in children of group II with moderate bronchitis in 6.2% of cases have a history of allergic reaction to drugs, and in patients of group I drug allergy was not observed. On average, children of the first clinical group were ill 11.2 ± 1.66 days before inpatient treatment, and the second group - 6.7 ± 0.68 days ($p = 0.05$). Aggressive inflammation of the bronchi in children with moderate inflammation of the bronchial tree compared with patients with mild bronchitis was accompanied 1.6 times more often by recurrence, a history of episodes of community-acquired pneumonia in 9.4% of patients, long-term inpatient treatment (odds ratio 2.6) and halving the duration of the outpatient treatment period. The study of clinical severity of bronchitis in children of the comparison groups made it possible to establish an increase in the chances of a more severe course of the disease on the 7th day of hospitalization in children with moderate bronchitis (odds ratio 4.8) with persistence of cough in 68.7% of children in this group (odds ratio 3.8). Evaluation of inpatient treatment tactics indicated the need to increase the volume of complex therapy in patients with moderate bronchitis relative to children with mild disease (odds ratio 12.0, relative risk 8.8), as well as increasing the risk of the need for antibacterial therapy (odds ratio 3.7, relative risk 2.8) and the appointment of parenteral antibiotics for more than 3 days (odds ratio 5.0, relative risk 1.1).

Thus, patients with a moderately severe course of the disease, in comparison with patients with mild bronchitis, require a larger volume of complex deobstructive therapy (odds ratio 12.0), 1.6 times more often have indications for prescribing antibacterial drugs (odds ratio 2.5) and longer need to use parenteral antibiotic therapy (odds ratio 5.0). Every third child of the II clinical group (35.2%) need to continue deobstructive therapy at the outpatient-polyclinic stage, and markers of the local inflammatory process in such children were associated with statistically worse results of complex inpatient treatment, assessed on the clinical scale of bronchitis severity.

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SPECIFICS OF ELEMENTAL STATUS IN CHILDREN WITH CHRONIC CONSTIPATION

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Diseases of the large intestine (LI) occupy a significant place in the structure of chronic diseases of the digestive system. Along with functional pathology and inflammatory diseases, conditions caused by developmental abnormalities and the position of the LI cause concern, among which the most frequent one is dolichosigmoid (45-50%) that indirectly creates the basis for the development of chronic inflammatory and functional diseases not only of the LI, but of the entire digestive system.

We had examined children with CC against the background of congenital anomalies of the large intestine, who were born and live in Chernivtsi. We have checked the levels of 33 chemical elements (9 toxic, 8 potentially toxic and 16 vital) using the method of inductively coupled plasma atomic emission spectrometry in Price B.

The analysis of findings has revealed probable decrease in the levels of essential micro- and macro-elements as compared to the values in the reference group. Hence, all the patients showed various degrees of deficiency of such mineral components as magnesium, selenium, chromium, zinc, and manganese. The study of the micro-elemental status of the children from the main group revealed a pronounced deficiency of microelements in whole blood. Thus, the majority of patients (70.35 ± 3.48 %) showed a probable (>0.05) decrease in the levels of selenium. Selenium is a microelement, which serves the function of protecting cell membranes from the effect of free radicals and reactive oxygen intermediates. In this case, the deficiency of selenium can testify to the