function. Clinical-instrumental peculiarities of asthma course were studied considering the norm of PTH in the blood serum within the range of 10,4-66,5 pg/ml (according to the producers' figures).

Natural changes of PTH content in the blood serum of patients depending on the doses of iGCS were not found except the range of high doses. Thus, in case of a low concentration of PTH in the blood serum children received therapy with low and average doses of iGCS: OR = 3,6 (95%CI 1,9 - 6,6), OR = 2,0 (95%CI 1,6 - 2,5), AP = 0,31. High doses to certain extent might promote osteoporosis development and calcium remove from the bones, which in its turn stimulated synthesis of the parathyroid hormone.

Therefore, a conclusion can be drawn that 52.2% of schoolchildren suffering from bronchial asthma do not have normal values of the parathyroid hormone in the blood serum, and in case of an uncontrolled course of bronchial asthma its concentration 5 times decreases and correlates with the period of administration of systemic GCS during BA attacks (R=0,72). Patients with parathyroid hormone concentration in the blood lower than that of the norm require 2,5 times less commonly high doses of iGCS with underlying disorders of the ventilation function (Hensler index less than 70,0%) of the respiratory passages (OR=5,4).

Haras M.N.

NEONATAL COVID-19 AS A NEW EXPERIENCE IN THE PANDEMIC ERA

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Biologically plausible routes of perinatal SARS-CoV-2 transmission include transplacental, contact with infected secretions during delivery and with respiratory droplets after delivery, and breast milk. Low rates of virus positivity in relevant biological specimens suggest that perinatal transmission is uncommon, but accumulating evidence indicates that some neonates who are born to mothers with SARS-CoV-2 do obtain positive test results for the virus.

The purpose of the study was to analyze the peculiarities of coronavirus disease COVID-19 in the neonatal period on the example of 2 clinical cases. The newborn full-term girl was under inpatient observation from the 4th to the 17th days of life. The girl was born from SARS-CoV2 positive and COVID-19 respiratory symptomatic mother (by RT-PCR). The child's grandmother was the first member, who suffered from pneumonia caused by SARS-CoV2, who was the source of novel coronavirus infection in the family. Immediately after birth, nasal and oral swabs were taken, the result gRT-PCR RNA-SARS-CoV-2 was positive. During the observation, the child was breastfed and showed signs of physiological adaptation of the newborn without health abnormalities. Cells blood count (CBC) was within normal ranges, also C-reactive protein (CRP) level didn't elevate. Another full-term breastfed newborn was hospitalized with mild respiratory symptoms (coryza, dry cough and pharyngitis) and low-grade fever on the 24^{th} day of life (2^{nd} day of disease onset). The child's mother had the same symptoms. Swabs' results of both mother and newborn (gRT-PCR RNA-SARS-CoV-2) were positive. CBC and CRP levels were within normal ranges. All symptoms were reduced in 5 days. In both cases, the mothers and children received two negative gRT-PCR RNA-SARS-CoV-2 results. The presented cases demonstrated the asymptomatic COVID-19 in the early neonatal period where the child was born from symptomatic PCR confirmed COVID-19 mother; and mild symptomatic COVID-19 in a child that was infected by symptomatic mother in the late neonatal period.

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CLINICAL AND PARACLINICAL MARKERS OF INFLAMMATORY ACTIVITY IN ACUTE TONSILLOPHARYNGITIS IN CHILDREN

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The objective is to study clinical and paraclinical markers of inflammatory activity in acute non-streptococcal and streptococcal tonsillopharyngitis in children to address rational treatment tactics.

To achieve this goal, we conducted a comprehensive examination of 102 children with acute tonsillopharyngitis, who were divided into two clinical groups depending on the isolation of beta-hemolytic streptococcus group A due to the culture of smears from the mucosa of the tonsils / pharynx. The first (I) clinical group included 68 patients in whom bacteriological examination did not reveal BGSA - ATP of non-streptococcal etiology (nATP). 34 children in whom the streptococcal etiology of the disease was determined formed the second (II) clinical group - streptococcal acute tonsillopharyngitis (sATP).

The presence of a subfebrile body temperature in the child increased its post-test probability by 27.4%, and higher fever figures reduced the probability of non-streptococcal ATP by only 4.3%. The absence of symptoms of intoxication syndrome in children with a high degree of specificity - 91.4% confirms the non-streptococcal nature of the disease. Expressive layers on the tonsils are more characteristic of streptococcal ATP, and the assessment of their severity <3 points was much more common in patients with non-streptococcal disease. Using the determination of the content of C-reactive protein <50.0 mg / l in the venous blood of children as a test, allowed to verify the non-streptococcal nature of acute tonsillopharyngitis with fairly high sensitivity - 73.5% (95% CI 63.7-81.8) , however, low specificity - 35.3% (95% CI 26.0-45.5).

Indicators of local inflammation and clinical manifestations of the general inflammatory reaction were less pronounced in patients with non-streptococcal ATP. Indicators of C-reactive protein <50.0 mg / l in venous blood with high sensitivity (73.5% (95% CI 63.7-81.8) and relative risk 1.2 (95% CI 1.0- 1,5) probably testified in favor of the nonstreptococcal nature of acute tonsillopharyngitis.

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CLINICAL CASE OF SPINAL MUSCULAR ATROPHY

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Spinal muscular atrophy is a group of hereditary neuromuscular diseases based on the primary damage to the motor neurons of the anterior horns of the spinal cord and the nuclei of the brainstem in the form of their progressive degeneration and death. There are 5 types of disease. Type I, or acute malignant infantile amyotrophy of Werdnig-Hoffmann, is the most severe and common form. Frequency - 1:10000-1:6000 infants, characterized by early onset (up to 6 months) and death from respiratory failure up to 2 years. The genetic basis of the disease is a mutation in the SMN1 gene (motoneuron survival factor gene). The diagnosis of Spinal muscular atrophy can be confirmed by detecting the deletion of the 7th and / or 8th exon of the SMN1 gene in a homozygous state.

Purpose of the study: verification of the diagnosis of Spinal muscular atrophy of the Ist type by molecular genetic diagnosis.

Material and methods: DNA isolation and studies of deletions of the 7th and 8th exons of the SMN1 and SMN2 genes by polymerase chain reaction.

The geneticist was invited to consult a one-month-old boy in the neonatal pathology department of the Chernivtsi Regional Children's Clinical Hospital, who was delivered by an ambulance crew at the age of 29 days with parents' complaints about the sudden decrease in extremities movements. From the anamnesis, it is known that the boy from the first pregnancy, which took place against the background of anemia, the threat of miscarriage, toxicosis, polyhydramnios. Childbirth at 40 weeks of pregnancy. Heredity through mother and father is burdened by oncopathology. At birth, the child weight was 3600, length - 55 cm. The child's condition on the admission is of moderate severity.

At inspection the child is weak, physiological reflexes are not caused, the tone of muscles is diffusely lowered, active movements in hands are minimum, in legs - are absent. When traction by the hands, the head sags back, the head does not hold. The skin is jaundiced, more on the face, torso and proximal limbs, the sclera were subicteric. The abdomen is enlarged, the liver is +3.5 cm. Type I Spinal muscular atrophy was suspected.