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**CRITERIA OF THE DIGESTIVE SYSTEM DYSFUNCTION IN NEWBORNS  
CONCURRING PERINATAL PATHOLOGY**

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Introduction. Severe forms of perinatal pathology in newborns are accompanied by clinical signs of multiorgan dysfunction, with dysfunction of the digestive system, which is manifested by exo- and endocrine insufficiency of the pancreas and dysfunction of the intestine.

The study aim was to determine perinatal factors and clinical manifestations of the digestive system functional disorders in newborns suffering from critical conditions. An examination of 205 newborns was conducted, including: Group I (experimental), which was divided into two subgroups - IA (consisting of 73 newborns with manifestations of perinatal pathology of moderate severity) and IB (consisting of 82 children with manifestations of severe perinatal pathology); Group II (control), which included 50 relatively healthy newborns.

According to the data, the risk factors for developing adaptation disorders in newborns are: Somatic pathology in mothers: pathology of the cardiovascular system is 36.59, 65.75 ( $p < 0.05$ ) and 44.00%, blood diseases compensate 56.10, 61.64 and 56.00%, gastrointestinal pathology is responsible for 13, 41, 28.77 ( $p < 0.05$ ) and 8.0%, pathology of the excretory system refers to 26.83, 24.66 and 36.00%, pathology of the respiratory system is 9.76, 5.48 and 6, 00%, diffuse goiter refers to 20.73, 27.40 and 20.0%, oncological and gynecological pathology conclude 19.51, 24.66 and 14.00 in IB, IA and II study groups. Pregnancy complications: threat of abortion concludes 29.27, 28.77 and 30.00%, placental dysfunction - 12.20, 8.22 and 4.0%, miscarriages/abortions - 23.17, 30.14 and 20.0%, oedema of pregnant women - 18.29, 9.59 and 20.00%, preeclampsia - 4.88, 4.11 and 2.00%, polyhydramnios - 9.76, 6.85 and 2.00%, isosensitization by AB0 TA Rh factor refers to 10.98, 13.17 and 18.00% in groups IB, IA and II. Pathology of childbirth: OAA concludes 17.05 ( $p < 0.05$ ), 8.22 and 2.00%, umbilical cord entanglement around the neck refers to 6.10, 5.48 and 4.00%, respectively, in IB, IA and II groups. According to the study, the most severe cases of perinatal pathology in newborns were caused by such conditions as: respiratory disorders - 95.12% (required mechanical ventilation - 82.93% of children), perinatal CNS lesions - 82.93%, multiple organ failure - 28, 05%, meconium aspiration syndrome - 45.12%, convulsive syndrome - 19.51%, cerebral edema - 19.51%, severe asphyxia - 10.98% and moderate asphyxia - 20.73%. Clinically combined disorders of the digestive system in newborns with perinatal pathology were characterized in IB and IA groups, respectively: reduced food tolerance - 86.59 and 35.62%, vomiting/stasis - 80.49 and 30.14%, paresis/weak peristalsis - 57.32 and 9.59%, suppression of the sucking reflex - in 16.44% in IA group and lack of reflex - 3.66% in IB group.

Thus, the study of the medical cards has showed the most significant associations of tolerance disorders in newborns with sentimental conditions in mothers and asphyxia in childbirth. It should also be noted that the violation of food tolerance in critically ill newborns correlated with a more pronounced severity of perinatal pathology.

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**PAIN AND WOUND HEALING DURATION ACCORDING TO DIFFERENT METHODS  
OF SURGERY CONCERNING PILONIDAL SINUS TREATMENT IN CHILDREN**

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Pilonidal sinus (PS) in children is a frequent disease which occurs in 5% of children population. It is generally accepted, that treatment of PS can be only surgical. Despite of long history of development of surgical treatment of PS in children, this pathology is associated with a significant pain and long duration of wound healing. The basic goal of surgery is removal of main inflammation source with all primary holes, damaged tissues and secondary fistulas. The question of searching a method which can provide the least pain intensity and the shortest duration of wound