МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

104-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
06, 08, 13 лютого 2023 року

Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2023 році №5500074

Чернівці – 2023

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COVID-19 AND NEW-ONSET TYPE 1 DIABETES MELLITUS: CASE IN AN ADOLESCENT PATIENT

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Introduction. During the COVID-19 pandemic was found a significant increase in diabetic ketoacidosis and severe ketoacidosis at diabetes diagnosis in children and adolescents. Underlying causes may be multifactorial and reflect reduced medical services, fear of approaching the health care system, and more complex psychosocial factors (Kamrath C., Mönkemöller K., Biester T., 2020). During the COVID pandemic, a surge in pediatric type 1 diabetes mellitus cases appears to be occurring, potentially due to the presence of autoantibody-induced immune dysregulation triggered by COVID-19 (Nielsen-Saines Karin, et all., 2021).

The aim of the study. The purpose of the article was to analyze the case of an acute respiratory infection COVID-19 in a child with ew-onset type 1 diabetes mellitus.

Results. The patient felt ill suddenly, she has had dry cough, followed by a history of fewer (37,8 ^{o}C) and an increase in urinary frequency for 3 days. Her condition was rapidly worsening. She was presented to the department of infectious diseases of anesthesiology and intensive care with severe acute respiratory tract infection. The laboratory tests of the patient revealed hyperglycemia, hyperstenuria, glycosuria, ketonuria, hypertransferasemia, elevated levels of glycated hemoglobin and decreased levels of C-peptide. SARS-CoV-2 was confirmed by polymerase chain reaction (PCR) of naso/oropharyngeal swabs. The patient has been receiving fluid replacement treatment intravenously, short-acting insulin to correct hyperglycemia followed by symptomatic treatment therapy. The patient responded well to the treatment plan and was discharged from the hospital after 8 days continuing treatment from home.

Conclusions. The presented article describes a clinical case of COVID-19 in adolescent female patient with new-onset type 1 diabetes mellitus. The patient's severe condition was caused mainly by dehydration and COVID-19 precipitated ketoacidosis despite having light respiratory symptoms.

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DIAGNOSTIC VALUE OF CLINICAL AND LABORATORY INDICATORS FOR THE DETERMINATION OF ACUTE NON-STREPTOCOCCAL TONSILOPHARYNGITIS IN CHILDREN

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The aim of the study: to study the diagnostic value of clinical and laboratory indicators for the determination of acute non-streptococcal tonsillopharyngitis in children in order to optimize treatment tactics.

Materials and methods. To achieve this goal, two clinical groups were formed. The first (I, main) group consisted of 66 patients with acute tonsillopharyngitis of non-streptococcal etiology, which was evidenced by the negative result of the bacterial examination of washings from the pharynx and the back wall of the pharynx. The second (II) clinical group included 32 children diagnosed with "streptococcal acute tonsillopharyngitis".

Results. The total number of points on the MacIsaac scale, which did not exceed 2 points, was recorded in 15.2±4.4% of people in the I group and in 6.2±4.2% of patients in the comparison group. The sensitivity of the method was 15.2%, the specificity was 93.7%, the positive and negative predictive values were 83.3% and 34.8%, respectively, with an odds ratio of 2.6 [95% CI: 0.5-13 ,0]. The average content of leukocytes in the blood was less than 8.9×109/l in 57.6% of patients of the first group and in 48.8% of the representatives of the second group (P>0.05). The sensitivity of this laboratory test in detecting non-streptococcal tonsillopharyngitis was 57.6%, specificity - 55.6%, predictive value of a positive result - 54.1%, negative - 59.1%. The relative risk of non-streptococcal GTP etiology when registering a patient with less than 8.9×10^{9}/l leukocytes of