МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

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

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all age groups worldwide and causes around 350,000 deaths per year. Approximately 45% of infants have one episode of wheezing in their first year of life, and about 20% have recurrent wheezing.

The aim of the study. Considering this fact the objective of our scientific study was to find predict factors to prevent the development of asthma in children.

Materials and methods. To achieve this purpose we have conducted our study following the task: Afind some predict factors in infants which can show about the develop bronchial asthma in future life. We carried out retrospective observation children who at an early age received inpatient treatment for the first episodes of bronchial obstruction in the Chernivtsi Regional Children's Clinical Hospital. The results were analyzed by methods of variation statistics and clinical epidemiology to the definition sensitivity (Se) and specificity (Sp) test, as well as the absolute (AR), relative (RR) and risk odds ratio (OR) indicating the 95% confidence interval (95% CI).

Results. Since in 91.9±1.8 % of patients from the group of children examined by us the age of mothers was 18-35 years, fathers - 18-50 years, it is possible it was assumed that the influence of this factor on the prognosis of bronchial obstruction in these children was insignificant.

In the cohort of our patients, the first children in the family prevailed (86.8%), and only 11.4% of patients were born as the third or fourth child in the family ($P\varphi<0.01$).

We found that if both parents suffer from an atopic form of asthma, allergic rhinitis/conjunctivitis and/or atopic dermatitis, the risk of developing an allergic disease in a child is 4 times higher than in children whose parents do not have allergic diseases. The risk of bronchial asthma is maximum if the parents are affected by the same target organ (bronchopulmonary system), and reaches 60-80% in such families. If only one parent or sibling suffers from allergic pathology, the risk for the child increases 2 times.

Among the children examined by us, patients whose body weight at birth exceeded 3500 g prevailed (58.2±4.8%), while children with a birth weight of less than 2500 g were noted only in (2.8±1.6%) cases ($P<0.01$). Excess body weight at birth was associated with the risk of AD 3.17 (95% CI 0.98-10.1). In normal birth weight children, the risk of allergies was adversely link with birth weight, as higher birth weights had a higher risk for diseases.

At the same time, 84.9±3.4 % patients were breastfed until 6 months, whereas only 11.2±3.1% of patients were artificially fed ($P<0.01$). Indicators of the diagnostic value of the presence of breast-feeding for the development of asthma in schoolchildren compared to artificial feeding were characterized by high sensitivity and specificity: 84.9% (95%CI 76.3-91.3) and 88.8% (95%CI 80.8-94.2). 83.9±3.6% patients did not get sick, or suffered isolated childhood infectious diseases, and only in 13.2±3.3% cases ($P<0.05$) a high infectious index was registered (more than 3 infectious diseases in the anamnesis).

Conclusions. If both parents suffer from an atopic form of asthma, allergic rhinitis/conjunctivitis and/or atopic dermatitis, the risk of developing an allergic disease in a child is 4 times higher than in children whose parents do not have allergic diseases. Indicators of the diagnostic value of the presence of breast-feeding for the development of asthma in schoolchildren compared to artificial feeding were characterized by high sensitivity and specificity: 84.9% (95%CI 76.3-91.3) and 88.8% (95%CI 80.8-94.2).

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THYROID GLAND PATHOLOGY IN CHILDREN WITH TYPE 1 DIABETES MELLITUS

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Introduction. Diabetes mellitus and thyroid diseases are two of the most common endocrine disorders in pediatric clinical practice, as metabolic disorders, insulin and thyroid hormone levels can affect each other.

The aim of the study was to study the structure of thyroid pathology among children aged 0-18 years with type 1 diabetes mellitus (T1DM), who were in-patients at the Regional Children's Clinical Hospital in Chernivtsi during 2020-2021.

Material and methods. 27 children with type 1 DM living in Chernivtsi region with thyroid pathology (15 girls (55.6%) and 12 boys (44.4%)) were examined. The average age of patients was 9.62±4.45 years.

Results. On average, the weight of the subjects at birth was 3304 g, height - 51 cm. Breastfeeding was carried out up to 9.6±1.9 months. Prevention of rickets was carried out in all children up to 8.8±1.5 months. All children were prevented from having iodine deficiency by adding iodized salt to food.

When studying genealogy, heredity was burdened in 16 children (59%). According to the duration of the disease, children with type 1 diabetes mellitus were divided into four groups: those who have been ill for one year - 3 children (11.1%), from one to two years - 6 children (22.2%), two to four years - 12 children (44.5%), more than 10 years - 6 children (22.2%). According to the level of glycemic control, all the subjects were divided into subgroups: with optimal glycemic control - 10 (37%), suboptimal - 8 (29.7%), with the high risk for life - 9 children (33.3%).

In 20 patients, diffuse non-toxic goiter of IA stage (74%) was detected, in six children hypertrophic form of autoimmune thyroiditis (22.2%) and in one child uninodular goiter (3.8%) were diagnosed. Autoimmune thyroiditis occurred in these patients already because of diabetes mellitus. In two patients it occurred three years after the detection of type 1 diabetes, and in four - after four years of the disease. Diffuse non-toxic goiter was diagnosed at the first diagnosis of type 1 diabetes in 13 patients (48.1%), and in seven (25.9%) - within 2-4 years after the onset of the disease. Nodular goiter was diagnosed in a child who has been suffering from type 1 diabetes for more than four years.

All children underwent analysis of serum TSH, T3 free and T4 free levels, the results of which were normal. To confirm the diagnosis of autoimmune thyroiditis, an analysis for antibodies to thyroid peroxidase in the blood serum was performed and the latter was found to be 3-4 times above the norm. Ultrasound of the thyroid gland was performed in all patients. In children with diffuse non-toxic goiter ultrasonography showed diffuse enlargement of the gland without changes in echogenicity. In autoimmune thyroiditis, the ultrasound picture was typical for this pathology, that is, with altered echogenicity, the presence of echo+ and echo- signals on the background of thyroid enlargement. In a child with uninodular goiter, a nodule was detected in the right lobe of the thyroid gland with a diameter of 0.8 cm^3 against the background of diffuse enlargement of the latter.

Conclusions. Among the examined patients, 74.0% had diffuse non-toxic goiter of IA stage (74%), 22.2% of children had hypertrophic form of autoimmune thyroiditis and one patient had uninodular goiter. Autoimmune thyroiditis occurred in these patients already on the background of diabetes mellitus. Diffuse non-toxic goiter was diagnosed at the first detection of type 1 diabetes in 48.1% of children, and in 25.9% - within 2-4 years after the onset of the disease. All children were in a state of euthyroidism.

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CLINICAL AND ANAMNESTIC RISK FACTORS ASSOCIATED WITH LONG-TERM HOSPITALIZATION IN PRESCHOOL AGE PATIENTS WITH COVID-19

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Introduction. For more than 2,5 years humanity has been living in the conditions of a pandemic caused by the new coronavirus infection - COVID-19, the consequences of which are more than 600 million infected and more than 6,5 million deaths from complications caused by the new strain of the coronavirus called SARS-CoV-2. The relevance of solving medical, social, economic and other problems related to the SARS-CoV-2 pandemic is reflected in a large number of scientific works devoted to the epidemiology, pathogenesis and treatment of the coronavirus disease.