

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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У збірнику представлені матеріали 100 – ї підсумкової наукової конференції професорсько-викладацького персоналу вищого державного навчального закладу України «Буковинський державний медичний університет», присвяченої 75-річчю БДМУ (м.Чернівці, 11, 13, 18 лютого 2019 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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Vatamanesku L.I.
**TREATMENT OF CHILDREN WITH CHRONIC CONSTIPATION
IN PRE- AND POSTOPERATIVE PERIOD.**

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Chronic constipation and abdominal pain are the current problems in pediatric surgery and gastroenterology. They can be caused by functional and organic causes. There are following organic causes: Payre's disease, Cyilaiditi's syndrome and dolichosigmoid.

The success of surgery on the colon in children much depends on the quality of preoperative preparation and postoperative treatment.

Objective: to develop an algorithm of preoperative preparation and postoperative rehabilitation of children operated on for congenital colon.

For the period from 2007 to 2017 at the Department of Pediatric Surgery, Bukovinian State Medical University, at the Clinic of Pediatric Surgery 43 children, aged from 2 to 18 years, with chronic colonic stasis of non-aganglionosis genesis were operated.

To assess the effectiveness of the suggested treatment, the children were divided into two groups: I group (preoperative preparation and postoperative treatment in the traditional way) - comparative (21 children). II group (suggested advanced treatment) - research (22 children).

Immediate preoperative preparation was performed during 5-7 days. It consisted of mechanical cleaning of the colon, diet, medication support.

For 10 days before surgery "Simbiter" was administered. To resolve clinical symptoms and biochemical markers of endogenous intoxication syndrome metabolic drug "Dulmaxin" was used. To improve the activity of redox processes vitamins were prescribed: ascorbic acid, thiamin, peredoxyn, ryboflavin, folic acid in the age doses. The night before surgery and the morning of the operation Ceftriaxone was administered.

Treatment in the postoperative period was based on the removal of a significant part of the colon, long manipulations in reflexogenic area of the small pelvis and perineum, the need to adapt the organism of a child to new physiological conditions of gut existence.

All the children were indicated to infusion and antibiotic therapy, parenteral nutrition, according to the age and weight of the child.

The nasogastric tube was removed from the stomach when moderate peristalsis and evacuation of intestinal contents (2-3 days) were normalized. During the transition to enteral feeding probiotics were administered. In the absence of stool for 3 days after surgery to stimulate peristalsis prozerin was indicated.

Observation of children in the postoperative period no reason in long-term endorectal tube was found. The latter was independently (or was removed) when peristalsis in 1-3 days after surgery renewed.

The above-mentioned complex of therapeutic measures positively affect the restoration of peristalsis, the appearance of stool, decrease of pain and reduce the duration of postoperative hospitalization to 3-4 days in II group children. All the children in the preoperative period had encopresis (16 children with dolichosigmoid), regardless of the presence (or lack) of it, a month after the operation endorectal electrophoresis was performed.

The success of surgical treatment of children with chronic colostasis due to congenital malformations of the colon depends on the individually chosen method of surgery, quality of preoperative preparation and postoperative treatment. The destruction of a certain segment of the colon and the need to fit a child's body to new physiological conditions the anatomic existence of the colon is the basis for the selection of methods of preoperative preparation and postoperative rehabilitation of children with chronic colostasis. In the preoperative period, children with



congenital malformations of the colon are advisable to undergo retrograde and orthograde cleaning of the colon, diet, and medical support for the suggested algorithm.

Vlasova O.V.

**KARYOLOGICAL INDICES OF BUCCAL EPITHELIUM CELLS
IN PRETERM INFANTS SUFFERING FROM NEONATAL SEPSIS DEPENDING
ON GEOCHEMICAL CHARACTERISTICS
OF THE AREAS OF THEIR MOTHERS' RESIDING**

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Micronuclear test of the buccal epithelium as an invasive method has become more popular and widely applied as a biomarker of genetic disorders in the human organism. A peculiarity of the buccal epithelium is the fact that it can be used as a specific reflection of the body state affected by xenobiotics. Objective of the study is investigation of cardiologic indices of the buccal epithelium of neonates suffering from neonatal sepsis depending on geochemical characteristics of the areas of their mothers' residing. 64 newborns suffering from neonatal sepsis were examined. Geochemical characteristics of the territories of mothers' residence whose children were born and became sick with neonatal sepsis were obtained due to investigations of soils in the town of Chernivtsi.

Two groups of observation were formed depending on geochemical characteristics of the territories where mothers lived whose children became sick with neonatal sepsis. The first group (I) included 36 children, who were born and lived on the territories polluted with heavy metals. The second group (II) included 28 cases of births in families referring to relatively pure territories of residing. The obtained results were analyzed by means of statistical methods using the computer packets "STATISTICA" StatSoft Inc. on a personal computer applying parametric and non-parametric methods of calculation.

In I group the cells with protrusion in the shape of a "vesicle" prevail constituting $0,04 \pm 0,006\%$ against II group - $0,03 \pm 0,003\%$ ($< 0,05$). Proliferation indices in the form of cells with two nuclei did not differ much in the groups of comparison. The frequency of cells with karyorrhexis and karyolysis was $0,02 \pm 0,001\%$ and $0,12 \pm 0,03\%$ respectively and it was found in I group only. Apoptotic index in I group was reliably higher and constituted $0,21 \pm 0,041\%$ against $0,001 \pm 0,002\%$ in II group.

Accumulation index of cytogenetic lesions in neonates suffering from neonatal sepsis in the group residing on the territories polluted with heavy metals was 2,6 times higher than that of the representatives of the comparison group.

Волосівська Ю.М.

**КЛІНІЧНІ ОСОБЛИВОСТІ ПЕРЕБІГУ НЕОНАТАЛЬНОЇ ЖОВТЯНИЦІ
ТА ОБГРУНТУВАННЯ ПОГЛИБЛЕНОЇ ДІАГНОСТИКИ
У НОВОНАРОДЖЕНИХ ДІТЕЙ**

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Жовтяниця є одним з найбільш поширених станів, що потребують медичної допомоги у новонароджених. [Maisels MJ., 2015] Упродовж першого тижня життя клінічні ознаки жовтяниці розвиваються приблизно у 60% доношених і 80% передчасно народжених дітей. [Ullah S., 2016]

Метою дослідження було визначити клінічні особливості перебігу жовтяниці у новонароджених дітей.

Проведено огляд літературних наукових джерел щодо епідеміології жовтяниць у новонароджених. До пошуку залучено дані друкованих джерел наукової літератури та фахових наукових журналів, а також, дані електронних пошукових систем, зокрема Web of