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ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД УКРАЇНИ
«БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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**TREATMENT OF ADHESIVE BOWEL OBSTRUCTION IN CHILDREN
AT THE MUNICIPAL PEDIATRIC CLINICAL HOSPITAL**

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Adhesion bowel obstruction (ABO) is one of the most difficult and unsolved problem of the abdominal surgery in children. ABO accounts for 2.4% of the total number of operations on the abdominal organs. Using of barrier compounds for preventing ABO is the most popular in surgery practice today.

In our hospital we use hyaluronic acid solution for preventing and treatment of intraperitoneal adhesions. The purpose of the investigation is to explore the using possibility of hyaluronic acid for the treatment and prevention of abdominal adhesions in children. Distribution of operated children with ABO (age: 6-18 years, n=84). First group – 56 patients. Second group – 28 patients. Terms of supervision for children were from 1 to 4 years. From 84 patients of ABO: 21 (25%) were operated on for early adhesive bowel obstruction, 63 (75%) - on late adhesive bowel obstruction. Recurrent ABO was determined in 12 (14.29%) children. The solution of 250-500 ml was injected immediately after the suture was applied to the peritoneum (Vicril 3/0), before tightening and closing the abdominal cavity.

In the I group (56 children) during the first year after surgery 13 (23.21%) children were diagnosed to have adhesion syndrome, up to 4 years – 20 (35.71%) patients. In the II group (28 children) adhesion syndrome (cured conservatively) over 3 years of the postoperative period was found in 2 (7.14%) patients, indicating the effectiveness of hyaluronic acid for the purpose to treat adhesions of the abdominal cavity in children. For the treatment of adhesions of the abdominal cavity hyaluronic acid increases fibrinolytic activity of the intestinal tissue which appears to be a factor preventing the formation of fibrin layers in connective tissue adhesions. Solution of hyaluronic acid is an effective remedy for adhesive intestinal obstruction in children and is accompanied by a relapse of the adhesive syndrome in 7.14% (n = 28 children), contrary to the group without its use - in 35.71% (n = 56 children).

Khilchevska V.S.

**ASSESSMENT OF DIAGNOSTIC VALUE
OF CLINICAL-ANAMNESTIC INDICES
OF SEVERE BRONCHIAL ASTHMA IN CHILDREN**

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Severe bronchial asthma (BA) is known to be a determined phenotype of the disease possessing unfavourable course and does not readily respond to treatment. According to literary sources the prevalence of severe BA among children is 1:1000, and children older than 10 years suffer more often. Verification of severe BA in children remains topical due to diagnostic errors associated with insufficient or aggressive controlling treatment.

The objective of the study was to investigate diagnostic value of clinical-anamnestic indices in verification of severe BA in children.

By means of the method of simple randomized sampling 60 schoolchildren suffering from BA were examined on the basis of the Pulmonological Department of the Regional Pediatric Clinical Hospital in the town of Chernivtsi. The children were distributed into two clinical groups of observation: I clinical group included 30 children with severe BA phenotype, II clinical group included 30 patients with moderate BA phenotype. The groups of comparison did not differ reliably by their main clinical signs.

The performed integral assessment of diagnostic value of the obtained clinical-anamnestic parameters is indicative of a sufficient amount of reliable markers in verification of severe BA in



children. Children with severe bronchial asthma are characterized by the following phenotype peculiarities: early onset of the disease (relative risk (RR) =1,2 (95% CI 0,9-1,6), odds ratio (OR) =1,5 (95% CI 0,9-2,7), comorbid allergic diseases available (allergic rhinitis and atopic dermatitis) (RR 1,7 (95% CI 1,3-2,2), OR 2,7 (95% CI 1,5-4,8) and pharmacological or associated pharmacological and food/domestic allergy (RR=2,3 (95% CI 0,1-36,5), AP=54%), infectious index more than 2 (RR 1,7 (95% CI 0,9-3,0), OR 3,3 (95% CI 1,6-6,7), seasonal exacerbations of BA mainly from November to March (RR 1,6 (95% CI 1,2-2,2), OR 2,7 (95% CI 1,5-4,9), associated with a triggering role of acute respiratory viral infection (RR 1,9 (95% CI 0,9-3,9), OR 5,5 (95% CI 2,4-12,6) and meteorological factors (RR 1,5 (95% CI 0,2-11,1), OR 3,8 (95% CI 0,4-36,4)

The diagnostic value of anamnestic and clinical signs of asthma in the examined children was characterized by a high specificity (from 85 to 95%), although lower sensitivity (27-70%), which in combination with high indices of odds ratio enabled to determine a sufficient amount of reliable markers concerning severe and moderate bronchial asthma in children.

Therefore, the risk to diagnose severe BA in children was increased by a number of clinical-anamnestic parameters. Their consideration in clinical practical work can be effectively applied while determining the tactics of controlled treatment.

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ROLE OF NUTRITIONAL FACTORS IN THE COURSE OF PEPTIC ULCER DISEASE IN CHILDREN

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Peptic ulcer disease is considered as a multifactorial genetically determined recurrent chronic disease and is characterized by the formation of ulcers in stomach and/or duodenum on the background of inflammatory changes of the mucous membrane with involvement in the pathological process of other organs and systems, development of complications which are threatening the life of the patient. Microorganism *Helicobacter pylori* (*H. pylori*) plays a special role in the pathogenesis of peptic ulcer diseases, which is a strong aggressive factor regarding mucosa of the gastroduodenal area.

The aim of the study was to evaluate the role of nutritional factors in *H. pylori*-associated peptic ulcer disease in children

The study involved 118 children with peptic ulcer disease of stomach and duodenum aged 9-18 years old (mean age $13,2 \pm 2,1$ years). All patients underwent a complete clinical, laboratory and instrumental examination. Presence of ulcers has been verified by endoscopic examination. Infection of the gastroduodenal mucosa by *H. pylori* has been verified by endoscopic signs, brush biopsy and corroborated by detection of antibodies to *H. pylori* in serum by ELISA test. Special attention was paid to detailed anamnesis of patients' lifestyle and peculiarities of their nutrition.

Examined children were divided into two groups depending on the *H. pylori* infection of the mucosa. According to the study 101 children (85,6%) were infected by bacteria and 17 (14,4%) were not infected by *H. pylori*. It has been detected few valid nutritional factors in anamnesis of all examined patients: early transfer of the child to artificial feeding, violation of nutrition regime and food quality, food allergy and food poisoning in anamnesis. Early artificial feeding has been found in 80 (79,2%) infected by *H. pylori* and 4 (22,5%) not infected children ($p < 0,05$). Infraction of diet has been observed in 75 (74,2%) infected and 10 (58,8%) not infected by *H. pylori* patients ($p > 0,05$). Food allergy was present in 3 (12,8%) and 7 (41,1%) cases of peptic ulcer disease of stomach and duodenum associated and not associated by *H. pylori* severally ($p < 0,05$). Food poisoning in anamnesis has been found in 11 (10,9%) children with *H. pylori* affected mucosa and in 6 (35,2%) children with peptic ulcer disease and without *H. pylori* ($p < 0,05$).

The positive role of breastfeeding of children under 1 year is to create favorable conditions for less possibility of infection by *H. pylori* of stomach and duodenum mucous membrane in the future. The elevated level of secretory immunoglobulin A on the background of an allergic