



19 newborns with spinal disraphism sacro-coccygeal area have been operated: 16 children aged 1 to 10 days and 3 from 11 to 28 days. Depending on the anatomical variants of spinal disrate sacro-coccygeal areas they were divided into: meningocele (26,32%); myelomeningoradiculocele (15,78%); myelomeningocele (31,58%). The best surgery results were at the age of 7 to 10 days (12 children). The term of surgical operation from 11 until 28 days for 3 children was due to the presence of hernia's coats infection and purulence, which demanded the implementation of preoperative preparation for 5-7 days. The disadvantage of all methods of surgical treatment of spinal disraphism is a danger of iatrogenic damage to neural elements during surgery, depending on the quality of its performance. During the execution of surgical treatment of spinal disraphism you must use radiculolysis with precision microsurgical excision of all cicatricial adhesions, cerebrospinal fluid cysts and other intraradicular formations, a thorough revision of the spinal canal.

Dysfunction of the pelvic organs (urine and anal incontinence) and lower limbs are observed in 63,16 % of children operated for spinal disraphism in the neonatal period which requires further development of methods of their surgical correction at a later age.

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CLINICS AND TREATMENT PECULIARITIES OF BRONCHIOLITIS IN INFANTS

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Acute bronchiolitis is the most common cause for hospitalisation in infancy with 1%–3% of all infants being admitted during their first winter. The disease is caused by a number of common respiratory viruses, with RSV the most commonly identified, and is associated with the characteristic winter peaks in admissions. Lower respiratory infection is the leading cause of global child mortality. Respiratory syncytial virus (RSV) is believed to be the most important viral pathogen causing acute lower respiratory infection in young children. RSV is the most important factor of the death of infants among all virus infections. In the first year of life, 50% of children infected with RSV, and 40% patients developed an infection of the lower respiratory tract. During the first two years of life every child at least once suffers from RSV infection. RSV is responsible for 50-80% of cases of bronchiolitis. In a broad range of respiratory viruses the RSV has a special place due to the diversity and severity of clinical manifestations of the disease in infants it causes. RS infection remains thus far a major medical and social issue causing high prevalence, needs for hospitalizations and mortality in risk groups of children.

The aim of the study was to analyze the clinical and laboratory features and therapeutic tactics of infants suffering from bronchiolitis.

Fifty one children (median age 2,7 months) admitted to the infant infectious department (Regional Pediatric Clinical Hospital, Chernivtsi, Ukraine) with bronchiolitis were enrolled in the study. The examination of infants included: clinical data, complete blood count and analysis of treatment.

The highest morbidity was observed in January-March. Twenty three children (45,2%) hospitalized in severe condition, twenty six infants (50,9%) suffered from moderate bronchiolitis. The clinical picture of infants suffering from bronchiolitis characterized by typical symptoms of bronchioles obstruction, emphysema and early respiratory failure. For most of infants bronchiolitis characterized by subfebrile temperature response. Changes of complete blood count in infants suffer from bronchiolitis characterized by increasing of white cell count (50,6% children), neutrophil count (64,5% infants) and anemic syndrome (64,5%). Initially ten children (19,6%) were hospitalized in the Pediatric Intensive Care Unit, six infants (11,7%) were mechanically ventilated (median 3,5 days), seven patients treated with oxygen (median 1,3 days). Nineteen children (37,3%) had complications of congestive heart failure and treated with diuretics and cardiac glycosides. The average duration of stay in hospital of infants was 9,3 days. Up to 45% of children with RSV bronchiolitis characterized by severe condition, and half of them were hospitalized in the PICU, which increased risk for bacterial co-infection.

Thus, the course of bronchiolitis in infants is characterized by severity, typical signs of damage of the lower parts of the respiratory tract and high probability of bacterial co-infection.

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CLINICAL-PARACLINICAL PECULIARITIES OF TONSILLOPHARYNGITIS OF NON-STREPTOCOCCAL ETIOLOGY IN CHILDREN

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The objective of our study was to investigate clinical-paraclinical peculiarities of tonsillopharyngitis of non-streptococcal etiology in children in order to improve their treatment.

To achieve the purpose of the study two groups of examination were formed. The first (I) clinical group included 66 patients with acute tonsillopharyngitis of non-streptococcal etiology, which was evidenced by a negative result of bacteriological test from the pharyngeal lavage and pharyngeal posterior wall. The second (II) clinical group included 32 children with acute streptococcal tonsillopharyngitis. Streptococcal etiology of the disease was proved by a positive result of culture test from the pharyngeal smear.



The analysis of the obtained results showed that pronounced signs of upper respiratory tract catarrh was registered in 30,3% of patients from the first clinical group and only in 18,7% of children with verified acute streptococcal tonsillopharyngitis ($P\varphi>0,05$). Moderate rhinitis was found in 40,9% of patients from the first group, and in the group of comparison this index was only 25,0% ($P\varphi>0,05$). In 13,6%±4,2 children of the first clinical group pronounced cough was registered as compare to 3,1%±3,1 of patients ($P<0,05$) from the group of comparison. In patients with acute non-streptococcal tonsillopharyngitis average values of temperature on admission were found to be 38,5±0,1°C, and in the group of comparison – 38,7±0,1°C ($P>0,05$). The body temperature lower 38,5 °C was registered in 47,7% patients from I group and in 38,8% patients in the group of comparison ($P\varphi>0,05$). Manifestation of intoxication syndrome in both groups did not differ reliably. Thus, in 22,7% patients of the first clinical group moderate intoxication was determined, while in the second group this parameter was 31,2% ($P\varphi>0,05$).

The analysis of general blood count results determined reliable decrease of erythrocyte content and hemoglobin level in the blood of patients with confirmed streptococcal etiology of acute tonsillopharyngitis. At the same time, absence of leukocytosis in the peripheral blood was found to be registered more often among patients with non-streptococcal tonsillitis. Thus, amount of leukocytes in the peripheral blood less than $8,9 \times 10^9/L$ was determined in 57,6% patients of the first clinical group and only in 48,8% patients in the group of comparison ($P>0,05$).

Therefore, availability of upper respiratory tract catarrh, increased body temperature in an average to 38,5°C, normal content of hemoglobin and erythrocytes, lack of leukocytosis in the peripheral blood of patients suffering from acute tonsillopharyngitis are indicative of non-streptococcal etiology of the disease.

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MODERN PECULIARITIES OF PURULENT MENINGITIS IN CHILDREN

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Meningitis is a disease with a global distribution that constitutes a worldwide burden, with bacteria as the primary etiologic agents. While bacterial meningitis causes significant morbidity and mortality despite advances in antibiotic therapy, aseptic meningitis is typically a benign condition requiring only supportive care. The gold standard for the diagnosis for bacterial meningitis is culture, which requires several days to return results.

The aim of the work was to improve the early diagnosis effectiveness of purulent meningitis in children by analyzing the modern clinical and epidemiological features of the disease.

27 children's case histories were analyzed. Children were treated in the infectious boxed air-droplet infections department at the Regional Children's Clinical Hospital (Chernivtsi) during 2013-2016 with a diagnosis of "bacterial meningitis". The examination and treatment of sick children was conducted in accordance with the protocol approved by the order of the Ministry of Health of Ukraine. The average age of patients was $2,9 \pm 0,7$ years. The boys (63%) and country residents (52%) were prevalence parts.

In the cohort of patients with purulent meningitis, children from organized groups (80%) and patients living with sibs (60%) were prevalence parts. Febrile hyperthermia (89%), appetite loss (85%), malaise (78%), vomiting (78%) were the most frequent complaints during admission to the hospital. Most of the children were hospitalized in severe (63%) and extremely severe conditions (18%), which caused the primary hospitalization of patients in the intensive care unit (70% of cases). The rigidity of the occipital muscles was verified in 78%, other meningeal symptoms were observed only in a quarter of patients (incomplete meningeal syndrome). Half of the children had signs of hyperesthesia, and one third of patients had manifestations of microcirculatory disturbances. Among these symptoms, the longest persistent shaft of fever ($3,1 \pm 0,3$ days) and meningeal symptoms ($2,3 \pm 0,3$ days). Changes in CBC reflected an inflammatory reaction (leukocytosis with displacement of the formula to the left) in 88% of children with anemia syndrome in half of the patients.

Thus, the course of purulent meningitis in children was characterized by the phenomena of toxicosis, incomplete meningeal symptoms with signs of hyperesthesia and CSF hypertension. Changes in laboratory parameters of peripheral blood in children with purulent meningitis indicate a distinct inflammatory process of bacterial genesis with anemic syndrome.

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ASSESSMENT OF THE GALL BLADDER STATE IN CHILDREN WITH SYNDROME OF VEGETO-VASCULAR DYSFUNCTION

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Vegetative dysfunctions are one of the main causes of the most spread functional disorders in childhood. The complexity and relevance of the study of this problem is due to the absence of pathognomonic signs of diseases caused by an imbalance between the sympathetic and parasympathetic parts of the vegetative nervous system. The leading role of vegetative nervous system in the formation of motor disorders of the biliary tract is due to the peculiarities of its innervation. Increasing the tone of the sympathetic part of vegetative nervous system leads to decreasing the motor function of the gallbladder, and vagotonia leads to acceleration of gallbladder motor function. The wide introduction into the medical practice of ultrasound method gives a possibility to detect the gallbladder dysfunctions early. It allows