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 (Pφ>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% (Pφ>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±0,1ºC, and in the group of comparison – 38,7±0,1ºC (P>0,05). The body temperature lower 38,5 ºC was registered in 47,7% patients from I group and in 38,8% patients in the group of comparison (Pφ>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% (Pφ>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 $8,9x10^9$/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 38,5ºC, 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 ± 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 ± 0,3 days) and meningeal symptoms (2,3 ± 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

determining the shape and size of the gallbladder, deformations, congenital anomalies of its development, inflammatory changes and concrements.

The aim of the study was to evaluate the size, shape, condition of the walls and deformations of the gallbladder in children with syndrome of vegetative-vascular dysfunction using ultrasound and to determine the dependence of the revealed changes on the type of vegetative disorders.

Full clinic-paraclinic examination was carried out on 46 children with syndrome of vegetative-vascular dysfunction, aged 9 to 18 years. All the children were determined the type of vegetative-vascular dysfunction (vagotonic, sympathotonic and mixed). The initial vegetative tone was determined based on the deduction of vegetative index of Kerdo ((1 - DBP/HR) * 100, HR - heart rate, beats/min; DBP - diastolic blood pressure, mm Hg).

Vagotonia was detected in 10 children (21,7 ± 0,6 %), sympathicotonia was observed in 26 children (56,5 = 1,1%), p <0,01. Changes of gallbladder (increased in relation to age norm) were detected in 23 children (50,0 %) with syndrome of vegetative-vascular dysfunction. 20 children (43,5 %) had various deformities of the gallbladder: in the upper third (12 children), cervix and body (2 children), neck (7 children), S-shaped outlet (3 children). In 24 children (52,2 %) the walls of the gallbladder were not altered, in 22 (47,8 %) they were slightly compact, ≥ 2 mm thick- in 7 children (15,2 %). Anechoic content of organ was in 39 children (84,8 %), thick bile was detected in 5 children (10,9 %) and sediment – in 2 children (4.3%). Concrements were not found. Murphy's symptom was negative in all examined children. Among patients with syndrome of vegetative-vascular dysfunction who had symptoms of gallbladder dysfunction there were 4 children (17,4 ± 0,5 %) with eutonia, 5 children (21,7 = 0,6 %) with vagotonia, and 14 children (60,9 ± 1,1 %) with sympathicotonia, p<0,01. Detection of gallbladder dysfunctions, which often occur in children age, needs special attention in connection with the possibility of further transformation from functional into organic ones.

Consequently, gallbladder dysfunctions, according to ultrasound data, more often occurred in children with predominance of the sympathetic part of vegetative nervous system. Functional disorders of gallbladder in children with syndrome of vegetative-vascular dysfunction require mandatory detection, dynamic observation and differentiated approach to further treatment.

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ABILITIES OF LACTASE DEFICIENCY CORRECTION IN PRE-TERM BORN INFANTS

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Enteral nutrition support in prematurely born children remains an urgent task of neonatology in connection with the proven influence of the qualitative postnatal feeding on further morbidity and development. Taking into consideration the above mentioned data, this paper aims at evaluating the effectiveness of replacement enzyme therapy in lactase deficiency in the complex aftercare of premature newborns in the hospital. 26 pre-term infants were examined in the neonatal center of the Regional Children's Clinical Hospital in Chernivtsi.

Criteria for inclusion into the study were the following: prematurely born infants aged 2-3 weeks of life with reduced tolerance to food under conditions of stability. The criteria for assessing the effectiveness of the replacement therapy were: evaluation of clinical and laboratory indices according to the dynamics of the weight curve, signs of improving tolerance to food during two weeks, normalization of indices of scatological study, carbohydrates content and feces pH according to the Benedict`s test. Two clinical groups of observation have been formed. The first (I) group consisted of 13 premature newborns who received complex treatment with "Mamalak" replacement therapy for 2 weeks. The comparison groups were juxtaposed by sex and average weight at birth. The obtained data were analyzed by means of methods of variation statistics using "Statistica 6.0" program.

In the analysis of the peculiarities of the early neonatal period course, it was noted that the proportion of deeply premature infants (up to 32 weeks of gestation) in the I clinical group was 46.2% versus 38.5% (Pt>0.05) of cases in the second group of observation. The severe condition on admission to the hospital was observed in the I clinical group in 54% of cases compared with 15.5% of children (P<0.05) of the comparison group. Indications for the presence of perinatal central nervous system damage, neonatal jaundice occurred in both observation groups with the same frequency. More than half of the children in group I (53.8%) at the time of admission received partial parenteral nutrition versus each fourth child (23.0%), (Pφ<0.05) of the second group of observation.

The main complaints of the digestive system impairments were reduced tolerance to food, periodic distension, and child anxiety during feeding. In patients of the I clinical group, who received the "Mamalak" preparation for two weeks, the percentage of children whose single feeding rate did not reach 30 ml was reduced by almost four times: from 30.8% to 7.7%, and the proportion of patients with a single feeding rate more than 30 ml increased from 69.2% to 84.6%. In the II clinical observation group, the proportion of children with a single feeding rate of up to 30 ml decreased in this period almost twice from 38.5% to 15.4%, while the one where feeding rate exceeded 30 ml, remained stable (61.9-69.2% of cases). Despite the fact that in the I clinical group the proportion of infants with body weight less than 2000 g at the time of replacement therapy was slightly lower (46.1%) than in the II clinical group (61.5%), the use of "Mamalak" preparation in the complex treatment of patients of the I group showed a tendency to a faster weight gain. Analyzing the indices of scatological study according to the Benedict's test, it should be noted that among infants of the I clinical group feces pH less than 5.0 was noted in 46.1% of children, and in patients of the II group of comparison in 30,8% of cases. In the process of replacement enzyme therapy, we did not notice significant differences in the changes