



78 children with respiratory pathology caused by atypical pathogens were treated in the pediatric department of the Municipal Clinical Children Hospital. The average age of children was 4 years and 6 months. In 54 cases a recurrent bronchitis was diagnosed and in 24 – a community-acquired pneumonia; in 58 patients the diagnosis was confirmed in the laboratory by culture, demonstration of bacterial antigens or DNA in body fluids, or evidence of a serologic response. Polymorphonuclear leucocytosis, azotemia, acute liver failure, hyponatremia, and hyperphosphataemia were all common findings. Mycoplasmosis was diagnosed in 32 children, and chlamydia in 26 cases.

On the basis of both clinical and radiological findings, the children were classified into 3 disease groups: (1) acute bronchitis, cough, and/or rhonchi, with a normal chest radiograph; (2) wheezing, cough, and/or dyspnea with expiratory rales and/or wheezes unrelated to any known specific sensitization, with a normal chest radiograph or hyperinflation; and (3) pneumonia, with diffuse or lobar pulmonary infiltration evident on the chest radiograph

The complex treatment included macrolide antibiotics (sumamed, azithrosandos, rovamycin), recombinant interferons (cycloferon), herbal preparations (Umkalor). The significant difference in the efficacy of the antibiotics used to treat the children with atypical bacterial infections highlights the fact that, in the case of M. pneumonia and/or C. pneumonia infections, the use of a macrolide is associated with a better clinical outcome. Cycloferon increased the synthesis of endogenous interferons while the immunomodulatory action of Umkalor was realized by an increase in phagocytic activity of macrophages. The combination of macrolides and immunosorbent medications can be suggested as an optimal approach to the treatment of atypical respiratory diseases and to avoid the further relapses.

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THE PECULIARITIES OF TREATMENT OF ACUTE RESPIRATORY INFECTIONS WITH PREMORBID STATUS

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Acute respiratory infection (ARI) is a major cause of morbidity and mortality worldwide, being responsible for 3.5 million deaths annually. Globally, 30-60% of paediatric outpatient attendance and 20-30% of hospital admissions are due to ARI. Chronic illness like deafness, breathing difficulty, and their subsequent disability among children originate from inadequately treated episodes of ARI. The premorbid conditions such as acetonemic syndrome, anemia, minor anomalies of heart development, minor cerebral dysfunction, physical activity disorder, asthenic syndrome are found in 30% of patients admitted with ARIs.

The objective of this survey was to study the effectiveness of Imupret (corporation "Bionorika") with Cardonate combination therapy. Imupret is a phytopreparation with immunomodulating, antiviral, expectorant and anti-inflammatory action derived from the extracts of seven herbs that have antiviral, anti-inflammatory and immunomodulating effects. Cardonate has a detoxifying effect, stimulates immune responses, and has pronounced antioxidant and membrane stabilizing properties. The clinical experience of using these drugs proves their effectiveness and safety.

Out of 92 surveyed children with ARI and premorbid conditions, respiratory infection was accompanied by acetonemic syndrome in 19 children giving an incidence of 20.8%, 15.3% had anemia, minor anomalies of the heart development were detected in 18.7% of patients, minor cerebral dysfunction - in 8.3%, physical development disorders in 9.7 %. Asthenic syndrome was observed in 16% of children and greatly increased by intoxication. All patients were treated in accordance with the current order of the Ministry of Public Health of Ukraine. The main group (48 children) received additional Imupret and Cardonate treatment in the appropriate dosing. The criteria for assessing the status of children were the dynamics of the following indicators: nasal congestion, rhinorrhea, hyperemia and edema of the fauces, sore throat, cough, intoxication, fever, and signs of decreased mental and physical activity. Starting from the third day of treatment, children in the main group had more pronounced positive dynamics as compared to the control group, where the severity of clinical signs proceeded up to 5 days. On the 10th day patients recovered completely, while clinical signs of the disease in the second group remained active up to 14 days. In all hospitalized children with acetonemic syndrome acetone in the urine was not detected after 3-4 days of treatment in the hospital.

The suggested scheme of treatment is safe and effective for children with ARIs with premorbid features, it reduces the duration of the use of symptomatic therapy. The introduction of Imupret in combination with Cardonate into the basic scheme of treatment shows a reduction of hospitalization duration and prevents the progression of an existing premorbid background.

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THE APPROACH TO THE TREATMENT OF CHILDREN WITH RESPIRATORY INFECTIONS AND UNDERLYING DIGESTIVE DISORDERS

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In addition to the neonatal period, acute respiratory infections (ARIs) are the most common causes of both illness and mortality in children under five, with in an average from three to six episodes of acute respiratory infections