

**Sorokman T. V.**  
*Professor of the Department Pediatrics and medical genetics*

**Popelyuk N. O.**  
*Associate professor of the Department pediatrics,  
perinatal medicine and neonatology*  
Bukovinian State Medical University

**Makarova O. V.**  
*Associate Professor of the Department care and HNE*  
Bukovinian State Medical University  
Chernivtsi, Ukraine

#### **ANTE-AND INTRAPARTUM RISK FACTORS FOR BRONCHIAL OBSTRUCTION SYNDROME IN CHILDREN WITH HYPERPLASIA OF THYMUS**

The syndrome retrosternal enlarged gland in infants constantly attracts the attention of doctors and representatives of theoretical medicine (2, c.67). The main reason special attention to the study of etiology, pathogenesis hyperplasia of thymus, children had a close relationship with this phenomenon unfavorable course of their viral and bacterial. Broncho-obstructive syndrome (BOS) in children with increased retrosternal gland is a clinical display of the neuroendocrine system dysfunction in them (4, c.40).

In some patients with BOS one of the pathogenesis of the disease are abnormal immune system reactions. At the same time, many researchers showed that children with hyperplasia of thymus characteristic manifestations of immune deficiency (1, c.34). In the past 10 years has appeared in the literature several reports that provide the performance characteristics of the immune system in children with pneumonia and hyperplasia of thymus (3, c.24). However, work on the study of possible factors ante-and intrapartum periods BOS development in young children with hyperplasia of thymus, isolated (5, c. 108).

Due to the above, further study of the relationship hyperplasia of thymus and bronchial obstruction in infants is an urgent problem.

Objective: to study the ante-and intrapartam risk factors on the likelihood of BOS in children with thymomegalia in diseases of the respiratory system.

Achieve the objectives. Comparative evaluation of clinical indicators 40 infants with thymomegalia and bronchopulmonary diseases (BOS). The stage I degree thymomegalia had 23 children (57.5%), stage II – 17 children (42.5%). The control group consisted of 30 healthy children without thymomegalia.

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All the patients underwent clinical and laboratory examination, which hyperplasia of thymus included medical history, general overview, general clinical and instrumental study the dynamics of the disease.

The extent determined hyperplasia of thymus largest cardio-thoracic-tymiko Index for radiograph of the chest (E.T.Dadanbaev, 1981).

Statistical processing is performed using standard statistical computer program «Microsoft Excel» from using criteria St'yudenta (t) to assess the reliability of differences the absolute values of averages. The difference was considered reliable at values of  $p < 0.05$ .

Analysis of the anamnesis children showed that most of them suffered adverse effects on the different stages of antenatal and postnatal development. The greatest effect of causing obstetric history and adverse pregnancy and birth. It certainly found display on the functional state of the immune system as particularly ran the early stages of development and the one that may be included in the course pathological process from the first months of life. Children with hyperplasia of thymus the highest specificity (81.3% for pneumonia with BOS; 80.8% for obstructive bronchitis; 81.2% for acute bronchiolitis), and high predictive value (88.0%; 89.6%; 81.0% according to nozoform) at medium sensitivity (52.3%; 54.2%; 51.7%, respectively) on the probability BOS had the appearance of SARS in mothers during pregnancy.

Similarly, high sensitivity (68.4%; 69.5%; 56.3% according to nozoform), high specificity (85.2%; 84.3%; 83.7%) and high predictive value (91.2%; 92.1%; 90.2%) had allergic diseases on the probability of mother occurrence of bronchial obstruction syndrome in infants with hyperplasia of thymus.

Defined sufficiently low sensitivity to other singleantenna and intrapartum risk anemia newborn, asphyxia increases the sensitivity of these factors (76.3%; 74.5%; 77.1%), specificity (88.3%; 86.2%; 85.5%) and prognostic.

At first year life hyperplasia of thymus, as a rule, is the congenital, more happen in boys with stigmata disembrionogenesis follows: hernia, hypertelorizm eye and nipples, thick lips, broad hands and feet, short fingers. Most children with hyperplasia of thymus blond hair and eyes.

Hyperplasia of thymus is often a manifestation of lymphatic diathesis. This, as a rule, children with a predominance of inhibitory processes in the nervous activity, generalized lymphadenopathy.

The symptoms of compression of the thymus adjacent organs and tissues: tracheal, neck vessels, heart, esophagus. Characterized by regurgitation and vomiting «fountain» in the first weeks of life with adequate or excessive monthly gain in weight, expiratory dyspnea, pertussoid, noisy stridor, especially pronounced in the horizontal position of the child or during anxiety. Children are more calm upright,

lying on his stomach or side. Typically the expansion of the venous network on top of the chest.

At high risk of the hyperplasia of thymus should be classified children who have observed the following features:

- ◆ burdened family history (autoimmunity and cancer, chronic pathology of the nasopharynx in close relatives);
- ◆ chronic hypoxia in the antenatal period;
- ◆ birth trauma or a cesarean mother;
- ◆ specific phenotype: multiple stigmata, dysmaturational growth, excess body weight 1-11 st., hypertrophy of the tonsils, adenoids, increasing peripheral lymph nodes;
- ◆ presence of clinical signs of exudative-catarrhal diathesis, anemia, rickets, as well as symptoms of perinatal encephalopathy, central nervous system dysfunction, intestinal dysbiosis.

Conclusion. Children with hyperplasia of thymus whose mothers had during pregnancy or allergic SARS disease and preeclampsia or a combination of asphyxia anemia pregnant newborn, are at risk for the development of BOS in diseases bronchopulmonary system. In children without these indicators should hyperplasia of thymus high sensitivity, specificity, predictive value for the development BOS in diseases of the respiratory system.

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