

questions about first aid and specialized medical assistance under emergency conditions in the different areas of medicine (obstetrics, internal medicine, surgery, pediatrics). At the end of this module doctors-interns have to pass credit exams in all subjects, including Pediatrics. The resulting score is one of the defining criteria of the doctors-interns' preparedness to the successful writing of the TLE "Krok 3".

The aim of research. To analyze the results of the module "Emergency conditions" of Bukovinian State Medical University graduates who were undergoing primary specialization in Pediatrics in the department of Pediatrics and children infectious diseases.

Materials and methods. In order to optimize the preparation of interns-pediatricians for the TLE "Krok 3" it has been analyzed their final grade of the credit exams in "Emergency conditions" during 2014-2016 years. The survey results were analyzed by using the software package "STATISTICA 7.0" Stat Soft Inc. and Excel XP for Windows on a PC by parametric (Pt, Students' criteria) methods of statistics.

Results and discussions. According to the recent results of the credit exam "Emergency conditions" there has been seen some positive dynamic in comparison with previous years, which could be explained by increased requirements for interns' training to the TLE "Krok 3". Thus, average score of the final credit exam "Emergency conditions" in the 2015/2016 studying year was 3,72 points (but in the 2014/2015 and 2013/2014 studying years the final grade was 3,68 and 3,5 points correspondingly), and significantly correlated with the results of the following TLE "Krok 3".

The highest average score on the module "Emergency conditions" has been showed by interns-pediatricians upon following subjects: Neurology (4,5 points), Pediatrics (4,0 points), Obstetrics and gynecology (3,9 points) and Internal medicine (3,9 points), but the lowest results were shown in Cardiology (3,4 points) and Surgery (3,1 points).

According to the correlation analysis the results of the final module control in "Emergency conditions" have been significantly associated with average undergraduate grade ($r=0,62$; $Pt<0,05$), the results of the semi-annual certification of doctors-interns ($r=0,85$; $Pt<0,05$) and the score of the TLE "Krok 3. General clinical medical training" ($r=0,73$; $Pt<0,05$).

There has not been found any significant correlations between either form of interns' education (budgetary or under the contract) or gender-based particularities, that is, probably, indicated the influence of other factors on

studying motivation during the graduate stage of education.

Conclusions. Thus, successful training of interns-pediatricians during the "Emergency conditions" module allows to increase the effectiveness of their preparation to the TLE "Krok 3", as well as to complete successfully their internship.

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FEATURES OF SKIN ATOPIC REACTIVITY IN CHILDREN, SUFFERING FROM BRONCHIAL ASTHMA DEPENDING ON INFLAMMATORY BLOOD PATTERNS

Tarnavskaia S.I., Vlasova E.V.

Higher State Educational Establishment of Ukraine «Bukovinian State Medical University», Chernivtsi city

Objective. To study markers of atopy in children with bronchial asthma (BA), depending on the blood inflammatory patterns.

Materials and methods. We have conducted a comprehensive study of 46 children with asthma. Depending on the content of the blood granulocytes, 4 clinical groups were formed. Group I consisted of 34 children suffering from asthma with hypogranulocytic inflammatory blood pattern (blood eosinophil content <250 cells / mm^3 and the neutrophil count <5000 cells / mm^3) (mean age - $13,7 \pm 2,6$ years, the proportion of boys - 64.7%) II group consisted of 12 patients with hypergranulocytic pattern of inflammatory response (eosinophil blood levels ≥ 250 cells / mm^3 and neutrophils ≥ 5000 cells / mm^3) (mean age - $14,9 \pm 1,9$ years ($p>0,05$); including 58,3% ($p>0,05$) of boys. The groups were comparable as to the the main clinical observation characteristics.

Results and discussion. Evaluation of cutaneous immediate hypersensitivity to bacterial allergens showed that the size of a papule of the skin reaction to household allergens in children of the 1st and 2nd groups was $13,7 \pm 1,4$ and $19,6 \pm 2,1$ mm ($p<0,05$), respectively; to epidermal allergens - $13,7 \pm 1,5$ and $22,6 \pm 7,2$ mm ($p>0,05$), respectively, to pollen allergens - $8,4 \pm 1,9$ and $17,0 \pm 2,7$ mm ($p<0,05$), respectively. Indicators of risk registration of severe cutaneous hypersensitivity to household allergens (papule $>13,7$ mm) in children with asthma with hypergranulocytic phenotype compared to a hypogranulocytic one were: the relative risk - 1.6 (95% CI: 0,9-2,6) at a ratio of odds - 5.6 (95% CI: 2,7-11,4) to pollen allergens - the relative risk - 4.5 (95% CI: 3,4-5,9) at a ratio of chances - 9,6 (95% CI: 4,8-19,5). The content of total IgE in the serum of