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CLINICAL OUTCOMES OF LARGE SOFT TISSUE DEFECT REPAIR BY FASCIOCUTANEOUS FLAPS WITH PERFORATOR VESSELS IN CHILDREN

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Spina bifida literally means "spine in two parts" or "open spine". Spinal dysraphism involves a spectrum of congenital anomalies resulting in a defective neural arch through which meninges or neural elements are herniated, leading to a variety of clinical manifestations. They are divided into *aperta* (visible lesion) and *occulta* (with no external lesion). Meningocele, myelomeningocele, lipomeningomyelocele, myeloschisis and rachischisis are the usual names associated depending on the pathological findings. Meningocele by definition involves only the meninges with no neural involvement; others have variable extent of neural involvement. The spina bifida *aperta* is usually associated with skin defect with an impending risk of CSF leak constituting "open defects," whereas the occult forms have normal skin cover. Both forms demand different approaches in their management. The clinical importance of occult lesion has grown tremendously in the recent years.

The plasty of large injured surfaces at various pathologies in children is difficult problem.

The children (n=64) were split into two groups. In the main group, the plasty of large injured surfaces by fasciocutaneous flaps with perforator vessels were performed in cases of spinal dysraphism (n=10): spina bifida (n=6), myeloschisis (n=4); pilonidal sinus (n=17); primary surgical treatment of wounds (n=12); myeloid leukaemia complicated by Fournier's gangrene (n=1); keloid scars (n=2).

Comparison group includes the cases of the plasty for spinal dysraphism (n=9): spina bifida (n=6), myeloschisis (n=3); primary surgical treatment of wounds (n=11) and keloid scars (n=2) were carried out by the local tissue. Suturing cutaneosubcutaneous flaps to fascia of sacrum were performed for pilonidal sinus (n=14).

In the main group of children with spinal dysraphism in 80%, pilonidal sinus in 88,24%, primary surgical treatment of wounds in 81,82 % were observed wounds healing by primary tension (in the comparison group in 55,56%, 0%, 63,64% accordingly). Fournier's gangrene and keloid scars wounds healed by primary tension without recurrence (100 % recurrences were in comparison group).

Using the fasciocutaneous flaps with perforator vessels for plasty of large soft tissue defect is effective method of treatment spinal dysraphism, pilonidal sinus, injured wounds, Fournier's gangrene and keloid scars in children.

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BRONCHIAL ASTHMA EXACERBATIONS IN CHILDREN DEPENDING ON THEIR WEIGHT STATUS

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Bronchial asthma exacerbations affect the quality of life for child and parent. Many factors are associated with asthma attacks including environmental exposures, patient-clinician relationship, and patient factors. Obesity has been associated with poor asthma control and severe asthma exacerbations in childhood. Reduced treatment response, chronic systemic inflammation, hormonal influences, and comorbidities such as gastroesophageal reflux may underlie the link between obesity and severe asthma exacerbations. Identifying children at risk of an asthma exacerbation affords the opportunity to prevent them.

The aim of the study was to reveal the relationship between weight status and asthma exacerbations in schoolchildren.



The cohort of fifty three school age patients with asthma was formed by simple random sampling. We assessed the diagnostic severity, pulmonary function, exacerbation prevalence, and controller treatment level, anamnestic and clinical peculiarities etc among three BMI groups of asthmatic patients.

Forty five of children presented normal weight status (control group) with average body mass index (BMI) $19,9 \pm 2,3 \text{ kg/m}^2$, while alternative small group consisted of 8 patients presented overweight status with BMI $27,2 \pm 2,9 \text{ kg/m}^2$ (main group). 87,5% of overweight children lived in good conditions, while in control group – only 39,6%. Majority of overweight children presented delayed or non-vaccinated status (85,7%), while such subgroup consisted of only 47,1% in controls. 86% versus 42% of children in main and control groups correspondingly demonstrated the allergic skin signs. Overweight children had the history of spacer use while inhaling drugs (50%) more often as compared to controls (18%). Neurasthenic type of attitude to disease was demonstrated by 60% of overweight patients and by only 25% of children in control group. Only 57% of overweight children reported close friendly relationships with their mother as compared to controls (79%).

The same basic FEV₁ indices were observed in children of compared groups: $83,9 \pm 16,7\%$ versus $82,1 \pm 19,0\%$ ($p > 0,05$); as well as bronchial lability index - $26,3 \pm 19,8\%$ versus $27,9 \pm 23,4\%$ ($p > 0,05$) in overweight asthmatics and controls correspondingly. The number of relieving inhalations of short-acting beta-agonists in case of asthma attack was the same in children with high BMI and controls: $3,2 \pm 1,4$ versus $3,6 \pm 2,0$ ($p > 0,05$) correspondingly. We assessed no any differences due to diagnostic severity, asthma phenotype, number of exacerbations and their severity, pulmonary function, controller treatment level, but we revealed significant anamnestic and clinical peculiarities of asthma course in overweight asthmatic children as compared to controls.

Future studies should clearly differentiate severe asthma exacerbations due to inadequate asthma control from those occurring in children whose asthma is well controlled, and use a systematic approach to identify the best predictors after accounting for the multiple dimensions of the problem.

Thus, future predictive models of severe asthma exacerbations in children should include a combination of epidemiological, clinical data and biomarkers, and target specific asthma phenotypes (e.g., “obese childhood asthma”). Preventing severe asthma exacerbations requires identifying patients at high risk, to develop personalized care protocols that may prevent such exacerbations. Obesity is a possible modifying risk factor of asthma attack in children due to scientific data, while we haven't revealed such association.

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A CASE OF NEONATAL MEASLES

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Ukraine has been experiencing measles outbreaks since 2017. During the outbreak of measles cases have recorded among pregnant women, newborns and infants who have had certain clinical peculiarities.

The purpose of the study was to analyze the clinical features of the acquired measles in a newborn.

The girl was born full-term at 40 weeks gestation with the weight 3300 g. She was vaccinated for age, breastfeeding and discharged home on the 3rd day. On the 10th day of the baby's life a fever and catarrhal symptoms were appeared in the mother. Macular-papular rash was appeared on the 5th day of the mother's disease, rash spread throughout the body step by step. A typical form of moderate measles was diagnosed. Mother and a baby were hospitalized in the infectious department of the Regional Hospital.

On the 20th day of life, 9 days after the first mother's symptoms the baby's body temperature was increased to febrile degrees, mild catarrhal symptoms were appeared. The following day, a subfebrile fever and a macular-papular rash were appeared on the face and spread