Extremely high concentration of Ig E (more than 100 kU / l) to D. pteronissinus mite was observed in 27.3 ± 6.0% of patients of the first group and in 16.6 ± 7.6% of the second (Pφ> 0.05).

Very high concentration of Ig E (from 50 to 100 kU / l) to D. Farinae mite was detected in every second (52.7 ± 6.7%) patient of the main group despite 41.7 ± 10.0% of children in the comparison group > 0.05).

In the group of patients with hyperreactivity to house dust, a reliably greater number of children with a significant concentration of antibodies to down / feather (concentration of specific Ig E more than 17.5 kU / l) 16.4 ± 4.9% and 4.2 ± 4.1 % (Pφ <0.05), respectively was idetified.

Conclusions. Patients with both parents who smoke significantly increase the risk of developing atopic hyperreactivity to house dust. Patients with hyperreactivity to house dust are more likely to have a combination of BA with atopic dermatitis with OR of 1.8. In children of the first clinical group, the phenotype of late onset (OR - 3.5) and exercise-induced phenotype(OR -2.4) BA were more often determined.

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DIAGNOSTIC VALUE OF THE CLINICAL SIGNS IN THE VERIFICATION OF ACUTE COMMUNITY PNEUMONIA IN CHILDREN OF DIFFERENT AGE

In respect that the inflammatory processes of the bronchial tree and alveolar tissue, due to the anatomical and physiological features of the respiratory system in children, more often than not overlap with similar clinical symptoms, the problem of differential diagnosis of acute infectious-associated inflammatory diseases of the lower respiratory tract in children appears to be rather currently important, however, unresolved.

The aim of the survey was to study diagnostic value of the clinical symptoms in the verification of acute community pneumonia in children of different age in order to optimize the treatment of the acute pathology of the respiratory system.

Material and methods. A cohort of patients with acute respiratory pathology of children with different ages (75 patients) who received inpatient treatment at the

pulmonology department of the Regional Children's Clinical Hospital in Chernivtsi has been formed by the method of simple random sampling. The first (I) clinical group was formed by 51 patients with a verified diagnosis of community-acquired pneumonia (CAP), acute course, and the second (II) clinical group included 24 children, in which the infiltrative acute process in the lungs was excluded, that is, with manifestations of broncho-obstructive syndrome (BOS). According to the main clinical characteristics, the comparison groups have been comparable. The results of the study have been analyzed by parametric ("P", Student's criterion) and non-parametric ("Pφ", Fisher's angular transform method) calculation methods, and the evaluation of the diagnostic value of the tests has been performed taking their sensitivity (Se) and specificity (Sp) into account from the perspective of clinical epidemiology.

Results. The analysis of the main symptoms and signs that troubled the hospitalized patients has showed that the most frequent complaints in patients with CAP were cough (100%), fever (84,3%) and signs of intoxication (90,2%), which only in every second child (45,1%) were combined with shortness of breath.

The analysis of auscultative changes above the pulmonary fields has showed the asymmetry of auscultative phenomena in majority (90,3% of children) of patients with CAP and in 16,7% of cases in the II group of ($P < 0,001$). At the same time, the persistence of asymmetrycal auscultatory changes in the dynamics of observation for ≥ 2 days has been observed in 90,2% of cases in I group and only in 12,5% patients with BOS ($P < 0,001$).

Conclusion. In detecting pneumonia in children the most sensitive signs were the symptoms' complex combining cough, hyperthermia and/or intoxication, or a combination of cough with symptoms of intoxication and respiratory failure (Se=84-96%), but the most specific clinical signs were asymmetric dullness on lung percussion and combination of asymmetric diminished breath sounds with focal crepitation/fine bubbling rales which are persisting several days against the background of the initial empirical antibiotic therapy (Sp=88-96%).