



Twenty-five cases of the pilonidal sinus in children were analyzed. The children were divided into two groups: I - the use of the traditional method - excision of the pilonidal sinus and suturing the edges of the wound to the sacral fascia (n = 14); II - excision of the pilonidal sinus with closing of the wound by the flap on nutrition branch in its own modification (n = 11).

Healing of the postoperative wound in group I of patients lasted from 18 to 40 days, in contrast to the group of flap-plastic, where healing was observed for 10-15 days. In the first group of children, healing was a secondary tension, in the second group - primary. No recurrence was observed in any group. In the first group of children 50% of complications of the postoperative period were observed. Whereas in group II only 1 child (9.09%).

For treatment of the pilonidal sinus in children flap-plastic on nutrition branch surgery is possible to use. Flap-plastic on nutrition branch surgery is better method of treatment.

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THE POSTGRADUATE TRAINNES' PRE AND POST ASSESSMENT ON SHAKEN BABY SYNDROME

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Shaken baby syndrome (SBS) is one of the leading causes of unintentional physical child abuse. The level of awareness of both doctors and parents about SBS is insufficient, therefore the simulation scenario on SBS was included in educational programs for physicians' training at the postgraduate stage.

The aim of the study was to evaluate the basic level of doctor's knowledge about SBS.

A questionnaire on awareness of SBS was developed and an anonymous survey of 30 respondents was carried out before discussion of the simulation scenario on SBS, which was developed under the international grant project "Training Against Medical Errors": Sixteen interns of the specialty "Pediatrics" and 14 physicians of postgraduate education cycles were interviewed.

Ninety three percents of respondents had experience of long-term care for a baby, in 63% of cases respondents had at least one child of their own, the average age of the respondents was 31±12 years, 93% of the respondents were females. Informed consent was received for an anonymous survey from everyone and upon completion doctors were provided with a specially developed informative flyer.

Only 60% of doctors have heard about SBS earlier, only half of them got any knowledge of SBS while being educated and only 6,7% - while learning at graduate stage, most of the respondents could not indicate the source of their awareness of the SBS or indicated its randomness (own experience, the Internet, stories of relatives, etc.). Most of doctors did not consider themselves sufficiently informed about SBS and in 67% of cases they gave an incorrect or only partially correct definition of the syndrome. The average number of correct answers on the survey of SBS was 67.3 ± 0.9%.

All respondents were well aware of the ban on shaking a child due to persistent crying, correctly indicated the crying of a child as the main stress factor for parents. However, half of doctors mistakenly believed that a child can cry for more than two consecutive hours only in case of some pathological conditions, 63% of respondents did not know that the continuous crying is the main trigger for shaking a baby, and none of the respondents indicated that baby crying may not have any specific reason.

The respondents were worse informed about the persons shaking the child, some mistakenly believed that this was a mother, most did not know that this was a male person, many respondents incorrectly believed that parents behave more tolerantly with their own children. Doctors could list approximately 3.6±0.7 of 5 reasons for baby crying, 3.6±1.3 of 4 methods of comforting the child, but physicians were significantly less familiar with the complex of measures to prevent SBS and could list on average only 1.6±1.3 of 4 well known methods.

On the point of view of both doctors and interviewers the level of physicians' awareness of SBS is insufficient, after participation in simulation scenario on SBS (TAME project) at



postgraduate education significant improvement was revealed. Doctors considered, that participation in SBS simulation scenario was relevant to their work and effective in teaching basic knowledge and skills, promoted reflection and team discussion.

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**GLYCEMIA REGULATION AND GLYCEMIC TYPE IN CHILDREN SUFFERING
FROM BRONCHIAL ASTHMA**

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Bronchial asthma (BA) remains one of the most common chronic and complicated issues concerning the treatment of inflammatory diseases. According to the current standards of treatment and prevention the basic therapy of BA in children includes inhalation glucocorticosteroids (iGCS). At the same time, the question concerning the its safe administration remains topical, because systemic glucocorticosteroids (sGCS) stimulate the processes of gluconeogenesis. Since high doses of drugs and their long administration in susceptible individuals may be associated with various side effects similar to those with sGCS therapy, nowadays there is much concern about potential systemic effects of iGCS.

Objective of the research is to study peculiarities of glycemia regulation and glyceemic type in children suffering from bronchial asthma.

63 bronchial asthma patients were comprehensively examined under conditions of the Pulmonological-Allergological Department at the Regional Children Clinical Hospital (RCCH) in Chernivtsi. An average age was $11,43 \pm 0,39$ years (from 4 to 17), on an average the disease lasted for $6,91 \pm 0,45$ years (from 1 to 14). At the same time, severe BA was found in one third of patients, and this cohort of patients received high doses of iGCS. Therefore, two groups for comparison were examined where glucose utilization indices in children were compared. I group included patients who received low and mean doses of iGCS, II group included children who received high doses of iGCS. By means of immune-enzyme analysis performed by the immunological laboratory at the RCCH in Chernivtsi the following parameters were determined: the state of glucose metabolism regulation according to the content of antibodies IgGclass to insulin.

The differences in the groups of comparison according to the indices of carbohydrate metabolism regulation were found to be statistically significant. Thus, average values of antibody content to insulin were found to be in the concentrations $25,36 \pm 2,83$ Un/ml (min – 0, max – 125,3 Un/ml). It should be noted, that high titers of antibodies from IgGclass to insulin in the blood serum were associated with an increased risk of disturbed glycemia regulation. Odds ratio showed that with the use of high doses of iGCS in comparison with low and mean doses the chances of increased glycemia were- 2,2 (95%CI 0,67-6,92) and concerning glucose utilization (OR) = 1,64 (95%CI 0,54-5,0).

Therefore, high doses of iGCS increase in considerably hyperglycemia risk on an empty stomach (OR=2,2), 2 hours after meals (OR=1,64), and it is accompanied by an increased risk of elevated content of antibodies to insulin (OR=1,6), which is manifested by disturbed utilization of glucose in children suffering from BA.

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**A CASE OF EXTRAPULMONARY TUBERCULOSIS IN A CHILD WITH CONGENITAL
BRAIN MALFORMATION**

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Tuberculosis is a major public health problem all over the world. Tubercular meningitis is the most dangerous form of tuberculosis in childhood, that is an important cause of permanent neurological disability in children and death. Extrapulmonary tuberculosis usually presents more of a diagnostic problem than pulmonary tuberculosis. In part this relates to its being less common and,