



Moreover, it has been found that the normal ($<10.0 \times 10^9$) leukocyte level in the complete blood count of children with respiratory pathology was characterized by a significant number of false-negative (Se = 54%) and false-positive (St = 55%) results in verification of AOB.

In general, the low diagnostic and informative role of "classic" blood inflammatory markers for the diagnosis of acute inflammation of the lung parenchyma in children, as well as in the differential diagnosis of pneumonia and acute obstructive bronchitis have been confirmed.

Peryzhniak A.I.

CLINICAL MANIFESTATIONS OF POSTHYPOXIC CARDIOVASCULAR DYSADAPTATION SYNDROME IN NEWBORNS

*Department of Nursing Care and Higher Medical Nursing Education
Bukovinian State Medical University*

Clinical manifestations of posthypoxic CVS dysadaptation syndrome in newborns are extremely nonspecific and occur with a large number of diseases of this age period. In mild cases, this pathology can proceed without any symptoms, or with very meager clinical manifestations, which in turn can be inherent in other pathologies of the perinatal period, incl. extracardiac.

182 children were examined. Group I consisted of full-term newborns with a general state of moderate severity (65); Group II - newborns with a serious condition (57). The control (III group) included 60 relatively healthy newborns.

According to our data, the most characteristic clinical signs of cardiovascular disorders in newborns under conditions of perinatal pathology were: cyanosis and acrocyanosis of the skin, muffled heart sounds, tachycardia, arrhythmia and arterial hypotension. However, based only on these indicated signs, it is problematic to make a diagnosis, since similar signs are also associated with other pathology of the perinatal period, the literature data confirm. Therefore, there is a need to improve diagnostic markers for timely verification of disorders of the functional state of the CVS.

Clinical signs indicative of functional disorders of the CVS under conditions of perinatal pathology in newborns of group II were: change in skin color, namely: cyanosis, acrocyanosis of the skin - 36 cases (63.16%), 28 (43.08%) in I the group versus 11 (18.33%) cases in group III, $p < 0.05$; pallor and marbling of the skin - 12 (21.05%) in group I and 7 (10.77%) in group II). In 36 (63.16%) children of group II, muffling of tones was found, it was significantly more often than in children of group I - 12 (18.46%) and group III - 5 (8.33%) ($p < 0.05$); moreover, among the newborns of the II group there was a high frequency of cases of deafness of heart sounds - 14 (24.56%) versus 8 (12.31%) in the first group, $p < 0.05$. Among the features of the course of the early neonatal period, a significant percentage that attracted attention was arterial hypotension of I and II observation groups - 12 (18.46%) versus 19 (33.33%) respectively, $p < 0.05$. Heart rhythmic disturbances associated with impaired automatism and of a transient nature were found more than in half of the children of group II, namely: arrhythmias, tachycardia - 26 (45.61%) and bradycardia - 5 (8.77%). In contrast to the first group - 14 (21.54%) and 2 (3.08%) and 9 (15.0%) in group III were diagnosed, respectively. The accent of the II tone over the pulmonary artery was diagnosed in 8 newborns (14.04%) of group II, in 4 children (6.15%) - group II and in 2 newborns (3.33%) of the III group, $p < 0.05$. in 18 (31.58%) cases in group II, in 14 (21.54%) cases in group I and 8 (13.33%) cases - in group III, $p < 0.05$. Thus, the prevalence of clinical manifestations of functional disorders of the CVS in neonates of group II was significantly higher than in group I.

Thus, based on only these indicated signs, it is problematic to make the diagnosis, since similar signs are also associated with other pathologies of the perinatal period. Therefore, there is a need to improve diagnostic markers for the timely verification of functional disorders of the CVS.