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**Andriychuk D.R.**  
**CLINICAL COURSE OF ULCER DISEASE IN CHILDREN DEPENDING ON THE**  
**DURATION OF THE DISEASE**

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One of the most serious diseases of the gastroduodenal area in children is ulcer disease of the stomach and duodenum. The incidence of this disease in Ukraine and worldwide continues to increase. If in 2000-2001 in the structure of digestive diseases in children ulcer was 4,9%, in 2013 it was 7,9%.

We conducted a clinical examination of 120 children with ulcer disease, aged 7-18 years, who lived in Chernivtsi and Chernivtsi region. The study was conducted using simple randomization.

The average age of children with ulcer disease was  $14,8 \pm 2,0$  years. 53,5% of examined children suffering from ulcer disease, were boys. There were almost equal numbers of children with the duration of UD less than one and over 3 years. Verification of clinical diagnosis was carried out in accordance with the treatment of children in “Children’s Gastroenterology” (Ministry of Health of Ukraine 59 of January 29, 2013). All children were interviewed with studying of anamnesis, genetic, social, environmental, household and other characteristics of their habitat. Clinical studies were performed by the standard method of patient examination. Particular attention was paid to children’s complaints on pain, its location, seasonality, the nature of the factors that enhance and ease the pain.

Pain was observed in 100% of sick children, mostly had aching in nature and was located mainly in the epigastrium and pyloroduodenal areas, regardless of the duration of ulcer disease. Pain, which appeared on an empty stomach and after 1-1,5 h after the meal was dominant at the time of occurrence. The significant difference of pain intensity in children was noted. So, for children who were sick less than 1 year, intensive pain syndrome was observed in  $83,3 \pm 7,7\%$ , in children with disease duration 1-3 years –  $13,3 \pm 2,3\%$  and in aching patients with disease duration more than 3 years –  $34 \pm 0,4\%$  of cases, ( $p < 0,05$ ).

The leading symptom of the dyspeptic syndrome among pediatric patients was nausea (90,8%). In children with the duration of ulcer disease up to 1 year was shown a tendency to constipation (83,3%), in patients with disease duration more than 3 years – a tendency to diarrhea (85,3%) and decreased appetite (100%).

The main symptoms of astenovegetative syndrome in children with the duration of ulcer disease up to 1 year were: emotional lability in 92% of cases, headache, weakness, drowsiness, fatigue in 83%, in 25% – heart pain and in 42% – poor sleep. With increasing ulcer disease duration grew and prevailed symptoms of vagotonia: emotional lability (100%), excessive sweating (93,3%), chill (90,0%). In addition, in all children of 1-3 years duration of disease were observed weakness, flabbiness, fatigue, drowsiness and headache – in 83% and 92% of children. There were emotional lability, weakness, drowsiness and fatigue in 100% of children suffering from ulcer disease more than 3 years, 83% of children complained about headache, 93% – sweating and 90% of patients – chill.

Thus, with increasing disease duration, quantity of children with pain syndrome (22,5%) decreased and number of patients with dyspeptic (68,3%) and astenovegetative syndromes (62,5%) increased.

**Bilyk G.A.**

## **EVALUATION OF TREATMENT TACTICS IN CHILDREN WITH BRONCHITIS DEPENDING ON ITS CLINICAL FEATURES**

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Respiratory diseases always account for a significant proportion of visits to the pediatrician or family doctor, and bronchitis is usually a frequent clinical manifestation of acute respiratory diseases. The doctor often faces the question of how to objectively assess the clinical picture of bronchitis, and now the assessment of respiratory symptoms is often based on criteria such as cough, shortness of breath or wheezing on auscultation. However, today there are practically no data on the severity of bronchitis in children depending on the above criteria.

The aim of the work was to study the clinical features of bronchitis in children with varying severity of inflammation of the bronchial tree and to assess the effectiveness of standard treatment tactics to optimize the management of these patients.

A cohort of 158 children with bronchitis was created at the pulmonology and allergology Department of the Municipal Medical Institution “Regional Children’s Clinical Hospital” in Chernivtsi. The average age of the examined children reached  $6.6 \pm 0.30$  years. 63.3% of the surveyed children were boys and 36.7% - girls, most of the patients lived in rural areas (60.1%). The severity of bronchitis was assessed at the beginning and on the 3rd and 7th days of inpatient