

Smartphone and send this photo to the e-mail of the Department of Pediatric Surgery and receive a remote specialist's opinion.

In case of the diagnosis confirmation, parents need to contact a family doctor which will fulfill the e-appointment to the Children's Clinical City Hospital, Department of Pediatric Surgery.

The child receives a necessary treatment and appointment to the supervision of a family doctor with clear recommendations for further treatment in an outpatient care. Further monitoring can be provided on-line.

The online system provides fast and qualified aid to parents, pediatricians and family doctors. Practitioners can obtain through the online system the necessary verified information about hemangiomas in children. Children can receive a highly qualified remote consultation from the city and any district of the region, and receive the necessary treatment without losing of time.

The organization of the remote online system makes it possible in real time to improve diagnostics process, prevent losing of time of the treatment. It creates an opportunity to organize constant parents-child-doctor-child-parents contact, which will provide an opportunity to work together to defeat the disease.

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LOCAL IMMUNITY STATUS AFTER SURGICAL TREATMENT OF PAYRE'S DISEASE IN CHILDREN

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Surgical treatment of Payre's disease in children should be comprehensive and consist of three stages: preoperative preparation, surgery, postoperative period. The success of treatment significantly depends on the state of local immunity status in the colon, disturbance of which leads to colitis, advance of endogenous intoxication syndrome and complications of the postoperative period. The formation of local immunity is significantly influenced by the intestinal microflora, under the influence of which the immune response is formed. Lysozyme and other active compounds that stimulate the immune system are released with the participation of microorganisms.

The aim of the research is to define the indicators of the immunity status before and after surgical treatment of Payre's disease in children and to compare with healthy children local immunity status.

Local immunity status of 20 children with Payre's disease before and after operation and healthy children (n-30) was compared. Secretory immunoglobulin A and lysozyme of children with Payre's disease and 30 practically healthy children were examined. The concentration of secretory immunoglobulin A and the level of lysozyme in coprofiltrates of children were studied as immunological markers.

The concentration of secretory immunoglobulin A in children with Payre's disease before surgery was 11% lower in comparison with the index in healthy children. Lysozyme concentration before the operation was 21% lower in comparison with concentration in healthy children. However, after the operative treatment, the concentration of secretory immunoglobulin A 10% increased in comparison with previous indicator but not gained the indicator of concentration of secretory immunoglobulin A in healthy children. Lysozyme concentration indicator reached the level of healthy children after performing surgery.

In children with Payre's disease there is a decreasing of specific (secretory immunoglobulin A) and nonspecific (lysozyme) factors of local immune protection to 11% and 21% respectively. Surgical treatment of Payre's disease allows to increase the indicator of concentration of secretory immunoglobulin A to 10% and indicator of concentration of lysozyme to normal level.