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CLINICAL MARKERS OF GASTROENTEROLOGICAL DISORDERS IN NEWBORNS WHO HAVE UNDERGONE PERINATAL PATHOLOGY

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According to scientific publications, the prevalence of digestive pathology occupies one of the leading places in the structure of morbidity among children, in particular, functional disorders of the gastrointestinal tract (GIT) occupy from 60% to 95% in the overall structure of gastrointestinal pathology. Premature babies have an immature gastrointestinal tract, a lower ability to digest nutrients than full-term babies, which can impair their absorption and is a major problem in their care.

The study aim is to investigate clinical markers of gastrointestinal disorders in newborns who have undergone perinatal pathology. An examination of 148 premature infants was conducted. The first group consisted of 91 children, 29-36 weeks of gestation, who had a difficult condition after birth, the second group included 57 relatively healthy children, 35-36 weeks of gestation.

Based on the results of somatic health and obstetric and gynecological history depicted mothers having a set of risk factors, the implementation of which led to the birth of children with perinatal pathology, namely: combined somatic and gynecological pathology of the mothers, burdensome obstetric history, complications of pregnancy and childbirth. Disorders of adaptation in the neonatal period were caused by manifestations of respiratory distress syndrome in 91 cases (100.0%), asphyxia in 25 children (27.47%), neonatal encephalopathy in 65 children (71.43%), prematurity in 91 cases (100.0%), multiple organ failure in 42 cases (46.15%), anemic-hemorrhagic syndrome in 23 cases (25.27%). In the neonatal period there were clinical symptoms of perinatal pathology, which was accompanied by a syndrome of vegetative-visceral dysfunction, that in turn, included disorders of the gastrointestinal tract, in particular 44 newborns of group I (48.35%) showed a significant decrease in sucking reflex, 47 cases (51.65%) showed lack of sucking reflex, decreased food tolerance was evident in 83 cases (91.12%), vomiting in 70 newborns (46.92%), intestinal paresis in 48 cases (52.75%), delayed meconium excretion in 20 newborns (21.98%), flatulence in 43 babies (47.25%). 41 cases (45.05%) were diagnosed with functional disorders of the gastrointestinal tract in premature infants with severe perinatal pathology as one of the manifestations. In addition to conventional methods, the newborns underwent additional coprofiltrate testing to determine markers of inflammation: albumin level, alpha-1-antitrypsin level, secretory immunoglobulin A level, fecal elastase-1 level, PMN-elastase level, calprotectin level, content of fat, starch and food remnants as well as indicators of the biochemical spectrum of blood which characterize the functional state of pancreas: the activity of amylase, lipase, trypsin, leucine aminopeptidase in serum; determination of amylase levels in urine.

Adverse factors of the perinatal period can lead to the development of hypoxia, impaired adaptation of the newborn and provoke, in particular, the development of gastrointestinal pathology. In newborns who have undergone perinatal pathology, clinical markers of dysfunction of the gastrointestinal tract have been identified, which, in turn, requires the development of directions for prognosis, diagnosis, prevention and correction to notify the development of chronic gastrointestinal pathology.

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THE ROLE OF URINARY 2-MICROGLOBULIN IN PREDICTING TUBULAR DAMAGE IN PREMATURE INFANTS OF DIFFERENT GESTATIONAL AGES

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Premature newborns (PN) are at higher risk of development severe renal damage, especially acute kidney injury (AKI). This syndrome is independently associated with pathological consequences and increased mortality (McCaffrey, 2015). The incidence of AKI is higher in PN with very low birth weight (VLBW) and extremely low birth weight (ELBW). It is also varied by