

Considering the fact that a significant number of inflammatory processes occur in the background of reduced body resistance and dysbiotic changes of the intestine, all patients with exacerbation of CPMS underwent a microbiological examination of the colon cavity in order to determine the species composition and population level of autochthonous and allochthonous representatives, and degree of dysbiotic changes.

The results of microbiological study show characteristic changes in the species composition of anaerobic and aerobic autochthonous, facultative and allochthonous microflora of the contents of the colon cavity, significantly differing from the species composition of the microflora of the colon cavity within normal limits.

In patients with CPMS, the main part of the microflora of the colon is represented by bacteroids, lactobacilli, non-pathogenic *Escherichia coli*, proteas. Physiologically beneficial bifidobacteria are completely eliminated from the colon in 12.7% of patients with sinusitis. Against this background, the percentage of patients with facultative opportunistic anaerobic (peptococcus, clostridia) and aerobic (staphylococci) bacteria is increasing. This fact necessitated the determination of the population level of all viable microorganisms isolated from the cavity contents of the colon of patients with CPMS.

Characteristic of microbiocenosis of the colon cavity of patients with CPMS is a pronounced deficiency of autochthonous obligate physiologically useful bifidobacteria and lactobacilli. Thus, the population level of bifidobacteria decreases by 51.04%, lactobacilli - by 23.46%. At the same time, the number of anaerobic gram-negative bacteroids and aerobic non-pathogenic *Escherichia coli* significantly increases in the content of the colon cavity (by 17.59% and 21.49%, respectively). At the same time, the population level of optional opportunistic anaerobic and aerobic microorganisms - clostridia, peptococcus, proteins, staphylococci - increases.

The results suggest that in CPMS, all patients develop intestinal dysbacteriosis or dysbiosis, mainly of the second degree due to elimination and severe deficiency of indigenous viable bacteria, which reduces the immune status of patients, affects the severity of clinical manifestations of the underlying disease, including CPMS course. Probiotic drugs have a therapeutic effect not only due to the direct effect on the opportunistic microflora, but also due to the stimulation of non-specific resistance factors.

Khashchuk V.S.

ADHESIVE BOWEL OBSTRUCTION SIMULATION AT DIFFERENT SURGERIES IN EXPERIMENTAL TRIALS ON RATS

*Department of Pediatric surgery and Otolaryngology
Bucovinian State Medical University*

According to scientific studies surgery performed on adhesive bowel obstruction account for 2.4% of the total number of operations on the abdominal cavity organs. There is no need to peritoneal defects, because the mesothelium present in the abdominal cavity located on these defects, is implanted and prevents the formation of adhesions. Obstruction that develops later than 3 weeks after surgery is associated with the transformation of new connective tissue into fibrous scar tissue. Adhesive bowel obstruction can be suspected on the basis of symptoms, physical examination and risk factors. Usually to confirm the diagnosis, identify the location of the obstruction and complications such as ischemia, necrosis and perforation modern methods of examination are required. Adhesions are not always symptomatic; however, in many patients, adhesions lead to a wide range of complications that occur months or even many years after surgery. Adhesion-related complications include small bowel obstruction, infertility in women, chronic abdominal or pelvic pain, and difficulty in relaparotomy.

In experimental investigation we assessed intraperitoneal adhesions with different surgical pathologies, such as anastomosis of the small intestine, anastomosis of the large intestine and intestinal ischemia. The purpose of investigation is to study stages of abdominal adhesions in rats according to Zühlke scale (0-4) at that surgeries.

Distribution of operated rats with surgical pathologies (n=30): first group – 10 rats with anastomosis of the small intestine, second group – 10 rats with anastomosis of the large intestine, third group – 10 rats with intestinal ischemia. First open surgery included simulation of surgery type, second step – relaparotomy for adhesion development assessment. Terms of relaparotomy, assessment of adhesions and observation of them from 5 to 7 days after second operation without dividing them according to the age and gender were carried out.

In I group (10 rats) in the first 7 days after surgery with adhesion syndrome had 2-3 mark according to Zühlke scale. In II group (10 rats) adhesion syndrome over 7 days of postoperative period at rats had 0-1 point of estimating. In III group (10 rats) over 7 days of postoperative period had 3-4 point of estimating. Du to statistic data indication the most vulnerable process after surgery is ischemic bowel injury.

According to the research, the most pronounced adhesion process was found in the 3rd experimental group (intestinal ischemia), which is 3-4 points according to the Zühlke classification. The lowest severity of adhesion process was in group 2 (0-1 points). And 2-3 points in the 1st group - anastomosis of small intestine. This trial indicates a high risk of adhesions development in small intestine ischemia.

Khodzinska Yu.Yu.

LIFE QUALITY INDICATORS OF SCHOOLCHILDREN BEFORE AND DURING THE IMPLEMENTATION OF HEALTH PROGRAMS.

*Department of pediatrics, neonatology and perinatal medicine
Bukovinian State Medical University*

Quality of life is a multifactorial and includes physical, mental, emotional, and social functioning. Its development depends on the socioeconomic factors, moreover educational level is the most significant one. Education implies learning: knowledge, behaviours, skills and attitudes that can influence health and wellbeing. The health-promoting program has an aim to provide support and preventive measures to improve the health of school children, which can be associated with their cognitive development, learning, and academic performance. It is a process that lead to increase young people's competencies in understanding and influencing lifestyles as well as living conditions. Instruments for children must be short, simple, and easy to complete, taking into account cognitive developmental level in reading skills and emotional maturity to match different developmental stages. An affordable and common method of assessment quality of life is using standard surveys, but some of them are focused on a specific disease and do not pay enough attention to healthy children.

The goal of the research was to identify variation of the health-related life quality indicators during the health-saving program at school. Such program was implemented in secondary school of Chernivtsi region and include the elements of breathing exercises according to the Strelnikova method, jogging, eye gymnastic. In general, 45 children of both sexes in age 10-15 years were examined. The general condition, self-assessment of health, physical and psychoemotional functioning was evaluated. Positive associations were found between childrens' weekly total physical activity at school and total health-related quality of life. The schoolers felt less fatigue in the classroom and have a better night's sleep, better indicators of spirometry "flow-volume".

To conclude, the health-promoting program at school is a crucial tool for providing a healthier environment, using interactive learning methods, building better communication and seeking partners and allies in the community, to promote schoolers' health and well-being.