

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



МАТЕРІАЛИ

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Конференція внесена до Реєстру заходів безперервного професійного розвитку,
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individuals (78.8 ± 10.1 , $p < 0.05$). Thus generic questionnaire CF is particularly useful when comparing health-related quality of life of subpopulations with different diseases with intermittent character, like headache, with a healthy control group.

Conclusions. Primary headache in children and adolescents is a common problem which influenced health-related quality of life. The importance of estimating quality of life among children with headache is emphasized. Physicians need more knowledge about QoL indexes and their associated factors in children. Rate QOL can be used in complex estimation of health state of children at all the stages of prophylactics, treatment and rehabilitation.

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SPECIES MICROBIAL DIVERSITY IN CHRONIC RHINOSINUSITIS IN PATIENTS WITH TYPE 1 DIABETES MELLITUS

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Introduction. The aim of the study was to determine the qualitative and quantitative composition of the microbiota in patients with chronic sinusitis with type 1 diabetes mellitus.

The aim of the study. Bacteriological and micrological methods were used to determine the qualitative and quantitative composition of the microbiota of the biotope of sinus cavities in 50 patients with chronic sinusitis with type 1 diabetes mellitus and 37 patients with chronic sinusitis of the same age without concomitant pathology.

Materials and methods. In the contents of the cavity of the maxillary sinuses of patients with chronic sinusitis, combined with type 1 diabetes, isolated and identified 175 strains of different species of microorganisms belonging to 24 different taxonomic groups, which in the biotope form different qualitative microbial associations consisting of 3 of different species in 58% of patients, of 4 species in 34.0% and of five different taxa - in 8.0% of patients.

Results. Chronic purulent sinusitis in patients with type 1 diabetes disrupts microbial associations. In patients with chronic sinusitis, the number of associations consisting of 3 species increases 2.7 times, but the number of associations consisting of 4 species of microorganisms decreases by 11.76%. The number of associations consisting of 5 species in patients decreases by 3.5 times. Among the most numerous associations consisting of 3 species of pathogenic and conditionally pathogenic autochthonous facultative microorganisms, the associations of the following representatives are more common: *M. catarrhalis*, *S. aureus* and *Bacteroides* spp.; *Prevotella* spp., *S. viridans* and *S. salivarius*; *M. catarrhalis*, *Prevotella* spp. and *S. epidermitis*; *H. influenzae*, *Prevotella* spp. and *S. epidermitis*. Associations consisting of 4 species were found in 34% of patients and consisted of *S. pneumoniae*, *M. catarrhalis*, *S. pyogenes*, *Fusobacterium* spp; *S. pneumoniae*, *E. coli*, *S. aureus* and *Candida* spp.; *S. pneumoniae*, *E. coli* Hly +, *S. viridans* and *Candida* spp. In patients with chronic purulent maxillary sinusitis combined with severe type 1 diabetes, there were associations consisting of *S. pneumoniae*, *M. catarrhalis*, *Candida* spp. and *S. epidermitis*; *S. pneumoniae*, *M. catarrhalis*, *S. pyogenes*, *S. epidermitis*; *Bacteroides* spp., *H. influenzae*, *S. pyogenes*, *Enterobacter* spp.; *Bacteroides* spp., *H. influenzae*, *S. pyogenes*, *Candida* spp. The above may indicate the influence of not only the etiological agent, but also a certain association of microorganisms on the severity of sinusitis combined with type 1 diabetes. Associations of microorganisms consisting of 5 species were found in patients with chronic purulent maxillary sinusitis combined with severe type 1 diabetes. Their composition was different, but all were isolated and identified pathogen *S. pneumoniae* in a high population level, opportunistic obligate anaerobic bacteria of the genus *Bacteroides* and *Prevotella*, *Fusobacterium*, streptococci and *Staphylococcus aureus*.

Conclusions. According to the Berger-Parker index of constancy and dominance, the dominant pathogens of chronic inflammation in the maxillary sinuses are *S. pneumoniae*, *H. influenzae*, *M. catarrhalis*. All major pathogens persist in the habitat in association. Microorganisms, depending on their role in the normobiocenosis, can inhibit the pathogenetic activity of the leading pathogen or, conversely, activate its pathogenetic role, which must be taken into account when choosing treatment tactics.