



19 newborns with spinal disraphism sacro-coccygeal area have been operated: 16 children aged 1 to 10 days and 3 from 11 to 28 days. Depending on the anatomical variants of spinal disrate sacro-coccygeal areas they were divided into: meningocele (26,32%); myelomeningoradiculocele (15,78%); myelomeningocele (31,58%). The best surgery results were at the age of 7 to 10 days (12 children). The term of surgical operation from 11 until 28 days for 3 children was due to the presence of hernia's coats infection and purulence, which demanded the implementation of preoperative preparation for 5-7 days. The disadvantage of all methods of surgical treatment of spinal disraphism is a danger of iatrogenic damage to neural elements during surgery, depending on the quality of its performance. During the execution of surgical treatment of spinal disraphism you must use radiculolysis with precision microsurgical excision of all cicatricial adhesions, cerebrospinal fluid cysts and other intraradicular formations, a thorough revision of the spinal canal.

Dysfunction of the pelvic organs (urine and anal incontinence) and lower limbs are observed in 63,16 % of children operated for spinal disraphism in the neonatal period which requires further development of methods of their surgical correction at a later age.

Garas M.N.

CLINICS AND TREATMENT PECULIARITIES OF BRONCHIOLITIS IN INFANTS

*Department of Pediatrics and Pediatric Infectious Diseases
Higher state educational establishment of Ukraine
«Bukovinian State Medical University»*

Acute bronchiolitis is the most common cause for hospitalisation in infancy with 1%–3% of all infants being admitted during their first winter. The disease is caused by a number of common respiratory viruses, with RSV the most commonly identified, and is associated with the characteristic winter peaks in admissions. Lower respiratory infection is the leading cause of global child mortality. Respiratory syncytial virus (RSV) is believed to be the most important viral pathogen causing acute lower respiratory infection in young children. RSV is the most important factor of the death of infants among all virus infections. In the first year of life, 50% of children infected with RSV, and 40% patients developed an infection of the lower respiratory tract. During the first two years of life every child at least once suffers from RSV infection. RSV is responsible for 50-80% of cases of bronchiolitis. In a broad range of respiratory viruses the RSV has a special place due to the diversity and severity of clinical manifestations of the disease in infants it causes. RS infection remains thus far a major medical and social issue causing high prevalence, needs for hospitalizations and mortality in risk groups of children.

The aim of the study was to analyze the clinical and laboratory features and therapeutic tactics of infants suffering from bronchiolitis.

Fifty one children (median age 2,7 months) admitted to the infant infectious department (Regional Pediatric Clinical Hospital, Chernivtsi, Ukraine) with bronchiolitis were enrolled in the study. The examination of infants included: clinical data, complete blood count and analysis of treatment.

The highest morbidity was observed in January-March. Twenty three children (45,2%) hospitalized in severe condition, twenty six infants (50,9%) suffered from moderate bronchiolitis. The clinical picture of infants suffering from bronchiolitis characterized by typical symptoms of bronchioles obstruction, emphysema and early respiratory failure. For most of infants bronchiolitis characterized by subfebrile temperature response. Changes of complete blood count in infants suffer from bronchiolitis characterized by increasing of white cell count (50,6% children), neutrophil count (64,5% infants) and anemic syndrome (64,5%). Initially ten children (19,6%) were hospitalized in the Pediatric Intensive Care Unit, six infants (11,7%) were mechanically ventilated (median 3,5 days), seven patients treated with oxygen (median 1,3 days). Nineteen children (37,3%) had complications of congestive heart failure and treated with diuretics and cardiac glycosides. The average duration of stay in hospital of infants was 9,3 days. Up to 45% of children with RSV bronchiolitis characterized by severe condition, and half of them were hospitalized in the PICU, which increased risk for bacterial co-infection.

Thus, the course of bronchiolitis in infants is characterized by severity, typical signs of damage of the lower parts of the respiratory tract and high probability of bacterial co-infection.

Gorbatiuk I.B., Ivanova L.A.

CLINICAL-PARACLINICAL PECULIARITIES OF TONSILLOPHARYNGITIS OF NON-STREPTOCOCCAL ETIOLOGY IN CHILDREN

*Department of Pediatrics and Children Infectious Diseases
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»*

The objective of our study was to investigate clinical-paraclinical peculiarities of tonsillopharyngitis of non-streptococcal etiology in children in order to improve their treatment.

To achieve the purpose of the study two groups of examination were formed. The first (I) clinical group included 66 patients with acute tonsillopharyngitis of non-streptococcal etiology, which was evidenced by a negative result of bacteriological test from the pharyngeal lavage and pharyngeal posterior wall. The second (II) clinical group included 32 children with acute streptococcal tonsillopharyngitis. Streptococcal etiology of the disease was proved by a positive result of culture test from the pharyngeal smear.