



The analysis of the obtained results showed that pronounced signs of upper respiratory tract catarrh was registered in 30,3% of patients from the first clinical group and only in 18,7% of children with verified acute streptococcal tonsillopharyngitis ($P\varphi>0,05$). Moderate rhinitis was found in 40,9% of patients from the first group, and in the group of comparison this index was only 25,0% ($P\varphi>0,05$). In 13,6%±4,2 children of the first clinical group pronounced cough was registered as compare to 3,1%±3,1 of patients ($P<0,05$) from the group of comparison. In patients with acute non-streptococcal tonsillopharyngitis average values of temperature on admission were found to be 38,5±0,1°C, and in the group of comparison – 38,7±0,1°C ($P>0,05$). The body temperature lower 38,5 °C was registered in 47,7% patients from I group and in 38,8% patients in the group of comparison ($P\varphi>0,05$). Manifestation of intoxication syndrome in both groups did not differ reliably. Thus, in 22,7% patients of the first clinical group moderate intoxication was determined, while in the second group this parameter was 31,2% ($P\varphi>0,05$).

The analysis of general blood count results determined reliable decrease of erythrocyte content and hemoglobin level in the blood of patients with confirmed streptococcal etiology of acute tonsillopharyngitis. At the same time, absence of leukocytosis in the peripheral blood was found to be registered more often among patients with non-streptococcal tonsillitis. Thus, amount of leukocytes in the peripheral blood less than $8,9 \times 10^9/L$ was determined in 57,6% patients of the first clinical group and only in 48,8% patients in the group of comparison ($P>0,05$).

Therefore, availability of upper respiratory tract catarrh, increased body temperature in an average to 38,5°C, normal content of hemoglobin and erythrocytes, lack of leukocytosis in the peripheral blood of patients suffering from acute tonsillopharyngitis are indicative of non-streptococcal etiology of the disease.

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MODERN PECULIARITIES OF PURULENT MENINGITIS IN CHILDREN

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Meningitis is a disease with a global distribution that constitutes a worldwide burden, with bacteria as the primary etiologic agents. While bacterial meningitis causes significant morbidity and mortality despite advances in antibiotic therapy, aseptic meningitis is typically a benign condition requiring only supportive care. The gold standard for the diagnosis for bacterial meningitis is culture, which requires several days to return results.

The aim of the work was to improve the early diagnosis effectiveness of purulent meningitis in children by analyzing the modern clinical and epidemiological features of the disease.

27 children's case histories were analyzed. Children were treated in the infectious boxed air-droplet infections department at the Regional Children's Clinical Hospital (Chernivtsi) during 2013-2016 with a diagnosis of "bacterial meningitis". The examination and treatment of sick children was conducted in accordance with the protocol approved by the order of the Ministry of Health of Ukraine. The average age of patients was $2,9 \pm 0,7$ years. The boys (63%) and country residents (52%) were prevalence parts.

In the cohort of patients with purulent meningitis, children from organized groups (80%) and patients living with sibs (60%) were prevalence parts. Febrile hyperthermia (89%), appetite loss (85%), malaise (78%), vomiting (78%) were the most frequent complaints during admission to the hospital. Most of the children were hospitalized in severe (63%) and extremely severe conditions (18%), which caused the primary hospitalization of patients in the intensive care unit (70% of cases). The rigidity of the occipital muscles was verified in 78%, other meningeal symptoms were observed only in a quarter of patients (incomplete meningeal syndrome). Half of the children had signs of hyperesthesia, and one third of patients had manifestations of microcirculatory disturbances. Among these symptoms, the longest persistent shaft of fever ($3,1 \pm 0,3$ days) and meningeal symptoms ($2,3 \pm 0,3$ days). Changes in CBC reflected an inflammatory reaction (leukocytosis with displacement of the formula to the left) in 88% of children with anemia syndrome in half of the patients.

Thus, the course of purulent meningitis in children was characterized by the phenomena of toxicosis, incomplete meningeal symptoms with signs of hyperesthesia and CSF hypertension. Changes in laboratory parameters of peripheral blood in children with purulent meningitis indicate a distinct inflammatory process of bacterial genesis with anemic syndrome.

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ASSESSMENT OF THE GALL BLADDER STATE IN CHILDREN WITH SYNDROME OF VEGETO-VASCULAR DYSFUNCTION

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Vegetative dysfunctions are one of the main causes of the most spread functional disorders in childhood. The complexity and relevance of the study of this problem is due to the absence of pathognomonic signs of diseases caused by an imbalance between the sympathetic and parasympathetic parts of the vegetative nervous system. The leading role of vegetative nervous system in the formation of motor disorders of the biliary tract is due to the peculiarities of its innervation. Increasing the tone of the sympathetic part of vegetative nervous system leads to decreasing the motor function of the gallbladder, and vagotonia leads to acceleration of gallbladder motor function. The wide introduction into the medical practice of ultrasound method gives a possibility to detect the gallbladder dysfunctions early. It allows