potassium iodide) in prophylactic doses. At nodes till 2 cm, was used conservative treatment with medications of thyroid hormones in age-old doses.

Thus, the early diagnosis of nodular goiter allows to eliminate the neoplastic processes in the thyroid gland by means of a fine-focal puncture biopsy and timely initiated an adequate treatment.

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EVALUATION OF CLINICAL EFFICACY OF SYMPTOMATIC TREATMENT OF EARLY AND LATE ONSET OF BRONCHIAL ASTHMA IN CHILDREN

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Bronchial asthma is a chronic allergic airway inflammation with the presence of immune disorders that require long-term anti-inflammatory therapy. Despite the concept of international consensus documents which states that the control over the symptoms of the disease can be achieved in persons who used prophylactic treatment, in practice persons with partially controlled and uncontrolled asthma dominate. Inadequate effect from the suggested scheme of the basic therapy enables researchers to consider bronchial asthma not as a single disease but a group of asthmatic diseases. Such different "phenotypes" of asthma may vary in response to treatment, prognosis and inflammatory patterns and in susceptibility to environmental exposure.

The objective of investigation was to assess clinical efficacy of relieving therapy in children with early and late onset of persistent bronchial asthma.

On the base of Children Clinical Hospital (Chernivtsi) 50 children were examined retrospectively who were afflicted with bronchial asthma. According to the terms of asthma symptoms manifestation two groups of monitoring were formed. The first (I) group included 25 patients whose first episode of illness occurred before the age of three, the second (II) clinical group included 25 patients whose asthma symptoms were observed after six years of life. No significant differences by sex, age, place of residence and severity of asthma have been shown in an appropriate clinical comparison group.

More severe syndromes of bronchial obstruction were observed in patients with late onset phenotype of the disease (12,1 versus 11,7 points in the clinical group I, $P > 0.05$). However, since the third day of adequate relieving therapy the severity of airway obstruction was higher among children whose disease started before the age of three (8,7 vs 8,6 points in the II clinical group, $P > 0.05$).

The attributive risk of hospitalization with more severe obstruction of the bronchi during asthma attack in children with late onset phenotype as compared to the patients whose symptoms manifested till six years was 11,0%, relative risk 1,25 (95% CI: 0,64-2,42) and odds ratio 1,56 (95% CI: 0,42-5,82).

Thus, it can be assumed that more aggressive symptomatic therapy from the first day of acute attack should be recommended for patients with early onset asthma phenotype during hospitalization for exacerbation.

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CYCLIC VOMITING SYNDROME IN CHILDREN

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Cyclic vomiting syndrome (CVS) is a fairly common disease of unknown etiology that affects children of all age groups and sometimes adult population and refers to the functional disorders of the gastrointestinal tract.

The aim of study was to evaluate the effectiveness of the usage of "Rehydron Optim" medication for oral rehydration therapy in children.

Materials and methods included the treatment of 40 children aged from 3 to 11 years with CVS (15 persons) and primary AS (25 persons) in the period of acetonemic crisis, including 15 boys and 25 girls examined. All children were observed in the outpatient department of Chernivtsi regional children's hospital. The diagnosis was made on the base of anamnesis, clinical and laboratory findings. Patients underwent required clinical-biological tests and instrumental examinations. The dynamics of syndromes: pain, vomiting, dehydration and intoxication was investigated. Rehydration therapy in all cases was oral with the usage of Rehydron Optim medication.

Cyclical vomiting was observed in children with primary acetonemic syndrome in satisfactory condition during "interburst" period. Migraine like headaches prevailed in 36 patients (80%) older than 7 years. The same children had episodes of paroxysmal autonomic failure. Almost all surveyed children had risk factors for CVS development in their family history. All children had oral rehydration therapy including medication Rehydron Optim and the dynamics of basic clinical manifestations was positive. Within the 1st day of oral rehydration therapy with Rehydron Optim a significant decrease in the incidence of lethargy, vomiting, spastic abdominal pain, smell of acetone in exhaled air ($p < 0.05$) was determined in children.

In children with the I degree of dehydration, clinical signs of dehydration were not seen before the treatment, and in children with the second degree - an improvement in condition was observed, which manifested clinically in the transition of dehydration of the II degree into I degree, which required reduction of rehydration therapy volume.