МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

М А Т Е Р І А Л И

106-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького колективу
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Матеріали підсумкової 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) – Чернівці: Медуніверситет, 2025. – 450 с. іл.

У збірнику представлені матеріали 106-ї науково-практичної конференції з міжнародною участю професорсько-викладацького колективу Буковинського державного медичного університету (м. Чернівці, 03, 05, 10 лютого 2025 р.) зі стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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Conclusions. The primary issue in managing patients with B is the use of medications not recommended by treatment standards, especially corticosteroids (prescribed to over 80% of children), along with numerous other non-evidence-based methods during inpatient treatment in the pre-COVID period. According to correlation analysis, the use of various non-evidence-based therapies for B was associated with delayed improvement in the children's condition, a longer stay in the ICU, and a prolonged need for respiratory support.

Buryniuk-Hloviak H.P.

ASSOCIATION OF BRONCHIAL ASTHMA AND VITAMIN D CONTENT IN CHILDREN DEPENDING ON THE AMOUNT OF BASIC THERAPY

Department of Pediatrics and Children Infectious Diseases
Bukovinian State Medical University

Introduction. Bronchial asthma (BA) is a fairly common chronic inflammatory disease in children with nonspecific airway hypersensitivity accompanied by clinical signs of breathing difficulties and airflow limitation. Inhaled glucocorticosteroids (IGCS) are considered to be the most effective in the treatment of asthma, with less frequent and less severe side effects than oral corticosteroids, but safety concerns with high doses of IGCS still remain.

The aim of the study. To determine changes in serum vitamin D concentration in children with asthma depending on the amount of basic IGCS therapy.

Material and methods. On the basis of the Chernivtsi Regional Children's Clinical Hospital, 158 children with persistent bronchial asthma (pBA) were comprehensively examined. Three clinical comparison groups were created according to the equipotent doses of inhaled glucocorticosteroids (IGCS), which the examined patients received as part of the basic therapy of asthma. The first (I) group consisted of 57 children treated with low-dose equivalent IGCS (36.1%), the second (II) comparison group consisted of 60 patients treated with medium-dose equivalent IGCS (38.0%), and the third (III) group consisted of 23 peers who controlled asthma with high-dose IGCS (14.5%).

Results. The obtained results of vitamin D concentration less than 30.0 ng/ml was most often found in patients of group III, which reached 21.7% of cases, and was never noted in the control group ($p<0.01$), which was characterized by the following indicators of clinical and epidemiological risk OR=1.3, RR=1.2, AR=7.2%. Moreover, it was found that a decrease in asthma symptom control was inversely related to serum vitamin D concentration for the clinical and instrumental assessment scale at r=-0.24 (p=0.01), for the GINA questionnaire - r=-0.14 (p=0.05) and was also noted with increasing severity of the disease - r=-0.19 (p=0.016). The detected correlations are weak, but statistically significant, which determines the role of an important regulator of phosphorus-calcium metabolism - hydroxycholecalciferol - in the clinical course and persistence of asthma in children.

Conclusions. Thus, it can be concluded that new data have been obtained on the importance of 25-hydroxycholecalciferol (vitamin D) in patients receiving IGCS as part of the basic treatment, because when using high doses of these drugs, a decrease in its concentration below the optimal level occurs in every fifth patient (21.7%, $p<0.001$) and correlates with loss of control over asthma symptoms (r=-0.24, p=0.01), as well as with an increase in its severity (r=-0.19, p=0.016).

Garas M.N.

MORBIDITY OF RESPIRATORY VIRUSES AMONG IN-PATIENT CHILDREN AT THE FINISH OF COVID-19 PANDEMICS

Department of Pediatrics and Children Infectious Diseases
Bukovinian State Medical University

Introduction. Respiratory viruses are a leading cause of illness in children, ranking first globally among infectious diseases and accounting for 95% of all infections. About 1.5 billion cases of acute respiratory diseases are registered annually. Influenza viruses and other respiratory viral infections cause mass outbreaks, becoming epidemic and sometimes pandemic.