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.

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

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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).

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

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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.

The aim of the study. To analyze the burden of influenza and influenza-like illness and age, epidemiological and clinical features of respiratory viruses among in-patient children in the winter-spring season of 2022-23.

Material and methods. We analyze 143 inpatient cases of influenza and influenza-like illness of children at the Chernivtsi Regional Children's Clinical Hospital since December 2022 till April 2023. Verification of viruses was carried out using PCR-RT of nasopharyngeal swabs (97 – influenza A, 10 – influenza B, 11 – adenovirus, 8 – RS virus, 11 – metapneumovirus, 6 – rhinovirus).

Results. In this study, school-age children predominantly presented with influenza. Absence of an established history with the source of virus in adenovirus and rhinovirus infection may indicate a certain number of asymptomatic forms of these infections. At the same time, the identification of a burdened history with influenza and metapneumovirus can be explained mostly by the manifest forms of these infections. Most children were hospitalized for 3-4 days of illness, the RSV infection turned out to be quite rapid and aggravating, as evidenced by an earlier period of hospitalization and a longer stay in the hospital. The diseases representation is mostly represented by lower respiratory tract infections, such as bronchitis and pneumonia. The severity of the disease in most patients was associated with respiratory failure in some cases in combination with dehydration phenomena. The predominance of dehydration was associated with refusal to eat and drink (in case of influenza B) and vomiting and diarrhea (in the case of adenovirus).

Conclusions. The burden of respiratory viruses identified in children corresponded to the results of European studies of winter-spring season 2022-23 at the end of the COVID-19 pandemic with the dominance of the influenza A virus. The heterogeneity of epidemiological history indicated a different manifestation of different respiratory viruses. Lower respiratory tract infections dominated due to the selectivity of inpatient children group and severity according to respiratory failure and dehydration.

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STREPTOCOCCAL ACUTE TONSILLOPHARYNGITIS AND ITS CONSEQUENCES IN CHILDHOOD

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Introduction. Acute tonsillopharyngitis is among the most prevalent conditions in pediatric care, accounting for half of all illnesses.in pediatric patients. Tonsillitis is an infectious disease that causes inflammation of the palatine tonsils. The causative agents can be both bacteria (most often group A beta-hemolytic streptococcus) and viruses (especially in early age). Despite the capabilities of modern medicine, streptococcal tonsillitis remains a threat in terms of long-term consequences.

The aim of the study. To study the clinical manifestations of long-term consequences of acute streptococcal tonsillopharyngitis in children.

Material and methods. To achieve this goal, the study included 102 children with acute tonsillopharyngitis, who were divided into two clinical groups. The first group consisted of 68 patients with non-streptococcal acute tonsillopharyngitis, and the second group consisted of 34 children with beta-hemolytic streptococcus group A in the bacterial culture – the group with streptococcal acute tonsillopharyngitis. The groups were comparable in terms of their main characteristics.

Results. Prospective 1-year follow-up of children with acute tonsillopharyngitis revealed that every third child in group I and half of the representatives of group II had various complaints associated with vegetative-vascular dystonia syndrome. When determining the Kerdo index, values higher than +10, indicating the presence of sympathicotonia in a child, occurred in clinical group I in 52.6% of cases, and in representatives of group II – in 60.7% of observations. Unsatisfactory results of Rufier-Dixon test, reflecting decrease in tolerance to dosed physical activity, were noted in children with non-streptococcal acute tonsillopharyngitis in 2.6 cases and in the control group – in 29.6% of observations ($P<0.05$).