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
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
03, 05, 10 лютого 2025 року

Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2025 році №1005249

Чернівці – 2025

УДК 61(063)
М 34

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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ISBN 978-617-519-135-4

groups: I group (44 people) - patients with H. pylori Cag A+ IDUGIT, II group (28 people) – patients with H. pylori Cag A- IDUGIT.

Results. Among children of the I and II groups, FA was manifested in the form of atopic dermatitis (AD). The SCORAD scale was used to assess the severity of skin manifestations of AD.

It was established that all children of Group I and 92.9% of patients of Group II had AD in an exacerbation stage, and only 7.1% of people of Group II were in the stage of incomplete remission. It was established that all children of group I and 92.9% of patients II group AD were in the exacerbation stage, and only 7.1% of II group individuals were in the stage of incomplete remission.

A localized form of AD was found in 30.6%, widespread in 47.2%, and diffuse in 22.2%.The diffuse form was more likely to be diagnosed in children with the cytotoxic CagA strain of H. pylori (29.6% vs. 10.7%, $p\varphi < 0.05$). Localized rashes were registered in the group of patients with H. pylori CagA+ 2.3 times less often than in the group of patients with H. pylori CagA-, 20.4% versus 46.4%, $p\varphi < 0.05$.

In all children, rashes were accompanied by itching, the intensity of which is higher in patients of the 1st group (7.3 ± 2.2 points versus 4.5 ± 1.9 points, $p < 0.05$).

In individuals of both I and II groups, the facial area was affected with a clear periorbital and perioral limitation and a rash on the flexural surfaces of the upper and lower limbs. 29.5% of the children of the I group and 28.6% of the children of the III group had signs of xerosis ($p\varphi > 0.05$); cheilitis was diagnosed in 13.6% of patients of the I group and 10.7% of patients of the II group.

Erythematous-squamous skin changes prevailed in both comparison groups (56.8% and 57.1%). In a comparative analysis, erythematous-squamous skin changes with lichenification were diagnosed in children with CagA+ probably more often than in patients with CagA- (27.3% vs. 10.7%, $p\varphi < 0.05$), on the other hand, exudative signs were less common in them (9.1% versus 28.6%, $p\varphi < 0.05$).

Calculation of the SCORAD index revealed fluctuations of the indicator from 7.4 to 88.9 um units. On average, in children with CagA+, it was 54.22 ± 18.11 human units, which is probably higher than in children with CagA(-) – 41.84 ± 16.29 human units, $p < 0.05$.

When comprehensively evaluating the severity of AD in children of the comparison groups as a whole, it should be noted the predominance of moderate AD in both groups. However, the comparative assessment showed a predominance of children of the II group, CagA-, with a mild course of AD (39.3% versus 15.9%, $p\varphi < 0.05$), while in individuals of the I group, CagA+, a severe course of AD (25, 0% versus 7.1%, $p\varphi < 0.05$).

Conclusions. Therefore, the cytotoxicity of the strain causes a more severe course of the disease with pronounced clinical and morphological lesions of the skin of a widespread or diffuse nature, accompanied by persistent intense itching.

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CHARACTERISTICS OF BRONCHIOLITIS AND OBSTRUCTIVE BRONCHITIS PROGRESSION IN CHILDREN UNDER ONE YEAR OF AGE

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Introduction. Respiratory diseases remain a pressing issue today, with a yearly increase in the number of young children diagnosed with bronchial obstruction. During wartime, children's bodies experience general maladaptation, disruption of chronobiological rhythms, autonomic disorders, and impaired mucosal immunity (limited access to fresh air, staying in basements during alerts, relocations, living in compact settlements, older children infecting younger ones in closed groups, large families, separation from home, loss of loved ones, anxiety, and other psychological disorders). These factors contribute to increased vulnerability to respiratory diseases, particularly among children from internally displaced families.

The aim of the study. To analyze the course of bronchial obstructive syndrome in young children to optimize preventive measures for these conditions.

Materials and methods. Our study included 658 children aged 1 month to 3 years hospitalized over nine months in 2024 in the pediatric department of the Chernivtsi City Children's Clinical Hospital with respiratory diseases caused by respiratory syncytial virus (RSV) in 70% of cases, as well as parainfluenza virus, rhinovirus, adenovirus, COVID-19, and pertussis. These conditions were accompanied by clinical manifestations of bronchial obstructive syndrome, bronchiolitis, and respiratory failure. All children underwent virological testing, complete blood count, radiological examination, ECG, and sputum cultures obtained via bronchoscopy.

Results. The number of children treated in the pediatric department increased from 1,100 in 2023 to 1,430 in the first nine months of 2024. Among these, 219 children aged 3 to 6 months were admitted with bronchiolitis symptoms, and 282 children under one year of age presented with obstructive bronchitis and rapidly progressing respiratory failure (Grade 1-2). A review of medical records showed that children who had severe bronchiolitis between 3 and 6 months of age often experienced repeated severe obstruction episodes. Each subsequent episode was accompanied by increased respiratory failure, associated with viral sensitization and bronchial remodeling after bronchiolitis.

Compared to the pre-war course of seasonal viral infections, where improvement occurred by days 5-7, the severity of conditions in children under our observation persisted for up to 16 days. History data revealed that 57% of these children had genetic predispositions, including parental asthma, chronic obstructive pulmonary diseases, atopic dermatitis, and psoriasis. Additionally, 75% were from large, internally displaced families facing social challenges and inadequate primary healthcare access (lack of medical insurance, lost documents during the war, etc.). In 92% of children with 3-4 hospitalizations, fungal infections were detected in sputum cultures. There was also an increase in pertussis- and COVID-associated cases. After pertussis or COVID-19, children frequently developed wheezing episodes and clinically significant sensitization, leading to bronchial hyperreactivity syndrome (29% of severe cases). Treatment followed established protocols and included oxygen therapy via concentrators and short courses of steroids.

Conclusions. Practical recommendations: for at-risk groups of children – Palivizumab (monoclonal antibody against RSV); ensuring quality living conditions for displaced persons; providing psychological support; vaccination and preventive check-ups; adherence to temperature control; limiting visits to crowded places, especially during epidemic periods.

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NEONATAL DIABETES MELLITUS DUE TO INS GENE MUTATION: A CLINICAL CASE

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Introduction. Neonatal diabetes mellitus (NDM) is a group of rare, genetically heterogeneous metabolic disorders characterized by postnatal β-cell dysfunction manifested by hyperglycemia and hypoinsulinemia. NDM is a relatively rare disease with an incidence of 1:200,000 to 1:500,000 live births. The genetic nature of NDM is quite heterogeneous. The peculiarity of NDM is the absence of autoantibodies specific to autoimmune diabetes. This pathology is characterized by a decrease or absence of insulin and C-peptide. An important clinical symptom is delayed intrauterine development and low birth weight, which is explained by insufficient anabolic action of insulin in utero.

The aim of the study. To analyze a clinical case of NDM with a mutation in the *INS* gene.

Material and methods. The clinical case of a child with NDM with a mutation in the *INS* gene, who was treated in 2023 at the Regional Children's Clinical Hospital in Chernivtsi, Ukraine, was analyzed.

Results. Boy E., from the second pregnancy, second delivery (January 01, 2019). He was born with a weight of 3000 g and a length of 52 cm. The family history was uncomplicated. In the