



The share of the different forms of the disease was as follows: congenital cleft palate 24,24%, congenital cleft lip – 36,36%; congenital cleft lip and/or palate – 39,39%, reflecting differences in the etiology of the disease.

Found that the presence of congenital malformations in future mother probability of a sick child increased in 14,38 times (CI 5,71-35,93). In the presence of congenital abnormalities in father probability of disease in a child was increased to the same extent as that of family history in the mother. The magnitude of increase unchanged when considering specific pathologies. Showing improvement opportunities having a child with congenital cleft lip and/or palate in the presence of congenital anomalies in the relatives of the mother (OR = 5.45, CI 2,59-11,22). Probability of a sick child in the presence of congenital disease in close relatives husband also increased (OR = 4,64, CI 1,84-11,20). The magnitude of increase in the probability of the whole group did not change when considering specific pathologies.

Value for boys/girls among children with congenital cleft palate different from the sex ratio was observed among healthy term infants ($p < 0,001$); among the cases of children born with congenital cleft lip and cleft lip and palate and generally all cases of pathology sex ratio is not changed. Increase distance marriage the couple increases the likelihood of children born with congenital cleft lip and/or palate (OR = 1,39, CI 1,03-1,87). National composition of the group structure displayed on the disease: in areas with almost a hundred percent Ukrainian population proportion palate cracks in the structure of pathology increased. It is established that exposure to occupational hazards increases the likelihood of neonatal cleft lip or cleft lip and palate (OR = 3,28, CI 2,09-5,11 for women and OR = 2,44, CI 1,60-3,69 for men). Increased risk of having children with cleft palate provided adverse occupational factors in spouse is not selected. Chronic extragenital pathology, including endocrine, infectious and chronic diseases of parents, increase the likelihood of having a baby with cleft lip and/or palate (OR = 1,95, CI 1,40-2,70 for mother and 3,04, CI 1,98-4,64 for father; OR = 1,85 CI 1,21-2,81 for mother and 12,75, CI 4,35-36,61 for father; OR = 2,15, CI 1,39-3,30 for mother and 4,94, CI 2,37-10,09 for father, respectively). Pathology of the parents is a significant factor in causing congenital cleft lip with cleft palate or without cleft palate than. Smoking increases the likelihood of a newborn baby in congenital cleft lip and/or palate: OR = 2,92, CI 1,81-4,66 in the case of smoking mothers and 1,29, CI 1,00-1,67 - father. The probability of having a child with congenital cleft palate increased only in smoking women: OR = 2,70, CI 1,04-6,57.

The use of drugs in the preconception period increases the probability of a sick child: OR = 5,79, CI 2,97-11,12 when women use drugs and 5,73, CI 1,82-16,86 - man. The use of female drug in the first 12 weeks of gestation also increased the likelihood of having a baby with a defect: OR = 2,82, CI 1,80-4,38. There were differences in the impact of drug use on the formation of various forms of pathology.

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THE ROLE OF HEREDITY IN EARLY MANIFESTATION OF GASTRODUODENAL PATHOLOGY

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Among diseases of the gastroduodenal area in children and adolescents, a significant place occupies erosive gastroduodenitis and stomach and/or duodenum ulcer disease, due to the high prevalence, recurrent course and the possibility of serious complications. For the prediction of occurrence, recurrence and the probability complications is important to identify the socio-economic and genetic risk factors, and specific agent - *H. pylori*.

The aim of the study was to determine the role of heredity and *H. pylori* infection at an early manifestation of erosive gastroduodenitis and peptic ulcer disease and duodenal ulcer disease.

To achieve this purpose, at the gastroenterology department of Regional Children's Hospital were examined 25 children aged 11 to 17 years with chronic gastroduodenal pathology. All children performed a comprehensive clinical examination provided by «Unified clinical protocols of medical care for children with diseases of the digestive system» (№ 59 from 01.29.2013). Children were divided into 2 groups: the I group - 14 children with burdened heredity on gastroduodenal pathology and the II group - 11 children without a hereditary predisposition. By gender distribution was the next: the I group – 70 % of boys and 30 % of girls and the I group – 45 % of girls and 55 % of boys. It was established, that in children with burdened heredity on gastroduodenal pathology the average age of the disease appearance was $12,2 \pm 1,4$ years and was lower than in children without a hereditary predisposition - $14,6 \pm 2,2$ years ($p < 0,05$). Analysis of groups by the presence of *H. pylori* infection showed that 72 % of Group I (10 children) had a positive test, and in Group II this test was positive in only 46 % (5 children) of cases. It should also be noted that all children with stomach and/or duodenum ulcer disease included in the Group I may indicate a hereditary nature of this disease.

Thus, in patients with gastroduodenal pathology with burdened heredity the disease occurs earlier than in children without a hereditary predisposition and in children with burdened heredity on gastroduodenal pathology more often was detected infection *H. pylori* than in children without a hereditary predisposition.

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THE USE OF OZONIZED PHYSIOLOGICAL SOLUTION IN EXPERIMENTAL PERITONITIS

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In spite of the progress and improvement of surgical methods of treatment and introducing of new antibacterial means into surgical practical work, lethal outcome in case of diffuse purulent peritonitis remains high.