



family is not burdened. Children from previous pregnancies are healthy. Ultrasound, performed in the period of 20-21 weeks of pregnancy revealed malformations of the upper limbs.

Clinical examination of proband: dolichocephalia, epikant, chin hypoplasia, dysplastic, deformed ears, talipomanus. Ultrasound diagnoses congenital heart defect (complete atrioventricular communication, ductus arteriosus); NSG (morphological immaturity of the brain); X-rays of the chest (atelectasis of the right lung) Child was consulted by specialists: cardiologist; ophthalmologist; orthopedist (bilateral radial talipomanus); geneticist (TAR syndrome?, Edwards Syndrome?).

To verify the diagnosis was passed complete blood count (normal platelet count) and cytogenetic analysis (karyotype of proband T.: 47, XX, 18+ - regular trisomy of 18 chromosome). The girl died at the age of 1 month due to multiple organ failure.

Thus, a data demonstrate the clinical case of polymorphism of Edwards syndrome and significant nosological range of conditions which should be differential diagnosis, that has predictive value regarding the course of the disease.

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THE BRONCHO OBSTRUCTIVE SYNDROME AND ALIMENTARY ALLERGY IN INFANTS

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Respiratory pathology dominates the structure of child morbidity. Broncho-obstructive syndrome is often accompanied by respiratory pathology in small children. The prevention of the occurrence of relapsing forms of obstructive bronchitis in cases of repeated acute obstructive bronchitis (AOB) in young children is an urgent problem today. One of the factors of recurrent obstructive bronchitis (ROB) in children is severe atopic reactivity. Standard treatment of AOB includes hypoallergenic diet etiotropic, antispasmodic, bronchodilator, mucolytic, expectorant drugs, and physiotherapy. In most cases, a course of therapy leads to recovery of the child, but there are many children with further development of AOB and its recurrent course.

We aimed to study the influence of food allergy as an additional factor of ROB development in children and to work out the ways to prevent it.

The follow-up within three years observation of children with ROB on the background of a food allergy, according to the data of the pediatric unit of Chernivtsi clinical hospital, revealed the need to include allergy examination to identify the cause and significance of food allergens. Nowadays, there are several accepted methods of estimation of allergy. We have selected and conducted the examination of food allergens in 108 children aged 3 months to 3 years through an inhibition of neutrophil mobilization response. The study group was made of 66 children with ROB and 42 children registered with a single episode of AOB formed the group of comparison. In addition to general clinical examination methods, a thorough examination of a food diary, allergic history and heredity were carried out. In the study group of supervision, in 42.8% of cases food allergy was seen in the first year of life, mainly to cow's milk, as well as fruits and vegetables. Every third child had the hereditary burden. Anomalies of a constitution, mainly exudative-catarthral type, were seen in 62.2% of children. In the comparison group food allergy to cow's milk was detected in 18.8% of children, a hereditary burden was determined in 19.5% of cases. Exudative-catarthral type was seen in 22.2% of patients. All proven food allergens were withdrawn from the diet of children and hypoallergenic diet was intended. Children of the first eighteen months with an allergy to cow's milk protein diet were recommended a therapeutic powder based on deep hydrolyzed protein.

We have found out that in the group of children whose parents carefully adhered elimination and hypoallergenic diet, the frequency of hospitalization with recurrent obstructive bronchitis was significantly less in comparison with the rest of the patients, whose parents kept no food recommendations.

Thus, our investigation proved that the correction based food allergy examination reduces the frequency of relapses obstructive bronchitis in children at an early age.

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INDIGESTIONAL CONDITIONS IN CHILDREN AGED UNDER ONE YEAR WITH RESPIRATORY PATHOLOGY

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The most frequent manifestations of functional disorders of the digestive tract include regurgitation (passive reproach of a small amount of gastric contents into the throat, mouth and out). The tendency to emesis was observed in 25-85% of healthy children aged under one year of age, nearly in half of them the regurgitations are sustainable and influence on weight and height indices.

The aim of the study was to optimize the treatment, to estimate the efficacy of medical antireflux therapy compounds and their comparative characteristics.

During 2016 in the pediatric department 295 children under the age of 6 months with various somatic pathology (acute respiratory disease, obstructive bronchitis, pneumonia, urinary tract infection) without concomitant



neurological diseases were enrolled. In 121 patients vomiting syndrome was observed. For clinical evaluation of regurgitation intensity, the ESPGHAN scale was used. For aggregate characteristic, frequency and volume of regurgitation degree of clinical severity in 3 - 5 points according the ESPGHAN scale were found in 58 children.

Treatment of regurgitation was conducted in stages, according to the guidelines of ESPGHAN: 1. Psychological support of parents; 2. Educational work with parents; 3. Positional progressive therapy; 4. Diet for breastfeeding mothers; 5. Diet for a child; 6. Medical therapy; 7. Surgical treatment.

As a therapeutic feeding, antireflux mixtures were prescribed in the two groups. In the group of 21 infants - mixtures, with a modified starch as a based thickener was used. In the second group of 37 patients - a mixture based on cellulose gum carob beans (powder Humana AR) was prescribed.

It was figured out, that in the second group of children more pronounced clinical benefit in a shorter period (5 days) was observed and compared with the group. Along, stool normalization was observed in children prone to constipation. In the group of patients treated with the mixture of the thickener which included starch, the antireflux action is manifested at a later time (8-10 days from the beginning of the correction food). It can be explained by the peculiarity of starch to starts hydrolyzing already in the mouth, stomach and intestine, which reduces its property as a thickener. In both groups, a regression of the main clinical manifestations: reducing vomiting and stool normalization and positive dynamics of body weight was observed.

Thus, our investigation gives grounds to recommend the use of antireflux mixture (Humana AR) for children in the first year of life with intensive regurgitation (3-5 points), with a tendency to constipation, as a basic nutrition.

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THE BACKGROUND CONDITIONS AND RESPIRATORY PATHOLOGY IN AN EARLY AGE

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Nowadays background conditions in infants play a significant role in the genesis of acute respiratory diseases. An important factor for the severe course of infectious respiratory diseases in children is rickets. The urgency of phosphorus-calcium exchange disorder is substantial because rickets occupies a special place in the structure of background diseases. According to the Ministry of Health of Ukraine, the incidence of rickets in the population of children under 1 year in various regions of Ukraine is from 54 to 66% of term infants and 80% of premature babies.

During 2016, in the pediatric department of Chernivtsi city clinical children's hospital, 354 children of the first year with acute respiratory infections were treated. The 191 patients (53.9%) were under 6-month-old and formed the first group, 163 children (46.1%) in the age between 6 months and 1 year formed the second group. In 225 (63.6%) children signs of rickets of the first and second degree were observed.

It is a well-known fact that the light and subacute forms prevail in the clinical picture of rickets in children, which creates difficulties in diagnosis. Therefore, to verify the diagnosis of rickets in all cases the laboratory studies of calcium and phosphorus in the blood, the level of alkaline phosphatase, levels of phosphaturia and aminoaciduria and ultrasound investigation of the distal portion of the radius was conducted. Children receiving vitamin D underwent the Sulkovych test. The study of social and domestic factors in the development of rickets occurred by questioning the parents.

In the first group of patients the rickets of I degree was found in 98 infants (51.3%), II degree - in 23 children (12.1%). In children, of the second group the clinical and laboratory signs of rickets dominated of II degree in 74 cases (45.4%), while the I degree of rickets was diagnosed in 30 children (18.4%).

Investigating the factors that contributed to the development of rickets in infants, we analyzed the cards of antenatal history, feeding and daily routine of the child and mother, social conditions for living, parents performance of specific and unspecific methods of prevention of rickets. Prenatal factors that contributed to the development of rickets was found in 161 (71.5%) out of 225 patients. The breastfeeding only was observed in 63 children (28.0%), 23 children were on mixed feeding (10.2%), 139 patients were on artificial feeding (61.8%). Improper diet and violations of the day of nursing mothers were found in 89.0%, unsatisfactory social conditions of the family residence were declared in the questionnaire in 22.0% of respondents. A careful execution of nonspecific methods of prevention of rickets by parents was observed only in 18.0% of cases. Out of 225 children with rickets, only 22 received the therapeutic dose of vitamin D3. The prophylactic dosage of the one in 116 cases was mostly used sporadically, haphazardly, without proper control of general practitioner. The Sulkovych test proved to be positive in 32 patients with clinical manifestations of hypervitaminosis of Vit.D.

The obtained data demonstrate the lack of an adequate level of the early prevention of rickets both by health workers and parents. International experience of pediatricians indicates the priority of nonspecific prevention of rickets. An adequate child care, respect for the day, sufficient exposure to air, the physical activity of the child, preservation, and stimulation of lactation makes the prevention of rickets possible. The uncontrolled use of vitamin D causes its hypervitaminosis and violation of phosphorus-calcium metabolism in infants.

The actions for an early prevention should be carried out in each family based on individual risk factors for rickets.