



Sazhyn S.I.

ACHIEVEMENT OF ASTHMA CONTROL IN CHILDREN DEPENDING ON THE PHENOTYPE OF THE DISEASE ONSET

*Department of pediatrics and pediatric infectious diseases
Bukovinian State Medical University*

Bronchial asthma is a heterogeneous chronic inflammatory disorder of the lower respiratory tract. Diseases pathophysiology is characterized by variable airway obstruction with hyperresponsiveness and clinical symptoms like episodes of wheezing and breathlessness. Asthma pathogenesis depends on numerous factors, including genetic predisposition and environmental agents (allergens, infections, and air pollutants etc.). It can be classified into different phenotypes and endotypes, which further complicates diagnosis in the absence of fully effective standard basic treatment.

The aim of investigation was evaluated of clinical-anamnestic efficacy of standard preventive therapy in children with early and late onset of persistent bronchial asthma.

On the base of the Chernivtsi Regional Children Clinical Hospital retrospectively were examined 65 children who are afflicted with bronchial asthma. According to the age of asthma symptoms manifestation two groups of monitoring have been formed. The first (I) group included 34 patients whose first episode of disease started before three years old, the second (II) clinical group formed 31 patients, in which the appearance of asthma symptoms was observed after six years of the life. No significant differences by sex, age, place of residence and severity of asthma have been shown that indicates a clinical groups comparison were formed correctly.

The «Asthma control test» (ACT) was used to determine the level of control. The total amount of scores exceeding 20 was evidence of well controlled, from 16 to 19 points reveal about partly controlled, 15 or less points testify about the uncontrolled bronchial asthma.

The patients were examined twice with an interval of three months during which the children received basic antiinflammatory therapy.

According to the results of the initial ACT the average value of the scores was 16,7 (95% confidential interval (CI) 13,4-18,3) in patients with early-onset versus 15,1 (95% CI 12,5-17,8) in the II clinical group ($P>0,05$). As well as finally survey investigation showed the positive dynamic in both group. ACT level increased in I group up to 18,1 (95% CI 14,8-19,7) and to 16,3 with 95% CI 13,1-18,4 in group of children with late-onset asthma ($P>0,05$).

In spite the patients of both groups have taken prophylactic treatment the frequency of uncontrolled and partly-control bronchial asthma according the ACT results was higher in children of II clinical group (frequency of uncontrolled asthma was $16,1\pm 7,4\%$ versus $2,9\pm 2,4\%$ ($P\varphi<0,05$), and partly control – $58,1\pm 11,4\%$ versus $52,9\pm 11,7\%$ ($P\varphi>0,05$).

The attributive risk of uncontrolled variant of disease in children with late-onset asthma phenotype compare the patients of I clinical group was 13,2%, relative risk – 1,2 (95% CI 0,2-4,0) and odds ratio – 6,3 (95% CI 0,7-15,5).

To the patients with late-onset bronchial asthma the daily dosage of antiinflammatory drugs from the step-up position phenotype and / or consider the individual target treatment like monoclonal antibody based on the results of endotype variants is reasonable to be given.

Sokolnyk S.O.

LOCAL APPLICATION OF β -ADRENOBLOCKERS IN THE TREATMENT OF SUPERFICIAL INFANTILE HEMANGIOMA IN CHILDREN

*Department of Pediatric Surgery and Otolaryngology
Bukovinian State Medical University*

Hemangiomas are the most common benign tumors of vascular origin, occurring in 1.5-3% of newborns and 10-12% of children in the first year of life. Hemangiomas are characterized by rapid growth in the neonatal period with subsequent reduction and involution after the first year of life. During the first 3 months of the child's life we note the fastest growth of the tumor, in