

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



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The aim of the study. To analyze the frequency of typical symptoms and assess risk factors associated with long-term hospitalization for infection caused by the SARS-CoV-2 in preschool children in order to improve prediction of disease severity and duration.

Material and methods. On the base of the Chernivtsi Regional Children Clinical Hospital were examined 54 pre-school age patients hospitalized with laboratory confirmed diagnosis COVID-19. The average age of patients was $4,8 \pm 0,2$ years, the percentage of boys and girls reached 51,8% and 48,2%, respectively, most of the hospitalized children lived in rural areas (72,2%). Depending on the inpatient treatment duration two clinical groups were formed. The first (I) group included 25 patients who were hospitalized for less than 10 days, the second (II) clinical group consisted of 29 children of preschool age with a term of hospitalization of 10 or more days. There were no significant differences in age, sex, place of residence in the clinical groups. The impact of risk factors was assessed by attributable risk (AR), relative risk (RR), odds ratio (OR) and their 95% confidence intervals (CI).

Results. It was established that at the outpatient stage the frequency of hyperthermia in patients of the first clinical group probably occurred more often ($76,0 \pm 8,5$ versus $51,7 \pm 9,3$, $P < 0,05$). At the same time, among preschoolers of the II clinical group complaints of muscle and joint pain were registered significantly more often ($34,5 \pm 8,8$ versus $12,0 \pm 6,5$, $P < 0,05$). The duration of cough until hospitalization was 2,7 and 4,3 ($P < 0,05$) days in I and II clinical groups. The frequency and duration of symptoms such as weakness, loss of appetite, headache, nasal congestion, sore throat, dyspnea, nausea, vomiting, diarrhea, abdominal pain were not significantly different.

During inpatient treatment, the duration of weakness (3.4 and 4.9 days) and cough (3.9 and 6.4 days) was noted significantly more often among patients of II clinical group ($P < 0,05$).

The following clinical and anamnestic factors of longer hospitalization were identified: two or more children in the family with AR – 40,4%, RR – 2,5 (95% CI 1,3-4,7), OR – 5,6 (95% CI 1,7-18,0); hospitalization after 5 days from the onset of the disease (AR – 15,0%, RR – 1,2 (95% CI 0,5-2,9), OR – 2,4 (95% CI 0,6-8,9); body temperature on the disease onset $< 38,0^{\circ}\text{C}$ (AR – 17,4%, RR – 1,3 (95% CI 0,7-2,7), OR – 2,2 (95% CI 0,7-7,3); myalgia/ arthralgia at the outpatient stage with AR – 19,0%, RR – 1,3 (95% CI 0,6-3,5), OR – 3,3 (95% CI 0,8-13,9).

Conclusions. Among preschool children infected with SARS-CoV-2, hospitalization did not depend on gender and age, but three times more often occurred in residents of rural areas. Clinical manifestations of COVID-19 in preschool children were multi-symptomatic with the following signs predominating: weakness, increased body temperature, loss of appetite, nasal congestion, cough. The risks factors associated with long-term inpatient treatment in preschool age patients were: large family, late hospitalization (after 5 days from the onset of symptoms), normal or subfebrile body temperature, complaints of muscle and joint pain at the disease onset.

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THE COURSE OF ATOPIC DERMATITIS IN CHILDREN AGAINST THE BACKGROUND OF H.PYLORI INFECTION

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Introduction. In recent years, allergies have taken a leading place in the list of the most common diseases. At the 29th Congress of the European Academy of Allergology and Clinical Immunology, it was noted that the greatest increase in the incidence of allergies is observed in the pediatric population. It is assumed that with atopic dermatitis, the mucous membrane of the stomach and gastrointestinal tract, being sensitized since childhood, creates favorable conditions for the vital activity of *H.pylori*, which disrupts digestion processes and is an additional factor of sensitization.

The aim of the study was to analyze the course of atopic dermatitis (AD) in children against the background of *H.pylori* infection.

Material and methods. A comprehensive clinical and laboratory-instrumental examination of 28 children with atopic dermatitis against the background of *H.pylori* infection, aged from 5 to 15 years, was carried out.

Results. Among the examined 28 children with atopic dermatitis, 58.6% were boys and 41.4% were girls. Taking into consideration the age of the subjects and form of atopic dermatitis, children were distributed as follows: 5-11 years (kids) - 54.6%, 12-15 years (adolescents) - 45.4%. Distribution by degree of severity of the clinical course of AD is the following: mild – 53.9%, moderately severe – 35.2%, severe – 10.9%. According to the prevalence of the pathological process on the skin in children, a limited and localized form was noted in 55.4% of patients, widespread - in 35.2%, diffuse - in 9.4%. The following clinical and morphological forms of AD were found: exudative - in 9.3%, erythematous-squamous - in 16.4%, erythematous-squamous with lichenification - in 50.7%, lichenoid - in 22.7%, pruritic - in 0.8%. The frequency and severity of erythema/hyperemia, edema with papules, exudation with crusts has significantly decreased with age in children with atopic dermatitis, and the frequency of lichenification, excoriations, dry skin with peeling, and secondary hyperpigmentation has increased, which indicated a long-term inflammatory process ($p < 0, 05$).

The clinical manifestation of atopic dermatitis is the result of the influence and interaction of a number of factors. Of the antenatal risk factors, the most significant were acute diseases (24.5%) and exacerbation of chronic diseases (18.8%), anemia of pregnancy (21.8%), acute allergic reactions during pregnancy (16.9%), chronic fetoplacental insufficiency (19.6%), early (10.2%) or late (3.1%) gestosis, mental trauma and stress (5.9%). Among the intranatal factors, only acute asphyxia of the newborn (9.5%) was of certain importance. Of the postnatal risk factors, dry skin (23.4%) and toxic erythema of the newborn (8.7%), type of breastfeeding up to one year (65.1%), presence of concomitant pathology (57.8%) were the most important.

According to the data of the assessment of immunological indicators before the start of treatment and after the completion of anti-helicobacter therapy after one year the following changes have been found: a decrease in the immunoregulatory index (CD4/CD8) from (2.11 ± 0.19) % to (1.69 ± 0.31) %, a decrease in B-lymphocytes (CD19) from (16.49 ± 0.38) % to (12.91 ± 0.41) %, natural killer T-lymphocytes (CD16) from (16.42 ± 0.28) % to (12.99 ± 0.27) % ($p < 0.05$), decrease in IgE concentration from (362.50 ± 26.57) IU/ml to (126.45 ± 7.73) IU/ml, increase in IgA from (1.42 ± 0.15) g/l to (2.13 ± 0.07) g/l, IgG from (12.02 ± 0.5) g/l to (15.24 ± 0.23) g/l in blood serum ($p < 0.05$).

Conclusion. It was established that the course of atopic dermatitis in children with *H. pylori* was characterized by early manifestation, pronounced polymorphism of clinical and morphological forms of skin lesions, and certain stages with characteristic age-related evolution of rashes. The use of anti-helicobacter therapy has reduced clinical skin manifestations of atopic dermatitis and improved immunological indicators.

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ПАРАКЛІНІЧНА ХАРАКТЕРИСТИКА НЕОНАТАЛЬНОГО СЕПСИСУ ЗАЛЕЖНО ВІД ОСОБЛИВОСТЕЙ ЗАПАЛЬНОЇ ВІДПОВІДІ

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Вступ. Неонатальний сепсис є актуальною проблемою, оскільки попри більш високу захворюваність, особливо у новонароджених, неспецифічна клінічна картина сепсису разом із відсутністю підтверджених біомаркерів заважає загальному розумінню цього стану, а вибір тактики персоніфікованого лікування немовлят є пріоритетним в практиці неонатолога.

Мета дослідження. Аналіз параклінічних особливостей у дітей, хворих на неонатальний сепсис, залежно від запальної відповіді.

Матеріал та методи дослідження. Для досягнення поставленої мети проведено комплексне обстеження 60 новонароджених дітей, які перенесли неонатальний сепсис. Групоформувальною ознакою виступав рівень в сироватці крові С- реактивного білку та рівень пресепсину > 300 пг/мл. Так, до першої клінічної групи (основної) увійшли 25 хворих на неонатальний сепсис з рівнем в сироватці крові С - реактивного білку < 20 мг/л та рівень пресепсину > 300 пг/мл. Другу групу (порівняння) сформували 31 новонароджений з