



78 children with respiratory pathology caused by atypical pathogens were treated in the pediatric department of the Municipal Clinical Children Hospital. The average age of children was 4 years and 6 months. In 54 cases a recurrent bronchitis was diagnosed and in 24 – a community-acquired pneumonia; in 58 patients the diagnosis was confirmed in the laboratory by culture, demonstration of bacterial antigens or DNA in body fluids, or evidence of a serologic response. Polymorphonuclear leucocytosis, azotemia, acute liver failure, hyponatremia, and hyperphosphataemia were all common findings. Mycoplasmosis was diagnosed in 32 children, and chlamydia in 26 cases.

On the basis of both clinical and radiological findings, the children were classified into 3 disease groups: (1) acute bronchitis, cough, and/or rhonchi, with a normal chest radiograph; (2) wheezing, cough, and/or dyspnea with expiratory rales and/or wheezes unrelated to any known specific sensitization, with a normal chest radiograph or hyperinflation; and (3) pneumonia, with diffuse or lobar pulmonary infiltration evident on the chest radiograph

The complex treatment included macrolide antibiotics (sumamed, azithrosandos, rovamycin), recombinant interferons (cycloferon), herbal preparations (Umkalor). The significant difference in the efficacy of the antibiotics used to treat the children with atypical bacterial infections highlights the fact that, in the case of M. pneumonia and/or C. pneumonia infections, the use of a macrolide is associated with a better clinical outcome. Cycloferon increased the synthesis of endogenous interferons while the immunomodulatory action of Umkalor was realized by an increase in phagocytic activity of macrophages. The combination of macrolides and immunosorbent medications can be suggested as an optimal approach to the treatment of atypical respiratory diseases and to avoid the further relapses.

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THE PECULIARITIES OF TREATMENT OF ACUTE RESPIRATORY INFECTIONS WITH PREMORBID STATUS

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Acute respiratory infection (ARI) is a major cause of morbidity and mortality worldwide, being responsible for 3.5 million deaths annually. Globally, 30-60% of paediatric outpatient attendance and 20-30% of hospital admissions are due to ARI. Chronic illness like deafness, breathing difficulty, and their subsequent disability among children originate from inadequately treated episodes of ARI. The premorbid conditions such as acetonemic syndrome, anemia, minor anomalies of heart development, minor cerebral dysfunction, physical activity disorder, asthenic syndrome are found in 30% of patients admitted with ARIs.

The objective of this survey was to study the effectiveness of Imupret (corporation "Bionorika") with Cardonate combination therapy. Imupret is a phytopreparation with immunomodulating, antiviral, expectorant and anti-inflammatory action derived from the extracts of seven herbs that have antiviral, anti-inflammatory and immunomodulating effects. Cardonate has a detoxifying effect, stimulates immune responses, and has pronounced antioxidant and membrane stabilizing properties. The clinical experience of using these drugs proves their effectiveness and safety.

Out of 92 surveyed children with ARI and premorbid conditions, respiratory infection was accompanied by acetonemic syndrome in 19 children giving an incidence of 20.8%, 15.3% had anemia, minor anomalies of the heart development were detected in 18.7% of patients, minor cerebral dysfunction - in 8.3%, physical development disorders in 9.7 %. Asthenic syndrome was observed in 16% of children and greatly increased by intoxication. All patients were treated in accordance with the current order of the Ministry of Public Health of Ukraine. The main group (48 children) received additional Imupret and Cardonate treatment in the appropriate dosing. The criteria for assessing the status of children were the dynamics of the following indicators: nasal congestion, rhinorrhea, hyperemia and edema of the fauces, sore throat, cough, intoxication, fever, and signs of decreased mental and physical activity. Starting from the third day of treatment, children in the main group had more pronounced positive dynamics as compared to the control group, where the severity of clinical signs proceeded up to 5 days. On the 10th day patients recovered completely, while clinical signs of the disease in the second group remained active up to 14 days. In all hospitalized children with acetonemic syndrome acetone in the urine was not detected after 3-4 days of treatment in the hospital.

The suggested scheme of treatment is safe and effective for children with ARIs with premorbid features, it reduces the duration of the use of symptomatic therapy. The introduction of Imupret in combination with Cardonate into the basic scheme of treatment shows a reduction of hospitalization duration and prevents the progression of an existing premorbid background.

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THE APPROACH TO THE TREATMENT OF CHILDREN WITH RESPIRATORY INFECTIONS AND UNDERLYING DIGESTIVE DISORDERS

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In addition to the neonatal period, acute respiratory infections (ARIs) are the most common causes of both illness and mortality in children under five, with in an average from three to six episodes of acute respiratory infections



annually regardless of where they live or what their economic situation is. However, the proportion of mild to severe disease varies between high- and low-income countries, and because of differences in specific etiologies and risk factors the severity of lower respiratory tract infections in children under five is worse in developing countries, resulting in a higher case-fatality rate. Functional immunodeficiency is often found in early childhood with functional gastrointestinal disorders as the most common underlying pathology.

The aim of the work is to optimize the treatment of acute respiratory infections in infants and children with functional disorders of the digestive tract.

According to data of the pediatric department of the Municipal Clinical Children Hospital, 616 infants with ARI were treated in 2016. In patients of this age group constipation was found in 24.5% of cases, intestinal colic in 22.9%, tendency to dilution of feces in 19.4%, vomiting and contraction in 16.3% of cases. The patients with disorders of the digestive system tolerance required a careful approach to the treatment of ARIs. The use of natural products that stimulate the factors of local immune defense (the main function is to increase the production of interferon and lysozyme, and contribute to the production of immunoglobulins) is advisable for such patients.

The patients were divided into two groups according to treatment approaches. In 319 infants such medications - inducers of interferonogenesis - as proteflazid in combination with laferonum were administered intramuscularly and/or endonasally. In 297 children enteral administration of isoprinosine that had been initiated at the outpatient stage was continued.

The reduction of intoxication, normalizing of temperature, shortening of the duration of hospitalization served as clinical criteria for the effectiveness of therapy.

Both groups of patients showed no significant difference in the duration of intoxication symptoms, catarrhal manifestations, or the occurrence of ARIs' complications of (otitis, bronchitis, acute laryngeal stenosis). In the first group the complications of ARIs occurred in 19.2% of patients, in the second group - 20.8% respectively. In the group of infants with oral isoprinosin treatment the duration of hospitalization was 2 days longer and lasted 9.04 ± 0.6 days due to the development of undesirable manifestations of gastrointestinal disorders such as diarrhea, flatulence or vomiting with the provoked premorbid background.

Thus, a careful approach to the treatment of acute respiratory viral infections in children with functional disorders of the digestive system demonstrates high efficacy, especially in children of the first years of life. The combination of proteflazid with laferonum can be suggested as an optimal approach to the treatment of acute respiratory infections in children with functional disorders.

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THE PREVALENCE OF NODULAR GOITER IN CHILDREN OF NORTHERN BUKOVINA

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Growing interest in the problem of thyroid pathology is due to the increase of its prevalence among the Ukrainian population, the high frequency of temporary and persistent disability, which determines the social significance of the problem.

Thus, in the structure of endocrine diseases the leading place belongs to the pathology of the thyroid gland (47,3 %). As a result of the theoretical and practical thyroidology progress, understanding of the nature of thyroid gland diseases has undergone significant changes. The term «node» in clinical practice refers to the formation of a thyroid gland of any size that has a capsule and is determining by palpation or by means of a visualization study. Nodular goiter – a collective clinical concept that unites all the focal formations in the thyroid gland with different morphological characteristics. This is a preliminary diagnosis, which states the existence of certain thyroid nodules, which can be nodal colloid proliferative goiter or thyroid tumors (benign and malignant).

The purpose of our work was to study the prevalence of nodular goiter in children and adolescents of the Chernivtsi region.

To achieve the goal, we have studied the reports of the Chernivtsi Regional Children's Hospital, and the reports of the regional children's endocrinologist for 2014-2016.

Diffuse non-toxic goiter of the I degree (60,5 %) dominates in children's endocrine pathology of the Chernivtsi region. On the second place there are other diseases (17,4 %), on the third place is obesity (16,0 %). Nodular goiter takes the sixth place (0,20 %). In the structure of endocrine pathology. The general prevalence of nodular goiter in children of Chernivtsi region has increased by 68,0 % over the past three years (from 0,17 ‰ to 0,25 ‰).

In children 0-14 years old, the prevalence of this pathology has increased by 75 % (from 0,09 ‰ to 0,22 ‰). Adolescents also experience the growth of this pathology in 2014-2016 by 58 % from 0,17 ‰ (2014) to 0,25 ‰ (2016). The highest incidence of nodular goiter in children was in Chernivtsi and amounted 68,3 %. Among the districts of the region on the first place by the frequency of the nodular goiter was Kelmenets district – 7,9%, on the second place - Zastavna, Kitsman and Khotyn districts by 5,3 % each, and in the third place Putila district – 2,6 %. All children with thyroid nodes were examined: ultrasound examination of the thyroid gland; the content in blood of TTG, T4, T3, ATTP0; puncture biopsy of nodes more than 10 mm; determination of thyroglobulin level (in case of suspected carcinoma of the thyroid gland), and determination of the level of calcitonin (in case of suspected medullary cancer). For the treatment of thyroid nodules with an initial size of up to 1 cm, iodine medications were prescribed (iodomarine,