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.

Riznichuk M.O.

THE PREVALENCE **OF NODULAR GOITER IN CHILDREN OF NORTHERN BUKOVINA**

Department of Pediatrics and Medical Genetics
Higher State Educational Institution of Ukraine
«Bukovinian State Medical University»

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, ATTPO; 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,

potassium iodide) in prophylactic doses. At nodes till 2 cm, was used conservative treatment with medications of thyroid hormones in age-old doses.

Thus, the early diagnosis of nodular goiter allows to eliminate the neoplastic processes in the thyroid gland by means of a fine-focal puncture biopsy and timely initiated an adequate treatment.

Sazhyn S.I.

EVALUATION OF CLINICAL EFFICACY OF SYMPTOMATIC TREATMENT OF EARLY AND LATE ONSET OF BRONCHIAL ASTHMA IN CHILDREN

Department of Pediatrics and Children Infectious Diseases
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»

Bronchial asthma is a chronic allergic airway inflammation with the presence of immune disorders that require long-term anti-inflammatory therapy. Despite the concept of international consensus documents which states that the control over the symptoms of the disease can be achieved in persons who used prophylactic treatment, in practice persons with partially controlled and uncontrolled asthma dominate. Inadequate effect from the suggested scheme of the basic therapy enables researchers to consider bronchial asthma not as a single disease but a group of asthmatic diseases. Such different "phenotypes" of asthma may vary in response to treatment, prognosis and inflammatory patterns and in susceptibility to environmental exposure.

The objective of investigation was to assess clinical efficacy of relieving therapy in children with early and late onset of persistent bronchial asthma.

On the base of Children Clinical Hospital (Chernivtsi) 50 children were examined retrospectively who were afflicted with bronchial asthma. According to the terms of asthma symptoms manifestation two groups of monitoring were formed. The first (I) group included 25 patients whose first episode of illness occurred before the age of three, the second (II) clinical group included 25 patients whose asthma symptoms were observed after six years of life. No significant differences by sex, age, place of residence and severity of asthma have been shown in an appropriate clinical comparison group.

More severe syndromes of bronchial obstruction were observed in patients with late onset phenotype of the disease (12,1 versus 11,7 points in the clinical group I, $P > 0.05$). However, since the third day of adequate relieving therapy the severity of airway obstruction was higher among children whose disease started before the age of three (8,7 vs 8,6 points in the II clinical group, $P > 0.05$).

The attributive risk of hospitalization with more severe obstruction of the bronchi during asthma attack in children with late onset phenotype as compared to the patients whose symptoms manifested till six years was 11,0%, relative risk 1,25 (95% CI: 0,64-2,42) and odds ratio 1,56 (95% CI: 0,42-5,82).

Thus, it can be assumed that more aggressive symptomatic therapy from the first day of acute attack should be recommended for patients with early onset asthma phenotype during hospitalization for exacerbation.

Sorokman T.V.

CYCLIC VOMITING SYNDROME IN CHILDREN

Department of Pediatrics and Medical Genetics
Higher State Educational Establishment of Ukraine
«Bukovinian State Medical University»

Cyclic vomiting syndrome (CVS) is a fairly common disease of unknown etiology that affects children of all age groups and sometimes adult population and refers to the functional disorders of the gastrointestinal tract.

The aim of study was to evaluate the effectiveness of the usage of "Rehydron Optim" medication for oral rehydration therapy in children.

Materials and methods included the treatment of 40 children aged from 3 to 11 years with CVS (15 persons) and primary AS (25 persons) in the period of acetonemic crisis, including 15 boys and 25 girls examined. All children were observed in the outpatient department of Chernivtsi regional children's hospital. The diagnosis was made on the base of anamnesis, clinical and laboratory findings. Patients underwent required clinical-biological tests and instrumental examinations. The dynamics of syndromes: pain, vomiting, dehydration and intoxication was investigated. Rehydration therapy in all cases was oral with the usage of Rehydron Optim medication.

Cyclical vomiting was observed in children with primary acetonemic syndrome in satisfactory condition during "interburst" period. Migraine like headaches prevailed in 36 patients (80%) older than 7 years. The same children had episodes of paroxysmal autonomic failure. Almost all surveyed children had risk factors for CVS development in their family history. All children had oral rehydration therapy including medication Rehydron Optim and the dynamics of basic clinical manifestations was positive. Within the 1st day of oral rehydration therapy with Rehydron Optim a significant decrease in the incidence of lethargy, vomiting, spastic abdominal pain, smell of acetone in exhaled air ($p < 0.05$) was determined in children.

In children with the I degree of dehydration, clinical signs of dehydration were not seen before the treatment, and in children with the second degree - an improvement in condition was observed, which manifested clinically in the transition of dehydration of the II degree into I degree, which required reduction of rehydration therapy volume.