



After 48 hours of treatment, the signs of intoxication syndrome (lethargy, drowsiness, headache) were absent in all children. In 80% of patients there was a normalization of appetite, the frequency of nausea complaints significantly reduced. On the 5th day of therapy ketonuria was found in one child.

So, obviously there is a correspondence between cyclic vomiting syndrome and primary acetonemic syndrome (cyclic vomiting syndrome = primary acetonemic syndrome). Collecting of family health history and detailed clinical signs of "interburst" period is of a significant importance for making the diagnosis. The combination of risk factors in family history is one of the criteria for early diagnosis of cyclic vomiting syndrome. During oral rehydration therapy with the prescription of Rehydron Optim, ketosis completely stops in the vast majority of patients on the 2-nd day of treatment. Rehydron Optim possesses favourable organoleptic qualities, it is well tolerated by children, and it has an excellent safety profile of administration.

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PATHOLOGY OF THE UPPER GASTROINTESTINAL TRACT WITH FOOD ALLERGY IN CHILDREN

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Recent studies indicate that one of the causes of food allergy in children and adults is pathology of the gastrointestinal tract. However, many problems of the occurrence of these combinations have not yet been solved. Genetic factors and mechanisms underlying food allergy are largely unknown. Due to heterogeneity of symptoms a reliable diagnosis is often difficult to make. The most common medical conditions in infants belonging to pediatric and gastroenterological disease areas, are functional gastrointestinal disorders, food hypersensitivity and food allergy. First of all, these symptoms can alter lactase deficiency, cow's milk protein allergy, eosinophilic gastroenteritis, allergic proctocolitis, gastrointestinal manifestations of atopic dermatitis, functional disorders of gastrointestinal and biliary tract, etc.

The objective of the study was to determine the frequency and character of lesions of the upper gastrointestinal tract in children with food allergy.

On the base of Chernivtsy Regional Children's Hospital 40 children with food allergy (FA) associated with pathology of the upper gastrointestinal tract (UGIT) and 20 patients with FA but without UGIT pathology aged 3 to 18 years were examined. Clinical and laboratory examinations were conducted twice (routine clinical tests, chamber scarification test with non-infectious allergens during FA remission, fibrogastroduodenoscopy, ultrasound, pII-measuring biochemical blood tests (ALT, AST, HHTP, alkaline phosphatase, cholesterol), identification of *H. pylori*).

Out of 40 examined children with FA in 30 cases (75%) with various lesions of the esophagus, stomach and duodenum were diagnosed. In 10 (25%) children functional changes such as duodenogastral reflex (DGR, 70%) and failure of the cardiac opening (FC, 30%) were found. A multiple character of reflux was observed in 85.7% of children with chronic gastroduodenitis and in 100% of children with esophagitis and duodenal ulcer disease, CF. The contamination with *H. pylori* was observed in 72.5% of cases. An increased activity of ALT and AST, HHTP, alkaline phosphatase and serum cholesterol was determined.

Thus, in 75% of cases in children with food allergy an organic pathology of the upper gastrointestinal tract was diagnosed, therefore gastroenterological examination should be recommended to all patients. During the last five years constipation was the first gastrointestinal diagnosis followed by food allergy corresponding to the global trend. It is essential, therefore, to apply diagnostic algorithms, timely treatment, and prevention.

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TREATMENT OF SLOW TRANSIT CONSTIPATION IN CHILDREN.

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Slow transit constipations are associated with reduced amount of the nerve endings of the colon and Cajal cells, resulting in the absence of response to conservative therapy. In case of slow transit constipations ineffectiveness of the conservative therapy is found in 3-10%. In these cases a possibility of surgery is considered. The following may be suggested: total colectomy with ileorectoanastomosis, subtotal colectomy, right-side and left-side hemicolectomy, segmental resection of the colon, cecostoma, ileostoma, appendicostoma, stimulation of the sacral nerves and introduction of botulinum toxin into the puborectal muscle. The methods of resection are based on the limitation of transit time along the colon. The most optimal method of surgery is total colectomy (with the efficacy of 90-100%). Although, after making ileorectoanastomosis in the post-operative period the following signs are found: flatulence, abdominal pain and frequent stool, anal incontinence.

Dolichosigmoid is found in 58,6 % of children during chronic constipations. While estimating the time of intestinal transit delay of radiopaque markers is seen in the rectosigmoid portion in 48%.

30% of children with chronic constipations pass into the period of puberty and mature age with similar symptoms. Surgical treatment of dolichosigmoid in children is indicated in case of long-term constipations, ineffective conservative treatment and enemas, necessity of manual evacuation of feces. Certain evidences are presented concerning successful treatment of STC in children by means of resection of the sigmoid colon in children with severe constipations.



It should be noted that subtotal or total colectomy and ileostomy are associated with considerable functional disorders in a developing organism. Therefore, using such kind of surgery in children is considered to be prohibitive.

The objective of the paper is to elaborate effective methods of surgical treatment of dolichosigmoid in children.

The results of surgical treatment of 61 children with dolichosigmoid aged from 6 to 18 have been analyzed. The children were divided into two groups: group I (n = 32 children) – surgical treatment by means of resection of the sigmoid colon was analyzed; group II (n = 29 children) – the efficacy of the suggested surgery was analyzed, long-term functional results were studied, clinical efficacy of the applied methods was evaluated. Rectal biopsy was performed, irrigoradiographic examinations were estimated, the indices of anosphincterometry were studied.

According to the findings of radiologic examinations dolichosigmoid in children should be classified into isolated and combined with dilation of the rectum. In case of dolichosigmoid with dilated rectum hypogangliosis is found histologically.

Surgery in case of dolichosigmoid is indicated only for refractor constipations, decompensated form and progressing of the disease, ineffective conservative treatment and enemas in children aged over 5 years. Resection of the sigmoid colon in children with the purpose to treat dolichosigmoid in a long-term post-operative period is associated with relapse of chronic constipation in 28,13%, encopresis – 37,5%, abdominal pain – 71,88%, flatulence – 53,13%, insufficiency of the ileocaecal valve – 21,88%. To choose the method of surgery in case of dolichosigmoid in children pathology should be divided into isolated (77,05%) and associated with dilation of the rectum (22,95%). The optimal method of surgery to treat dolichosigmoid with dilation of the rectum is endorectal descending of the large intestine with colorectoaanastomosis by Soave-Boley. Pathogenetically substantiated method of surgery in case of isolated dolichosigmoid (without dilation of the rectum) is sigmoidectomy with application of "end-to-end" descendorectal anastomosis with formation of the distal colon ligament.

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FEATURES OF RESPIRATORY SYNCYTIAL VIRAL INFECTION COURSE IN INFANTS TREATED IN THE REGIONAL PEDIATRIC CLINICAL HOSPITAL

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Epidemic increase of sickness on respiratory syncytial (RS)-viral infection occurs annually with the peak of morbidity at the end of autumn, winter and early spring. More severe course of the disease in the form of bronchiolitis, obstructive bronchitis and pneumonia is found among the children from risk groups, in particular: preterm infants, especially those under 3 months and with the body weight less than 5 kg on the moment of infection, children who were on artificial lung ventilation or prolonged oxygen supply with further formation of bronchial-pulmonary dysplasia, patients with cystic fibrosis, nervous-muscular diseases and immune deficiency conditions, hemodynamically significant congenital heart defects. On the assumption of the above the objective of the study was assessment of anamnestic, clinical-paraclinical findings and the course of the disease caused by RS-viral infection in patients treated in the Neonatal Department of the Regional Pediatric Clinical Hospital, Chernivtsi. A retrospective analysis of 50 case histories of children treated on RS-infection during the last year was made.

The patients aged from 1 to 2 months of life (50%) prevailed among children treated. According to the term of gestation a part of preterm infants was 14%, and term ones – 86% of cases. Every third child was born to a large family with pre-school and school children. Boys constituted 56%, and rural inhabitants - 78% of cases. The prevailing complaints during admission included unproductive cough, running nose, neurological symptoms in the form of changed behavior, lowered appetite and sucking activity. Only every third child was running low grade fever. Respiratory disorders in the form of mixed shortness of breath were registered in 40% of cases, cyanosis – in 8(18%) of children, and two patients on admission were suffering from pathologic apnea. Under conditions of limited possibilities the diagnosis of RS-viral infection, bronchiolitis was made mainly by clinical findings and the course of the disease. Objective examination of children in the Department found the following respiratory disorders: inflation of the chest, dyspnea of inspiration character mainly and auscultative changes in the lungs in the form of fine-bubbling diffuse moist rales, constituting practically 80% of cases. Thoracic retraction was found in almost half of the children. The signs of hemodynamic instability were registered in 8% of patients. One child with artificial lung ventilation and prolonged oxygen supply in the anamnesis due to the development of respiratory distress-syndrome after discharge from the hospital was hospitalized again on the 5th days since the onset of the disease with the signs of multiple organ failure resulting in unfavourable course of the disease. Almost 18% of children hospitalized with RS-viral bronchiolitis received antibacterial therapy in spite of the fact that a part of accumulation of secondary bacterial infection was not higher than 8%. The analysis of literature data is indicative of the fact that antibacterial therapy was indicated for 34-98% of children with bronchiolitis even without evidenced efficacy. All the children received nebulizer and symptomatic therapy. 18 children (36%) received inhalation glucocorticosteroids, the rest – nebulizer therapy with the use of 0,9% NaCl solution. Although there are no evidences concerning the efficacy of administration of glucocorticosteroids in case of bronchiolitis, parenteral glucocorticosteroids with a short course were indicated for half of the children. All the children in the intensive care unit required administration of oxygen supply, and one child required artificial lung ventilation. An average bed day was ten, it was longer only in three children due to preterm period.