МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

М А Т Е Р І А Л И

105-ї підсумкової науково-практичної конференції
з міжнародною участю
професорсько-викладацького персоналу
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ
присвяченої 80-річчю БДМУ
05, 07, 12 лютого 2024 року

Конференція внесена до Реєстру заходів безперервного професійного розвитку, які проводитимуться у 2024 році № 3700679

Чернівці – 2024

УДК 001:378.12(477.85)
ББК 72:74.58
М 34

Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

ББК 72:74.58

У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

ISBN 978-617-519-077-7

– 25,6% (95%ДІ 17,4-35,3), СТ – 95,8% (95%ДІ 89,2-98,8), ПЦПР – 85,9% (95%ДІ 68,1-96,0), ПЦНР – 56,3% (95%ДІ 48,5-63,9) при ВП(+) – 6,1 і ВП(-) – 0,8.

Висновки. При використанні вказаного тесту для спростування бактеріальної інфекції дихальних шляхів або підтвердження вірусної природи захворювання хибнопозитивні результати виникають менше, ніж у 5% випадків, проте у ¾ дітей можливими є хибнонегативні результати. При цьому низька передбачувана цінність негативного результату не дозволяє використовувати його для підтвердження вірусної інфекції і, таким чином, лікування хворого без антибактеріальних засобів.

СЕКЦІЯ 14
АКТУАЛЬНІ ПИТАННЯ ПЕДІАТРІЇ, НЕОНАТОЛОГІЇ ТА ПЕРИНАТАЛЬНОЇ МЕДИЦИНИ

Andriychuk D.R.

SOME PECULIARITIES OF THE POSTOPERATIVE PERIOD IN CHILDREN

Department of Pediatrics and Medical Genetics
Bukovinian State Medical University

Introduction. The postoperative period is the time from the end of the operation to the recovery of the patient and restoration of working capacity or his transfer to the disability group. They are distinguished: the early postoperative period – the first 5-6 days after the end of the surgical operation; the late postoperative period – before the patient is discharged from the hospital; remote postoperative period – until complete recovery and restoration of his working capacity or transfer to the disability group. Under the influence of surgery and anesthesia, the intensity of metabolic processes changes – the ratio of catabolism (accumulation of toxic products in the body due to the breakdown of substances and cells) and anabolism (a set of processes aimed at the formation of organic substances – constituent parts of cells and tissues) is disturbed.

The aim of study. The necessary conditions for managing the postoperative period in children are created in the intensive care unit. Registration of physiological indicators and prescription of medicinal products is carried out taking into account age, age-related dosages of medicinal substances and calculating daily dosages of liquid administration depending on the weight of the child.

Results. The position of the child in bed depends on the nature of the operation. The position according to Fedorov promotes relaxation of the abdominal wall, facilitates respiratory excursions, and prevents pneumonia. Positioning on the healthy side after lung surgery reduces the likelihood of atelectasis. Intravenous administration of medicinal solutions, liquids, and nutrients helps combat postoperative shock, reduces intoxication, and solves the problem of parenteral nutrition. Narcotic and non-narcotic analgesics are prescribed for pain. Oxygen therapy helps to prevent lung failure, shock reactions, and reduces flatulence. A permanent gastric tube is used during operations on the abdominal cavity 24-72 hours before the recovery of gastric peristalsis to avoid vomiting and aspiration. Children, who have undergone severe interventions, in particular on the organs of the chest and abdominal cavity, musculoskeletal system, show therapeutic gymnastics and massage.

Complications after surgery in children develop rapidly, most often in the first 2-3 days. Atelectasis of the lung is accompanied by respiratory failure and is confirmed by X-ray examination. Pulmonary edema occurs most often in connection with an overdose of fluid during infusion. Heart rhythm disturbances and respiratory arrest are observed more often in the newborn children.

Hyperthermia is observed in children of the younger age group most often without direct connection with the severity of the operation. Treatment is symptomatic: physical and drug hypothermia. Dynamic intestinal obstruction is severe and requires complex correction.

Conclusions. Depending on the severity of the disease, the volume and nature of the operation, the postoperative period can last from several days to several months. In the

postoperative period, it is necessary carefully to monitor the condition and function of the most important organs and systems, since surgery and anesthesia lead to corresponding pathophysiological changes in the body.

Babintseva A.G.

INTERNATIONAL GUIDELINES AND PRACTICAL EXPERIENCE IN NEONATAL LUNG ULTRASOUND

Department of Pediatrics, Neonatology and Perinatal Medicine
Bukovinian State Medical University

Introduction. Modern lung ultrasound (LUS) is mainly applied not only in critical care, emergency medicine, and trauma surgery, but also in pulmonary and internal medicine. Many international and national authors have produced several studies on the application of LUS to neonatal practice. One of the modern International evidence-based guidelines on Point of Care Ultrasound (POCUS) for critically ill neonates and children issued by the POCUS Working Group of the European Society of Paediatric and Neonatal Intensive Care (ESPNIC) [Syngh Y. et al., 2020].

Meconium aspiration syndrome (MAS) is one of the conditions in which the integration between clinical history, symptomatology, and ultrasound findings is of utmost importance for a correct diagnosis and treatment. It is a condition that occurs especially in term infants. After inhalation of meconium the fetus/newborn can suffer from hypoxia, acidemia, and infection, secondary to airway obstruction or surfactant dysfunction.

The aim of the study. We would like to present three clinical cases of neonatal MAS with different treatment tactic and demonstrate how LUS can help practical neonatologists to improve the intensive care with final positive results.

Matherial and methods. Both lungs were scanned in 3 zones each (upper anterior, lower anterior, and lateral) with indification of the basic LUS patterns [Raimondini F. et al, 2021]. The LUS was assigned for each zone using a validated scoring system based on 4 patterns and 0-3 point [De Martino L. et al. 2018].

Results. Case 1. The newborn was born on 39 weeks from I pregnancy and I delivery by ceasarean section (fetus distress, clinical narrow pelvis, meconium amniotic fluid). The Apgar score was 4-5-6-6-6 points. The ventilation support by T-system and meconium aspiration from respiratory tract was performed. The newborn's state was severe with negative changes. The respiratory support was provided by HFOV. On 1st DOL the LUS demonstrated subpleural consolidations and compact B-lines on the both lungs (R1 – 3, R2 – 2, R3 – 2, L1 – 2, L2 – 2, L3 – 3). The MAS was confirmed. The synthetic surfactant was installed to newborn.

Case 2. The newborn was born on 40 weeks from I pregnancy and I delivery by ceasarean section (fetus distress, meconium amniotic fluid). The Apgar score was 3-4-5-5-5 points. The primary respiratory support by T-system and meconium aspiration from respiratory tract was performed also. The signs of multiple organ dysfunction were diagnosed. On 3rd DOL the LUS demonstrated A-lines and compact B-lines on the right lung (R1 – 0, R2 – 1, R3 – 1); compact B-lines, subpleural consolidations and air bronchograms on the left lung (L1 – 3, L2 – 2, L3 – 3). The post aspiration pneumonia was diagnosed, the treatment was corrected.

Case 3. The newborn was born on 40 weeks from II pregnancy and II delivery (fetus distress in second period of the delivery, meconium amniotic fluid). The Apgar score was 5-6-7-7-7 points. The ventilation support by T-system was performed, nCPAP was continued. During first hours of life the newborn's state was getting severe, the respiratory failure was increased. The LUS demonstrated subpleural consolidations, compact B-lines and air bronchograms on the both lungs (R1 – 2, R2 – 1, R3 – 3, L1 – 2, L2 – 1, L3 – 3). The MAS was confirmed. The invasive mechanical ventilation was begun.

Conclusions. LUS can be a useful basic tool to guide both diagnostic and therapeutic decisions for neonates with different lung disorders, including MAS, in the NICU.