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ventricle, indicating that the early stage of diastolic dysfunction. In these patients the peak E was reduced, the peak A and DT - increased against the background of overtime isovolumetric relaxation. Infants with BPD frequently detected type pseudonormal transmitral diastolic range ($p < 0.01$).

Conclusions: for children with bronchopulmonary dysplasia characterized pseudonormal type of diastolic dysfunction ($p < 0.01$) and a violation of relaxation ($p < 0.01$). Most often in children with bronchopulmonary dysplasia in mitral spectrum detected pseudonormal type ($p < 0.01$).

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FEATURES OF MICROBIAL-INFLAMMATORY DISEASES IN INFANT CHILDREN

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Actuality. The numerous studies show the relevance of studying blood parameters in children with renal insufficiency. Not enough described the changes of indicators of blood test in children with kidney disease, that determined by hematology analyzer, including the average content of hemoglobin (MCH).

The aim to analyze the blood test indicators obtained by hematology analyzer in children in different periods of clinical course of pyelonephritis.

Materials and methods: the study involved 54 children from 1 to 17 years of age (meanage $6,6 \pm 4,3r$). The girls prevailed 44 ($81,5 \pm 5,3\%$) against 10 boys ($18,5 \pm 5,3\%$). In depending on the course of the

period of pyelonephritis, children divided into 3 groups: I group 26 children with chronic pyelonephritis in the period of remission, the average duration of disease $5,2 \pm 4,02$ years; II group of 13 children with acute exacerbation of chronic pyelonephritis, duration $2,6 \pm 2,05$ years; III group of 15 children with acute active pyelonephritis, duration of disease $5,3 \pm 4,4$ days.

Results: mild anemia was found in 20 ($37,03 \pm 6,6\%$) children, 6 of them ($23,8 \pm 8,4\%$) - from I group, 7 ($53,8 \pm 14,3\%$) - from II group, 7 ($46,6 \pm 13,3\%$) - from III group. The average volume of red blood cells was reduced in 24 ($44,4 \pm 6,8\%$) children, most often in children III gr. ($53,3 \pm 13,3$). MCH decreased in 39 ($72,2 \pm 6,15\%$) children, most often



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in children II gr. The average volume of platelets was reduced in 11 ($20,3 \pm 5,5\%$) children, more often in children with III gr. -6 ($40,0 \pm 13,0\%$).

Conclusions: one-third of children with pyelonephritis has microcytic hypochromic anemia,

especially in the acute process and the presence of active inflammation. The MCH reducing in the vast majority of children $72,2 \pm 6,15\%$, which enables us to regard this figure as an early manifestation of anemia (before reduction hemoglobin).

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FEATURES OF MICROBIAL-INFLAMMATORY DISEASES IN INFANT CHILDREN

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Actuality. The most common pathological conditions of the urogenital system in young children include microbial-inflammatory processes in the kidneys. The studying of factors that potentially affect their appearance and contribute to the progression of kidney disease is important.

The aim to identify potentially unfavorable premorbid background and their impact on the microbial and inflammatory process in the kidneys of infant children.

Materials and methods: the study involved 24 infant children (from 2 to 36 months) with acute active pyelonephritis. The average age of studied patients was $15,5 \pm 6,5$ months, girls were prevailed ($87,5 \pm 6,8\%$).

Results: in $66,6 \pm 9,8\%$ of children microbial-inflammatory process in the kidneys debuted with hyperthermal syndrome, which was

the ground for hospitalization. $54,1 \pm 10\%$ of children were born from the first pregnancy; $20,8 \pm 10,3\%$ - from the second pregnancy, $25 \pm 9,0\%$ from the third pregnancy. In $65,2 \pm 10,0\%$ of children had complications in the anamnesis: in $73,3 \pm 11,8\%$ of mothers had the threatened miscarriage, $26,6 \pm 11,8\%$ of mothers suffering from anemia in late terms of the pregnancy. As a result of the pathological pregnancy, $37,5 \pm 10,0\%$ of children were born by the cesarean section. All children were born full-term with an average body mass 3470 ± 300 g. Only $\frac{1}{2}$ of patients had the full breastfeeding for more than 6 months whose average duration was $3,5 \pm 7,5$ months. The duration of the breastfeeding less than 3 months was $25 \pm 9,0\%$ of children, that form 50% of the recommended minimum term and continued $2,4 \pm 1,5$ months. The course of pyelonephritis in $45,8 \pm 10,3\%$ of children accompanied by