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clinical, bacteriological and serological examinations. Levels of IL 1 β and TNF in patients' blood serum were examined with the help of immunoenzyme analysis.

High levels of IL at the onset of the disease with their decrease in dynamics were established. Interrelation of indices of IL 1 β and TNF in patients' blood serum at the onset of the disease with severity, course of, pathologic process and period of sanation was revealed.

Thus, quantitative content of IL 1 β and TNF at the onset of pathologic process may serve as prognostic criterion for II course in children and possible as argument for its correction.

VALUE OF ETIOLOGIC FACTOR IN FORMING OF CLINICAL PICTURE OF INFECTIOUS MONONUCLEOSIS FOR CHILDREN

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Infectious mononucleosis (IM) is one of the often registered clinical forms of herpesvirus. According to the opinions of various authors etiological factor of IM may be Epstein-Barr virus (EBV), cytomegalovirus (CMV), herpes virus type 6. The aim: to identify the clinical picture of IM depending on the etiology of the disease.

We analyzed 107 medical records of children 1 - 18 years, who were hospitalized in the Regional Children's Infectious Hospital of Kharkiv. Among them: 66 - patients IM EBV etiology, 41 - CMV. Diagnosis is based on clinical, laboratory, special immunological (determination of DNA viruses in the blood by PCR, and – founding of antibody classes IgM, IgG by ELISA test, and instrumental methods.

We have found, that clinical picture of the patients is characterized by intoxication, catarrhal syndromes, generalized lymphadenopathy, tonsillitis, hepatosplenomegaly, presence of exanthema, enantema and specific changes in the peripheral blood (appearance of lymphomonocytosis and atypical mononuclear cells).

However, EBV IM has been characterized by short-term of fever, hepatosplenomegaly, catarrhal syndrome, lacunar angina, rarely noted symptoms of hepatitis, exanthema, often enantema. In peripheral blood characterized by anemia, marked leukocytosis, thrombocytopenia, rarely, the presence of atypical mononuclear cells.

CMV IM has been characterized prolonged: hyperthermia, hepatosplenomegaly, hepatitis with cholestasis; often catarrhal tonsillitis, hemorrhagic exanthema, sometimes catarrhal symptoms. In peripheral blood registered leukopenia, thrombocytosis, the presence of – atypical mononuclear cells.

Thus the identified of clinical picture allows doctor to be guided in differential diagnosis and determining the right antiviral choice, the duration of their uses and to determine the strategy for monitoring of patients later.

111.	<i>Kucherenko O.O., Zadorozhna H.Yu., Kharun I.O.</i> CHANGES IN IMMUNOGRAMME IN PATIENTS WITH CHLAMYDIA PNEUMONIA	115
112.	<i>Kurlan N. Yu., Olkhovska O. M.</i> SERUM ZINC LEVELS IN CHILDREN SUFFERING FROM SHIGELLOSIS AND INFECTED WITH HELICOBACTER PYLORI	115
113.	<i>Lapshyna K.</i> FIBROBLAST GROWTH FACTOR-21 LEVELS IN NONALCOHOLIC FATTY LIVER DISEASE PATIENTS WITH HYPERTENSION	117
114.	<i>Melnyk N., Babinets L., Horbachevsky I.Ya.</i> EFFECT OF LIPID DISTURBANCES ON THE EXCRETORY PANCREATIC FUNCTION IN PATIENTS WITH CHRONIC PANCREATITIS CONCOMITANT WITH STABLE CORONARY ARTERY DISEASE	117
115.	<i>Mustafa Lateefat Kemi, Komolafe Olutope Mary, Voloshyn K.V.</i> CLINICAL PRESENTATIONS OF UPPER GASTROINTESTINAL TRACT MOTOR DISFUNCTION IN CHILDREN	118
116.	<i>Rabin Basnet, Zimnytska T.V.</i> SEROTONIN BLOOD LEVEL IN THE CHILDREN WITH POST INFECTION OF IRRITABLE BOWEL SYNDROME	119
117.	<i>Sazonova T.M.</i> SLEEP DISTURBANCES AMONG YOUTH	119
118.	<i>Shemet-Ivanova M.A., Yunatska O.V.</i> CHANGES IN DETECTION OF MARKERS OF TRANSFUSION-TRANSMITTED INFECTIONS AMONG BLOOD DONORS AND PATIENTS AS AN INDICATOR OF THE QUALITY OF BLOOD DONOR SELECTION	120
119.	<i>Sorochan O.P., Semenchenko L.O.</i> ULTRASOUND EXAMINATIONS OF LUNGS IN PRETERM INFANTS WITH PNEUMONIA.	121
120.	<i>Yarantseva N.A., Kudriavtsev A.A., Beziazychnaya N.V., Khomenko L.A.</i> CHRONIC GASTRODUODENITIS: INFLUENCE OF VEGETATIVE PSYCHOSOMATIC CONDITION ON THE MOTOR AND SECRETORY FUNCTIONS OF THE STOMACH	122
121.	<i>Zakharchuk U. M., Babinets A. I.</i> EFFICIENCY OF LYAPKO APPLICATOR IN THE TREATMENT OF CHRONIC PANCREATITIS WITH CONCOMITANT DIABETES MELLITUS	123
122.	<i>Zharkova T.S., Klimina J., Bogdanova A., et al,</i> CLINICAL MEANING OF QUANTITATIVE CONTENT OF INTERLEUKINS 1B AND TUMOR NECROSIS FACTOR IN BLOOD OF CHILDREN WITH INTESTINAL INFECTIONS	123
123.	<i>Zharkova T.S., Korchak Y., Klimina J., et al.</i> VALUE OF ETIOLOGIC FACTOR IN FORMING OF CLINICAL PICTURE OF INFECTIOUS MONONUCLEOSIS FOR CHILDREN <i>ЗМІСТ</i>	124 125

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