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CLINICAL-LABORATORY DIAGNOSTICS OF CHRONIC VIRAL HEPATITIS IN CHILDREN

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Chronic viral hepatitis (CVH), which occupy a leading position in the structure of liver disease, is one of the most important and difficult problems of world health service. The most important feature of CVH is their mostly latent current. Currently in the world there are more than 500 million carriers of viral hepatitis with parenteral contamination, which in most cases become chronic with the formation of severe consequences - liver cirrhosis and hepatocellular carcinoma. The urgency of liver diseases is connected with a high level of morbidity, as well as significant economic costs for diagnostic and therapeutic processes.

In 2007, 200 children from 5 to 11 years of age it means 72%, from 12 to 18 - 28% were registered at the gastroenterology center of the Children's Health Center; among them they were 119 children with chronic viral hepatitis B, 81 children had C type, 1 child had B + D type and 7 children with B + C. The gender distribution was dominated by boys. In the structure of the incidence of chronic viral hepatitis among children, hepatitis B was prevalent. In the city of Kharkov, 122 patients were registered, in the districts of the Kharkiv region – there were 78 children.

The most frequent cases among patients with chronic hepatitis were found: perinatal infection - 27.5%, blood transfusion - 55%, surgical intervention - 14.5%, after tattooing - 3%. It has been proved that CVH is characterized by high risk of intramuscular infection, as the infection of the virus among children from one family is 31%, and from mother to child - 23%.

83% of children had the condition that was of average severity. The main clinical manifestations were: syndrome of chronic non-specific intoxication (89.5%), dyspeptic syndrome (65%), abdominal pain syndrome (43.5%), and hepatolialny syndrome (41.5%). In the laboratory examination, the syndrome of cytolysis (77.5%), cholestasis (45%), mesinchymal-inflammatory (38%) and liver-cellular insufficiency syndrome (21%) were revealed. Increasing of ALT level to 1, 5-2 times about normal values was revealed among 30 children, 44 children had 3-5 times. The high level of ALT (it is 7 times as high as normal ones) were found out during investigation of 17 children. 30% of patients had increase in alkaline phosphatase, that is an indicator of cholestasis.

Among of accompanying diseases they could find 12.5% of oncogematological diseases, 3.5% of solid tumors, 13.5% of hemophilia, 12.5% of multiple birth defects (congenital heart disease, congenital central nervous system disease, genitourinary malformations), 6% of trisomy for 21 chromosomes.

Conclusions: 1. CVG B which is characterized as long latent course predominate in the structure of diseases for CVG among children.

2. Children are taken to gastroenterological hospital in the phase of replication, but with the presence of pronounced cytolysis.

3. 48% of children, who were examined in replication phases of CVG, had severe comorbid conditions.

4. Any high risk of interfamily infections is more connected with closely domestic contacts within limits of one family and genetic determination features of the immune reaction to infection.