

The final diagnosis of somatoform disorder of the autonomic nervous system was made established after a clinical and psychological examination, and dynamic observation of the patient (a psychasthenic type of character accentuation, infantilism and a tendency to depression and severe social phobia were revealed). The child was prescribed a course of psychotherapy. After 1 month after making the diagnosis, the girl was transferred to another school, and the temperature returned to normal.

Conclusion: Consequently, this clinical case shows the difficulty in making such diagnoses, the need for a thorough medical history and close cooperation with a psychologist.

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MODERN ASPECTS OF EARLY DIAGNOSTICS OF MYOCARDIAL INJURY IN NEWBORNS WITH ARRHYTHMIAS

Introduction. The search for early diagnostic markers of myocardial damage is an urgent issue of modern neonatology. The causes of neonatal arrhythmias can be various conditions leading to damage to the conduction system and whole myocardium. One of the central roles in the development of this pathological process belongs to hypoxia. Troponin I is a well-studied and frequently used biochemical marker of myocardial damage, but it is known that it begins to be produced at least 6 hours after the development of acute myocardial damage. Ischemia-modified albumin (IMA) is a new cardiac marker that has been well studied in adult patients. Its development begins after 5-20 minutes from the moment of ischemia.

Our purpose of study was to establish the earliest diagnostic markers of myocardial damage with impaired heart rhythm and conduction in newborns.

Materials and methods. We examined 94 newborns with a birth rating of Apgar on the 1st minute less than 6 points. Newborns underwent determination of troponin I and IMA levels in umbilical cord blood and Holter monitoring. Statistical analysis of the data was carried out using non-parametric statistics methods (Mann-Whitney U-test).

Results. Depending on the results of Holter monitoring, newborns were divided into 2 groups: the 1st (n = 58) were formed by children with cardiac arrhythmias and conduction disorders. The 2nd group was formed by newborns without arrhythmias (n = 36).

In newborns of the 1st group were diagnosed different types of cardiac arrhythmias and conduction disorders. such as sinus tachycardia - in 72.4%, sinus bradycardia - in 15.6%, supraventricular extrasystole - in 29.3%, ventricular extrasystole - in 5.2%, atrio-ventricular block 1 degree - in 1.7%, atrioventricular block 2 degrees - in 8.6%, transient lengthening of the QT interval - in 22.4%, migration of the pacemaker - in 37.9%.

Enzyme-linked immunosorbent assay of cordial markers in umbilical cord blood showed that IMA levels were higher in group 1 (newborns with cardiac arrhythmias and conduction disorders.) - 3117.8 ng / ml (908.3; 10392.61, p = 0.000016) than in group 2 infants (without cardiac arrhythmias and conduction disorders.) - 1691.6 ng / ml (665.7; 8045.9). Troponin I was also higher in 1 group infants (1.1 ng / ml (0.38; 4.75) and 0.87 ng / ml (0.35; 8.96), respectively), but there were significant differences between the groups not received (p = 0.531235).

Conclusions. IMA, in comparison with troponin I, has a statistically significant increase of diagnostic levels, being an earlier diagnostic marker of myocardial damage in newborns with impaired heart rhythm and conduction.

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ALAGILLE SYNDROME IN THE PRACTICE OF A PEDIATRICIAN

Alagille syndrome (Q.44.7) is a multisystem disease with an autosomal dominant type of inheritance, due to mutations in the gene JAGGED1, characterized by liver damage, pathology of the cardiovascular system, changes in the eyes, skeleton, kidneys, as well