Subject of our research is 14 years old adolescence girl which was admitted to the hospital in extreme degree of cachexia : weight = 18 kg (proper – 46 kg), height – 151 cm, BMI – less than 10%, mass deficit > 40%. During the examination the patient was asthenized, sluggish. Was conscious. Muscle atrophy. Dystrophy of skeleton – narrow chest, narrow hips and pelvis. Distal limbs cold, earthy skin. Breathing is weakened, heart sounds rhythmic and muffled. Abdomen soft, "rumbles" upon palpation, painless. The liver and spleen are not palpable. Constipation. Polyuria. Secondary amenorrhea.

Clinical blood test – mild anemia; Urine specific gravity – 1004-1005; Blood chemistry - electrolyte disturbances, hypoproteinemia. Ultrasonography - splanchnomycria. Reproductive organs are correspond to 11 y.o. teen.

Results: during the examination of the patient and relying on the results of laboratory and instrumental tests were diagnosed : Severe protein and energy deficiency; Anorexia nervosa, atypical, cachectic stage; Chronic gastroduodenitis, a period of incomplete remission; Delayed sexual development, secondary amenorrhea; Secondary tubulopathy, isohypostenuria.

Conclusions: anorexia nervosa is very serious, difficult treated disease, which needs multidisciplinary therapy. Components of successful healing should be help of psychotherapist, motivation, recovery of eating behavior and moral values, co-working of gastroenterologist, nutritionist and other specialists. Treatment of Anorexia depends on diagnostics in time, acception correct therapeutical and tactical decisions, motivation our patient and his parents for carrying out qualitative treatment and rehabilitation.

Prikhodko Mariia
Kharkiv National Medical University
Department of Pediatrics No.1 with Neonatology
Kharkiv, Ukraine
Scientific advisor: ass. prof. Gonchar Margaryta

DIFFERENTIAL DIAGNOSIS OF THE HYGROME IN CHILDHOOD

Introduction: The hygroma is a benign tumor that is a fluid formation in a capsule filled with serous fluid. This diagnosis is predominantly found in women (3: 1) in pediatric

hygroma practice is very rare, because the vast majority of them are diagnosed at the age of 20-40 years.

Materials and methods. Clinical observation

Results. Girl K. 9 years old, was admitted to the cardiology department with complaints of the mother for the baby's swelling of the first phalanges of the first finger on both sides. There was no history of injuries.

Upon admission: body T 36.5 C. height 134 cm, weight 29 kg, RR 19 per minute, HR 92 per minute. A condition of moderate severity. The skin is pale pink, clean. On the back of the cyst, on the first phalanges of the first fingers of both fingers, rounded formations with a d = 4 cm are visualized, motionless, soldered to the skin, painless on palpation, the skin above them is not changed, the function is preserved, the volume of movements is in full volume. Other joints unchanged. Above the lungs percussion pulmonary sound, auscultatory vesicular respiration. Heart tones are rhythmic. The abdomen is soft, palpable in all departments. The liver is up to 1.0 cm below the edge of the costal arch, the spleen is not palpated. Chair, urination is not impaired.

Examined: clinical blood test WBC * 10 * 12 / L 7.0; Lymph% 1.5; Mid% 0.6; Gran% 4.9; Lymph% 21.6; Mid% 8.4; Gran% 70.0; RBC * 10 * 12 / L 4.76; NGB g / l 131; HCT% 41.3; MCV fl 86.9; MCH pg 27.5; MCHC g / l 317; PLT * 10 * 9 / L 190; SOE mm / h 5 (variant of clinical norm). Clinical analysis of urine is a variant of the clinical norm. Liver tests: AST 12 (<37); ALT 10 (<31); Cholesterol 3.65 (3.15-5.17); B-lipoproteins 42 (35-55) alkaline phosphates 6300 Bilirubin total 14 (5-21) conjugated bilirubin 9; free bilirubin 5. Proteinogram Total protein 72.8 g / l; albumin 6.6%; a-1 globulin 6.6%; a-2 globulin 3.4%; b-globulin 13.4%; y- globulin 1.9%; Albumin / Globulin 1.4 (clinical standard variant). Antisteptolysin-O negative, rheumatoid factor negative. Acute-phase parameters: haptoglobin 0.65; seromucoid 2.6; C-reactive protein negative (variant of clinical norm). Native DNA antibodies 0.87 (norm 2.0). At ultrasonic diagnostics of a cyst: in the first phalanges of the first fingers on both sides there is a limited accumulation of a liquid in the sizes 0,4 * 0,45 * 0,19 cm (left) and 0,41 * 0,45 * 0,18 (right), without increased blood flow, capsule thin, moderately increased echogenicity. Muscle integrity, mobility preserved. The joint capsule is not thickened. Conclusion: hygiroma of the first phalanges of the first fingers on both sides.

Conclusion: Thus, such diagnoses as reactive arthritis, juvenile rheumatoid arthritis, and acute rheumatoid fever were excluded. Diagnosis of hygroma is very rare for children, especially children under 10 years of age. But with timely diagnosis, the prognosis is favorable, but the likelihood of recurrence always occurs.

Samer Maarabouni
Kharkiv National Medical University
Department of Pediatrics No.1 with Neonatology
Kharkiv, Ukraine
Scientific advisor: ass. Tetiana Teslenko

DIFFERENTIAL DIAGNOSIS OF RESPIRATORY DISTRESS SYNDROME AND TRANSIENT TACHYPNEA IN NEWBORNS

Introduction. Respiratory Distress Syndrome (RDS) is one of the main causes of death in newborns with incidence of 50-91% depending on gestational age (GA). RDS of newborns is a breath disorder caused by primary absence or lack of surfactant due to prematurity or secondary surfactant deficiency.

Transient Tachypnea of Newborns (TTN) is a benign disease of near-term or term infants who display respiratory distress shortly after delivery. It occurs when the infant fails to clear airway of lung fluid or mucus, or has excess fluid in the lungs due to aspiration. An important marker of TTN is the spontaneous improvement of the neonate.

Aim: to detect the main differences between RDS and TTN discussing the risk factors, clinical presentation and diagnosis in order to provide the correct management.

Materials and methods. Clinical case.

Results. Newborn boy M. was admitted to the NICU within 24 hours after birth with respiratory disorders. Anamnesis: baby is from 1st pregnancy, 1st delivery in 37 weeks GA via C-section (breech presentation, suspected weight 3800 g). Maternal anamnesis: 32 y. o., Diabetes Mellitus (DM) since childhood, smoking since adolescence. Birth weight – 3500 g (>90 percentile according to Growth Chart for newborns – large for GA), length – 49 cm (appropriate for GA), head circumference – 32 cm (appropriate for GA). Clinical presentation: cyanosis (SpO2 – 68%), chest retractions, grunting, tachypnea (RR – 68 per minute). Assessed according to Downes scale – 6 (moderate