Thus, lactase deficiency is a common pathology in infants and young children. The possibility of it`s presence should be remembered in patients with intestinal colic, allergic manifestations, altered qualitative and quantitative characteristics of the stool, especially after consuming milk and dairy products. The use of lactase preparations is pathogenetically justified and makes it possible to eliminate the main clinical manifestations of LD in a short time, while maintaining the possibility of breastfeeding.

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HYPERTROPHIC CARDIOMYOPATHY OF THE NEWBORN (CLINICAL OBSERVATION)

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The actuality of the problem of the development of hypertrophic cardiomyopathy (HCM) in newborns is due to an unfavorable prognosis due to the high risk of sudden cardiac death.

The incidence of sudden cardiac death in children and adolescents is estimated at 6.2 cases per 100,000 population. In general, 36% of childhood sudden cardiac deaths are HCM (Steven E Lipshultz et al., 2013). HCM is a heterogeneous group of disorders characterized by "unreasonable" left ventricular hypertrophy in the absence of another cardiac or systemic disease, which in itself could affect the magnitude of hypertrophy. Ventricular hypertrophy is considered clinically present in children when the thickness of the interventricular septum is at least two to three times the population average, taking into account age and sex. HCM is diagnosed mainly in the first year of life or in adolescence, depending on the degree of progression of the disease, the presence or absence of obstruction of the left ventricular outflow tract (Limarenko M.P., 2010).

The aim. To establish the features of diagnosis and course of neonatal hypertrophic cardiomyopathy.

Materials and methods. We present a clinical observation of a newborn D., hospitalized in the neonatal intensive care unit of the perinatal center with clinical signs of severe asphyxia on the first day of life.

Results of research. The child is from the second pregnancies, which proceeded against the background of diffuse goiter, gestational arterial hypertension, oligohydramnios. Prenatally CHC, venous duct agenesis, rhythm disturbances with transient bradycardia was diagnosed in the fetus. Child was born at 40 weeks of gestation, with a double entanglement of the umbilical cord around the neck. Score on the Apgar scale was 1 - 3 points. In the delivery room, resuscitation measures were taken. On examination, the signs of respiratory failure drew attention. According to Doppler echocardiography: dilatation of the right atrium and right ventricle, signs of hypertrophy of the interventricular septum, left ventricle with outobstruction of the out flow tract of the left ventricle. Patent ductus arteriosus. Open oval window. High hypertension in the pulmonary artery. Decreased myocardial contractility, ejection fraction 42%. On radiography - cardiomegaly, cardiothoracic index 55%. Troponin I, CRP, CPK, CPK-MB levels are within the age norm. Child was consulted by cardiac surgeon: surgery is not currently indicated. The contractility of the myocardium improved, the ejection fraction increased to 60% in the dynamics of observation.

Based on the data of the anamnesis and physical examination, a preliminary diagnosis was made: Hypertrophic cardiomyopathy. Patent ductus arteriosus, open foramen ovale, pulmonary hypertension I - II st.

Conclusions. Timely diagnosis of hypertrophic caridomyopathy in newborns requires monitoring as high-risk infants. These newborns should be screened for any cardiomyopathy-related congenital anomalies and metabolic disorders. Hypertrophic cardiomyopathy in our patient may have a good prognosis, since no obstruction of the left ventricular outflow tract was found, and the indicators of myocardial contraction corresponded to the age norm. These newborns need close monitoring and regular observation during the first year of life.