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PRIMARY LACTASE DEFICIENCY IN YOUNG CHILDREN

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Primary lactase deficiency (LD) is a congenital disease, caused by decrease of lactase activity with a morphologically unchanged enterocyte: congenital (genetically determined); transient (LD of premature and immature newborns); Adult LD (constitutional LD). The problem of LD is taking a huge part in early childhood period, because the lactose amount for approximately 80–85% of carbohydrates in the breast milk. Here is our own observation:

Girl S., 28 days old, was admitted with complaints of frequent (up to 15 times a day) foamy stool, flatulence, anxiety. These complaints appeared on the second day of life. The child was consulted by a pediatrician, a bacteriological examination of feces was perfomed, the result of bacteriological examination shoved any pathogenic microorganisms. Prescription of smecta, creon and enterojermina had no positive effect. A girl from the second pregnancy, which proceeded with the threat of termination at 8 and 22 weeks, the second delivery on time. Weight at birth 3100.0 g, height - 50 cm. Since birth, she is breastfed on demand. Heredity for allergies, diseases of the gastrointestinal tract is not burdened, but the child's mother does not like milk products. On examination of the child, attention was drawn to abdominal distention. The stool was yellow colored, liquid, does not contain mucus and other pathological inclusions. The coprogram revealed an acidic reaction of feces, soap, mucus - a small amount. Glycemic stress test with glucose confirmed primary alactasia. The foregoing was the basis for the assumption of the presence of "Lactase deficiency".

With the appointment of lactase at a dose of 900 IU in each feeding, a significant improvement in clinical symptoms was noted: sleep became calm, the stool was mushy, without foam, 5 times a day. An attempt to reintroduce even small (20-30 ml) portions of breast milk into the child's diet was accompanied by the appearance of anxiety, increased gas production, and diarrhea.

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.