**IМPACT OF RISK FACTORS FOR COMPLICATIONS IN CHILDREN WITH TYPE I DIABETES**

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**Relevance:** Hyperketonemia and ketoacidosis are extreme manifestations of complications of a child’s organism, arising as an inadequate reaction to usual stimuli, accompanied by ketonuria and constant symptomomlex (nausea, abdominal pain, vomiting, slowness). This is why, in childhood, hyperketonemia and ketonuria can develop in a number of diseases.

**Objective:** Study the characteristics of the clinic, the family history and the associated pathology of children with ketoacidosis and ketonuria in order to determine the risk factors for the development of this condition.

**Materials and methods:** Forty-three children between the ages of 3 and 14 with ketonuria and ketoacidosis were examined and hospitalized in a paediatric hospital with various clinical diagnoses. The methods used in the work are: parents' questionnaires, analysis of data on medical records and results of laboratory and instrumental studies.

**Results:** 69% (30 children) of ketonuria, which occurred against the background of acute infectious diseases, and 13 children (31%) had a dietary disturbance as a trigger. Of the complaints, 100 per cent involved nausea and a steady decline in appetite. Vomiting was observed in 56 per cent of the children, of whom 10 had been affected by intoxication syndrome and were present in all 14 children with ketonuria and diet disorders. Abdominal pain affected 11 children (34 per cent). Seventy-two per cent of the cases had concomitant pathology: helminthiosis 18 per cent, gallbladder dyskinesia 34 per cent, and dysmebolic nephropathy 43 per cent. An analysis of the parents' questionnaires revealed that the mothers of the children were sick during pregnancy in only 16 per cent of cases. Chronic diseases affected 47 per cent of mothers, allergic diseases accounted for 22 per cent and other pathologies were significantly less common. Family history of the children surveyed was difficult in 69 per cent of cases. Type II diabetes was the most commonly reported type II diabetes - 38%, and the remaining - 65% were metabolic disorders.

**Conclusions:** Among the risk factors for the development of ketonuria and ketoacidosis, which cause the grave condition of the child, it is worth highlighting their concomitant pathology and aggravated family history. These data need to be taken into account in order to improve the long-term recovery of diabetes mellitus in children.