

acid solution was characterized by the formation of calcium citrate not only on the root canal walls, but also along its entire surface. After applying acids, it is recommended to rinse the root canal with distilled water as there is a tendency for crystallization and sediment formation.

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A CLINICAL CASE OF HERPETIC INTERCOSTAL NEURALGIA

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Herpetic neuropathy is a condition in which the herpes simplex virus affects the nerves, causing inflammation and damage. The disease usually affects the cranial nerves, which are nerves that originate in the brain and control functions such as vision, hearing, and facial movements. Herpetic intercostal neuralgia, also known as herpes zoster or shingles, is a condition caused by the reactivation of the varicella zoster virus in the sensitive nerve fibers that supply the skin of the chest and abdomen [1].

Symptoms of herpetic neuralgia may vary depending on the affected nerves. Clinical manifestations of herpetic intercostal neuralgia can vary, but usually manifest with the following symptoms: pain, which is the most common symptom, skin rash, sensory changes, and flu-like symptoms [2].

The pain is characterized as severe, burning or stabbing pain that is usually unilateral and localized to a specific area of the chest or abdomen. The pain may be constant or intermittent and may be aggravated by touch or movement. In most cases, the pain is accompanied by a skin rash consisting of small blisters that usually follow the path of a single nerve. The rash may be itchy or painful and usually lasts 2-4 weeks before healing. The affected skin may be hypersensitive to touch or changes in temperature, or in some cases it may become numb, which is a manifestation of sensory changes. Some patients may also experience flu-like symptoms, such as fever, headache, fatigue, and muscle aches [2, 3].

Herpetic intercostal neuralgia is more common in people over the age of 50, and the risk increases with age. It is also more common in people with weakened immune systems, such as those with HIV/AIDS, cancer, or those taking immunosuppressive medications. In general, the prevalence of herpetic intercostal neuralgia depends on the population and geographic location. Studies have reported different incidence and prevalence rates in different countries and regions, with higher rates reported in some regions with a larger aging population [4, 5].

Clinical case: A 67-year-old woman visited a doctor with complaints of severe pain that appeared after hypothermia and a rash on the right chest. She reports that the pain started several days ago and has become increasingly severe, with a burning sensation and sensitivity to touch. She also reports feeling tired and subfebrile.

Examination reveals a cluster of small blisters along the right side of the patient's chest and a red, swollen area in the area. The rash was limited to the area supplied by the intercostal nerves running along the Th2-Th4 ribs. A diagnosis of herpetic intercostal neuralgia was made and a laboratory test was ordered to confirm the diagnosis.

The test results confirmed the presence of the virus. The patient was prescribed antiviral drugs, acyclovir drugs. Painkillers were also prescribed and the patient was advised to avoid contact with others to prevent the spread of the disease. Topical gels and ointments were prescribed for the rash areas.

Over the next few weeks, the patient's condition gradually improved, although she continued to experience pain and increased sensitivity in the affected area.

In this case, the patient's herpetic intercostal neuralgia manifested as severe pain and a skin rash along the intercostal nerves on the right side of the chest in the Th2-Th4 innervation zone. Prompt diagnosis and treatment with antiviral drugs helped reduce the severity and duration of symptoms and prevent long-term complications.

Conclusions.

It is important to note that herpetic intercostal neuralgia can in some cases lead to chronic pain and disability, especially in elderly patients or those with a weakened immune system. Early diagnosis and treatment with antiviral drugs can help reduce the severity and duration of symptoms and prevent long-term complications.

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NEGLECT AS A MANIFESTATION OF CHILD ABUSE WITH OVERWEIGHT AND OBESE CHILDREN

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European and international integration of Ukraine requires intensification of socio-legal, medical and social work on child protection, with special attention to vulnerable groups [1, c. 198].

The aim of the study was to identify the frequency and causes of neglect among children with overweight and obesity based on the analysis of personal experience of respondents – children and their parents.

Materials and methods

The study was performed on the outpatient department and endocrinology department of the Odesa Regional Children's Clinical Hospital from 2011 to 2021, taking into account all standards of Good Clinical Practice and the requirements of the Helsinki Declaration of the World Medical Association “Ethical principles for medical research involving human subjects”.

An anonymous survey of 948 children aged 6 to 18 years was conducted. The first group included 328 children with overweight, the second group – 364 obese children, the control group – 256 children. Signs and analysis of the causes of neglect were identified by survey and anonymous questioning of children (948) and their parents (1286). Statistical processing of the received data was performed using programs Excel 2010, Statistica 10, Internet-calculator SISA (Simple Interactive Statistical Analysis).