

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.

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## **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 (SpO<sub>2</sub> – 68%), chest retractions, grunting, tachypnea (RR – 68 per minute). Assessed according to Downes scale – 6 (moderate

respiratory disorders). Diagnostic procedures: chest X-ray, ABG, CBC, RBS, CRP, blood culture. Diagnosis: RDS. Treatment: newborn has received respiratory therapy (artificial ventilation, O<sub>2</sub>-supply) for 6 days. Outcome: skin color turned to pink, respiratory function normalized, grunting sound disappeared, SpO<sub>2</sub> level returned to normal (92%). Child was transferred from the NICU to the room with his mother on the 7th day of life, then discharged on the 9th day of life with satisfactory health condition. Conclusion. Following the plan of excluding different diseases with similar symptoms (according to baby's condition, risk factors, clinical investigation and further studies) helps us to confirm final diagnosis and provide the correct management to avoid complications and death as much as we can.

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## **FEATURES OF CALCIUM-PHOSPHORUS METABOLISM IN CHILDREN WITH CHRONIC GLOMERULONEPHRITIS**

Glomerulonephritis (GN) is one of the most severe kidney diseases, accompanied by the chronic renal failure development and takes 30 % in the structure of the causes of terminal renal failure. Glomerulonephritis is a morphologically different form of immunoinflammatory kidney disease with glomeruli, tubules and interstitial tissue lesion. Current treatment recommendations for chronic glomerulonephritis include prescribing glucocorticosteroids (prednisone or prednisolone) for a minimum of 8 weeks at maximal dose of 60 mg/m<sup>2</sup>/day and after support dose 40mg/m<sup>2</sup>/48hour for maximum 6 weeks (KDIGO 2012). The use of steroid hormones has a number of unwanted effects, including disorders of calcium and phosphorus metabolism. The problem of steroid osteoporosis among children is acute because of the risk of compression fractures of the spine and bones .

The aim of our study was to research the features of calcium-phosphorus metabolism in children with chronic GN. We formed two study groups, each with 15 patients diagnosed with GN between the ages of 3 and 15 years