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THE INFLUENCE OF THE MICROBIAL FLORA OF THE MUCOUS NASOPHARYNX AND OROPHARYNX IN THE FORMATION OF THE SEVERITY OF THE SYMPTOMS OF INFECTIOUS MONONUCLEOSIS (EPSTEIN-BARR ETHIOLOGY VIRUS) IN CHILDREN

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Infectious mononucleosis (IM) is one of the most common childhood diseases. Many scientists say that in the manifestation of the clinical symptoms of the disease, further development and course, an important role play not only the Epstein-Barr virus, but also bacteria located near the entrance gate of herpes virus.

Objective: to determine the dependence of the bacterial flora of the mucosa of the nasopharynx and oropharynx in the development of the clinical course of IM in children.

We examined 63 children aged three to seven years with IM. A bacteriological study of smears from the mucous membrane of the oropharynx was performed in all children in the acute period of the disease. Staphylococcus aureus, Spirochetae buccalis, E. Coli or their associations in a similar total amount were found in 31 children - group I. Streptococcus pyogenes- in 32 children - group II. Children were comparable in age, gender, severity of illness, etc. The diagnosis of IM was verified based on the positive results of the search for disease markers by ELISA (anti-EBV IgM and IgG) and PCR (detection of EBV DNA in the blood).Statistical processing of the results was carried out by the Stastica program. The average value (M) was determined, its error (m). The reliability of the difference in values was revealed using Student's test and Fisher's method. The value of P<0.05 was considered reliable.

The clinical manifestations of mononucleosis in all children was typical for this disease, the symptom complex included hyperthermia, tonsillitis, polylymphadenitis, hepato- and splenomegaly and the appearance in the peripheral blood of atypical mononuclear cells.

At the same time, in patients with seeding of the mucous membrane of the rhinopharynx by streptococcus, the onset of the disease is characterized by a higher temperature reaction of the patient’s body, more significant manifestations of intoxication.

Lymphadenitis (submandibular, cervical) was more pronounced, a more significant increase in the size of the liver, spleen in children of the second group. In the blood of such patients, there was a significantly lower content of lymphocytes and a higher content of neutrophils. The relief of all symptoms of infectious mononucleosis in children of the first group was faster than in children of the second group.

Conclusion: the clinical manifestations of mononucleosis in children retains a typical symptom complex, but the duration and severity of the manifestations of the disease is determined by the microbial flora at the site of initial localization of the EB virus. In our opinion, the results of determining the microbial flora of the mucosa of the nasopharynx and oropharynx of patients with mononucleosis can serve as an additional criterion for predicting the duration of the disease period and the severity of symptoms. The results of our study can serve as the basis for creating algorithms for diagnosing bacterial infection of patients with mononucleosis and, at the same time, an argument for improving their treatment.