



Conclusion. It is crucial to understand the clinical presentation as the signs of NEC are protean and maybe insidious. Early diagnosis is necessary to provide the correct management to prevent the development of severe complications such as perforation of intestine and sepsis.

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SUPRAVENTRICULAR EXTRASYSTOLE IN NEWBORN

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Introduction: Arrhythmias are common in neonatal period and may occur in neonates with normal heart or in those ones with structural diseases. Arrhythmia is defined as abnormality of heart rate or rhythm. It is classified as bradycardia, tachycardia, extrasystole and fibrillation. Extrasystole is a premature contraction of the heart that arises in response to an impulse in some part of the heart other than from sinoatrial node. Based on the ectopic origin, extrasystole may be supraventricular and ventricular.

Aim: to learn how to identify and manage neonatal arrhythmia.

Materials and methods: clinical case.

Results: Newborn boy M. Baby is from the 2nd pregnancy, 2nd term delivery in 39 weeks of gestational age. Apgar score assessment – 8/9. Birth weight – 2950 g.

Soon after delivery physical examination revealed presence of arrhythmia in newborn: extra heart beats were detected with stethoscope.

Diagnostic procedures: ECG (sporadic atrial extrasystole), echocardiography (patent foramen ovale – 3.9 mm). Diagnosis: Neonatal Arrhythmia – Supraventricular (Atrial) Extrasystole. Patent Foramen Ovale. Treatment: observation is necessary in case of neonatal Supraventricular Extrasystole.

During the observation in the maternity hospital baby's condition remains satisfactory without any disorders, frequency of extrasystoles on heart auscultation and ECG decreased.



Outcome: boy was discharged with satisfactory condition on the 7th day of life. Since Holter ECG monitoring is the best way to confirm diagnosis of arrhythmia, it was prescribed. Pediatric cardiologist's follow-up was recommended.

Conclusion: In vast majority of cases, neonates with arrhythmia get better without any treatment due to maturation of the cardiac conduction pathways. But some heart rate / rhythm disorders in newborns can be danger (ventricular extrasystoles, fibrillations). So, early diagnosis of neonatal arrhythmias is necessary to provide appropriate observation, identify diagnostic plan and, if need, prescribe treatment in order to prevent life-threatening conditions.

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**RESPONSE OF THE IMMUNE SYSTEM OF CHILDREN WITH
TONZILLITIS INFECTED WITH HERPES TYPE 6 VIRUS**

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In children of preschool and early school age, tonsillitis is one of the most common pathologies. Among the bacterial agents that cause the development of acute inflammation of the tonsils, the first place belongs to group A hemolytic streptococcus (GAS). Given the high percentage of children with herpes viruses, including herpes simplex virus type 6 (HHV-6), in practice, the doctor is increasingly faced with mixed infections. The outcome of any infectious disease depends on the state and reactivity of the body's immune response. It is known that viruses of the herpes group often lead to transient immunodeficiency states. The latter fact can affect the course of the disease in children, including tonsillitis. The aim of this work was to study the dynamics of immunological parameters in children infected with HHV-6 with tonsillitis caused by HHV.

In the dynamics of the disease, the clinical and laboratory parameters of 69 children aged 7-14 years, with tonsillitis caused by the GAS, were studied. All