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**CLINICAL POLYMORPHISM OF YERSINIJSIS IN CHILDREN**

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Relevance: Intestinal infections caused by Yersinia pseudotuberculosis and Yersinia enterocolitica occur in our region both as isolated cases and as epidemic outbreaks. Recently, there has been an increase in morbidity among the child population, especially in the age group from 3 to 6 years. The polymorphism of clinical manifestations and the absence of pathognomonic signs of the disease lead to difficulties in early diagnosis and timely initiation of specific etiotropic therapy.

Purpose of the study: to analyze the clinical and laboratory features of the course of yersiniosis among the child population and to establish the most correct tactics of etiotropic therapy, taking into account the properties and sensitivity of pathogens.

Materials and methods of research: 45 patients aged from 2 to 18 years suffering from yersiniosis were examined. The patients were divided into 2 groups. Children with intestinal yersiniosis (caused by Yersinia enterocolitica) made up the first group (n = 23), and children with pseudotuberculosis (caused by Yersinia pseudotuberculosis) - the second (n = 22). The diagnosis was established on the basis of clinical and epidemiological studies, the results of general clinical and laboratory (bacteriological and serological) methods.

Results and discussion: In 86.6% of sick children, the disease began acutely with anincreaseof temperature to febrile figures (38.3 ± 0.8 ° C) and symptoms of general intoxication (headache, malaise, loss of appetite).

In the group of patients with intestinal yersiniosis (group 1), symptoms of lesions of the digestive system prevailed - diarrhea (in 69.5% of the observed), repeated vomiting (in 34.7%), the phenomena of enteritis and gastroenteritis, pronounced abdominal pain syndrome (in 39.1 %), which made it necessary to differentiate from acute surgical pathologies. The defeat of the musculoskeletal system in the form of a pronounced articular syndrome with a predominant lesion of the knee joints was detected in only one patient (4.34%), and a small-point rash all over the body - in only two (8.7%).

In the second group, one of the leading symptoms was a small-spotted or scarlet fever-like exanthema (in 77.2%), which was mainly located on the trunk and limbs. In 54.5% of patients, pseudotuberculosis manifested itself with complaints from the gastrointestinal tract - nausea, vomiting, abdominal pain, defecation disorders. On the part of the musculoskeletal system, there were complaints of arthralgia and arthritis in 18.1% of sick children. More than half of the patients observed in both groups (59.0%) had hepatolienal syndrome, which was most often characterized by an enlarged liver.

The hemogram in patients of both groups showed typical changes for the inflammatory process (leukocytosis with neutrophillosis, increased ESR)

In a study of antibiotic sensitivity, it was found that yersinia are highly sensitive to ciprofloxacin (100%), imipinem (100%) ceftriaxone (97%), netilmicin (93%), ceftazidime (90%) and amikacin (90%). Onaverage, antibacterialetiotropictherapylasted 8-10days.

Thus, it can be concluded that the clinical picture of yersiniosis is characterized by polymorphism of clinical manifestations, which complicates the diagnosis and requires differential diagnosis with a wide range of diseases. Delay in making the correct diagnosis leads to a late initiation of antibiotic therapy, as a result of which the risk of complications increases. Thedrugsofchoiceforthetreatmentofyersiniosisareciprofloxacin, imipinem, ceftriaxone, andnetilmicin.