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FORECAST CRITERIA OF ACUTE BRONCHITIS DEPENDING ON THE COURSE OF PREGNANCY AND MATERNITY

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More than half toddlers have a clinically pronounced recurrent wheezing syndrome during the disease. According to studies of the international standardized ISAAC (International Study of Asthma and Allergies in Childhood) in Ukraine, wheezing syndrome occurs in 29.2% of the children population.

Materials and methods. A comprehensive examination of 103 patients with acute bronchitis who were hospitalized in the pulmonology department. All patients with acute bronchitis were divided into groups: the main group included ($n = 54$) children, with acute bronchitis complicated by the wheezing syndrome; the comparison group consisted ($n = 49$) of children with acute bronchitis, which proceeded without complications. The average age of patients in the main group was 3.69 ± 1.21 years, there were 39 (72.2%) boys and 15 (27.8%) girls. The groups were compared by age and gender.

It is known that the course of pregnancy can affect the health of the unborn child. The study of obstetric and perinatal anamnesis revealed that the average age of mother at the time of birth of children of the main group was 26.75 ± 4.35 years, the average age of mothers at the time of birth of children of the comparison group was 26.76 ± 4.31 , what has no significant difference. Children of the main group were born at 38.11 ± 1.16 weeks of gestation, children of the comparison group were born at 37.82 ± 1.36 weeks of gestation, which also has no significant difference. Mothers of children in the main group were significantly more likely to have a premature termination of pregnancy and manifestations of preeclampsia in pregnant women in the first trimester of pregnancy ($p < 0.05$). Also, children in the main group were significantly more likely to be born by cesarean section and had asphyxia at birth ($p < 0.05$).

Conclusions. At the simple regression logistic analysis reliable factors of risk of the development of the wheezing syndrome during acute bronchitis among children up to five years old the perinatal factors have appeared: risk of termination in the 1st



trimester ($p < 0.05$), manifestations of preeclampsia during pregnancy in the first trimester ($p < 0.05$), delivery by cesarean section ($p < 0.05$).

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DIAGNOSIS OF CHRONIC PAIN IN CHILDREN WITH PARALYTIC SYNDROMES ON THE NCCPC-R SCALE AND CLINICAL SIGNS

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Introduction. According to experts in the field of chronic pain in children, it occurs in 12 % of all pediatric patients, which negatively affects the quality of life of children and their families. Especially often chronic pain is associated with disability.

Aim. Determination of clinical signs diagnosing chronic pain in children with paralytic syndromes using the NCCPC-R scale.

Materials and Methods. 92 children were involved in the study. The age of the children ranged from 1 to 7 years. Study group included 64 children (40 boys, 24 girls) with paralytic syndromes, among them 38 children (24 boys, 14 girls) with chronic pain and 26 children (15 boys, 11 girls) without pain. Control group included 28 healthy children (17 boys, 11 girls).

Results. The Non-communicating Children's Pain Checklist - Revised scale (NCCPC-R) is recommended by the developer for use in children from 3 years of age. When evaluating the NCCPC-R scale for children older than 3 years with paralytic syndromes and chronic pain in the voice, the most common clinical sign was "Moaning or whining" (83.3 %). Every second child shows clinical signs of "Moderate or loud crying" (50.0 %). The child calms down during physical intimacy with the mother (search for comfort). In the domain "Social skills" - the search for comfort was most often registered in children older than 3 years with chronic pain and paralytic syndromes. We believe that the clinician when assessing chronic pain in children with paralytic syndromes should also pay attention to such clinical signs as "Communication" (61.1 %) and "Interaction with others" (50.0 %). When analyzing 5