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WOLFF-PARKINSON-WHITE SYNDROME

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Introduction. Wolff-Parkinson-White syndrome is an accessory conduction pathway from atria to ventricles through the bundle of Kent that causes premature ventricular excitation because it lacks the delay seen in the AV node. The episodes of fast heartbeats usually aren't life-threatening, but serious heart problems can occur. Most people with an extra electrical pathway have no fast heartbeat. This condition is discovered by chance during a heart exam (i.e., WPW pattern).

The generality of WPW syndrome is approximately 100 to 300 per 100000 individuals worldwide (in the first relative of patients is approximately 500-600 per 100000), more commonly found in younger patients. Male to female ratio is approximately 2 to 1 and race is not a factor in the case of WPW syndrome. The accessory pathways are mainly left sided.

Aim. To recognize the clinical signs and diagnosis in order to manage WPW syndrome.

Materials and methods. Clinical case.

Results. Boy H., 16 y. o., weight – 80 kg, Height – 186 cm.

Complaints: palpitations, chest pain, fatigue. Episode lasted about 2 min. Vagal maneuvers were performed.

Anamnesis: development according to the age, fully vaccinated according to the schedule, no allergy detected, no heart diseases in the family.

Physical examination: AP – 110/70 mm Hg, HR – 76 bpm, RR – 16 per min. Skin, musculoskeletal system – normal. Lungs – vesicular breathing. Heart – regular rhythm, no murmur. Abdomen – normal.

Diagnostic procedures: Chest X-ray – normal findings. ECG – WPW-syndrome (shortened PR interval, presence of delta wave, secondary repolarization changes).

Holter ECG – no episodes of arrhythmia.

Diagnosis: Wolff-Parkinson-White syndrome

During observation in the hospital boy's condition remains satisfactory.

Outcome: Pediatric cardiologist's follow-up is recommended.



Conclusion. Vagal maneuvers were performed on this patient and he had a Holter ECG for observation which currently showed no arrhythmia episodes. No further manipulation was carried out because this was the first episode of WPW manifestation in this boy therefore he was placed on regular monitoring and if there should be progression of symptoms other treatment options will be considered (medications, cardioversion, radiofrequency catheter ablation).

In case of medication, he has to avoid drugs active on the AV node (e.g., Digoxin, Calcium channel blockers, β -blockers, Adenosine) because they may accelerate conduction through the accessory pathway, resulting in ventricular fibrillation. Type IA antiarrhythmics (e.g., Procainamide) are better choices, as they will suppress conduction through the accessory pathway instead.

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COMMUNICATION WITH A DOCTOR - VERY IMPORTANT!

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Introduction. Providing awareness and sensitizing measures with parents about taking care for a healthy child and during illness is the key for normal physical and neuropsychic development of a child. Therefore, the study of the nature, form and effectiveness of communication between parents and medical staff is very relevant today.

Goal. Assess the quality of informing parents by health professionals about the main issues of a child care and providing informed consent during medical intervention.

Materials and methods. Survey by questionnaire of 147 parents of children aged 1 month to 16 years, statistical analysis of results.

Results. According to the results of the survey, only 15.2% of parents were shown by a doctor, and 16.6% - thoroughly told what care consists of and what to do; 51.7% - received recommendations on child care in a concise form, and 16.6% - the doctor provided the appropriate printed instructions. Regarding breastfeeding: 45.5% of mothers indicate that no special attention was paid to this issue, 22.1% - received