

with GER progressing. In cases of catarrhal esophagitis pH was  $<4$  in esophagus,  $<1,5$  in stomach body and  $<2,6$  in antrum. In patients with destructive esophagitis – esophagus  $<2,5$ , in stomach body  $<1,2$  and in antrum  $<1,6$ . These characteristics achieve about acute decreasing of pH level and presence of aggressive acid content in stomach and it reflux to esophagus with insufficient alkalize function. Probably it is the factor of development of hard changes in esophagus mucosa (up to destructive).

Conclusions:

1. Endoscopy determined changes of esophagus are in 38% of children with gastroduodenal pathology. It's level and type depend on nosology of gastroduodenal pathology and they are secondary.

2. Motor changes of esophagus (GER I-II) were significantly more often in children with normal esophagus and gastric mucosa or catarrhal changes and combined with DGR in 34% of patients.

3. More severe disorders of motor function (GER I-II) with mixed gastric reflux fluid (with bile) were in cases with esophagus and gastric mucosa inflammation with formation of reflux-esophagitis (42% of patients) and are combined with severe DGR.

4. Cases of strong esophagitis up to destructive forms (severe GERD with ulcerative esophagitis) were presented together with hard motor disorders (GER up to III, prolapse of gastric mucosa to esophagus etc.) and gastric and duodenum destruction.

5. Esophagus pH in different levels of GER vary from 4 to 1,5 in spite of mixed reflux fluid. This is the evidence of hard acid aggression. Gastric pH are superacid (corpus $<1,0$ ) and alkalize function is decompensated (antrum $<1,5$ ).

## **THE PSYCHOLOGICAL STATUS OF CHILDREN WITH PULMONARY PATHOLOGY**

*Gonchar M.O., Muratov G.R., Tsuru O.N., Bashkirova N.V.\**

Kharkiv National Medical University

Department of pediatrics №1 and neonatology

\*Kharkiv Regional Children's Hospital

Formation of physically and mentally healthy personality capable is effective to adapt to the changeable living conditions, is important already at children's age. Psychological factors can influence on the course of a disease and its consequences. So, it is reasonable to study somatic pathology at children in connection with psychological factors.

Purpose. Evaluation of psychological status in children with pulmonary pathology.

Material and methods. The 46 children from 4 to 17 years with pulmonary pathology were observed. The inspected children were divided into 2 groups: 21 children with acute bronchopulmonary diseases (1 gr.) and 25 children with bronchial asthma (2 gr.). The level of psychological stress was assessed by the questionnaire Beck Youth (in translation) and carrying out BSCI assessment - independence, the BAI - anxiety, BDI - depression, BANI - anger, BDBI - aggressive behavior. All the data are processed by methods of variation statistics and correlation analysis of statistical packages "EXCEL" and "STATISTICA 7.0".

Results. 84% children with asthma was characterized by instability and disorientation psychosomatic stress, while the patients in the first group found  $28,5 \pm 3,8\%$  patients with impaired emotional state. The average level of anxiety was observed in  $40,0 \pm 3,0\%$  2 groups of patients relative to  $14,3 \pm 2,7\%$  - 1 group. The high level of anxiety among children with asthma was observed in  $32,0 \pm 4,5\%$ , compared with the rate  $9,5 \pm 2,6\%$  in group 1. Self-esteem in children with respiratory diseases defined as reduced, normal or high. Reduced self recorded a  $64,0 \pm 5,5\%$  of children with asthma in one group of children with low self-esteem were found; normal - according to  $28,0 \pm 2,5\%$  and  $71,4 \pm 3,1\%$ ; high - to  $8,0 \pm 1,5\%$  of children with asthma and in  $28,6 \pm 4,2\%$  of group 1 patients. At  $12 \pm 1,5\%$  2 group of children showed signs of depression.

Conclusions. In children with asthma, there is an increasing level of anxiety in combination with low self-esteem, which distinguishes them from children with acute bronchopulmonary pathology. That proves the necessity of assessment of psychological state at all stages of working with children who have chronic pulmonary diseases, and providing them timely psychological assistance.

## **THE ROLE OF HEMODYNAMIC PARAMETERS IN "PATHOLOGICAL REMODELING" IN CHRONIC HEART FAILURE DIAGNOSIS IN CHILDREN**

*Grosu V.*

State University of Medicine and Pharmacy "Nicolae Testemițanu"  
Department of pediatrics  
Chisinau, the Republic of Moldova

Despite the achievements in this field in recent years, concerning the chronic myocardial dysfunctions, pathogenesis, diagnosis and treatment management, the chronic heart failure continues to hold preeminence in the structure of cardiovascular complications and remains now one of the leading causes of invalidity of young contingent and infant mortality,