While the entering of in-patients 31,1% of sick persons had tuberculosis of intra-thoracic lymph nodes and primary tuberculosis complex in the phase of infiltration, 42,3% – phase of resolve and compression, 26,6% – phase of calcification. That is, 68,9% of inpatient children entered with revealed overdue diagnoses.

The character of tuberculosis contact, its intensify duration, presence of bacteriological secretions, directly influence the course of specific process of children.

Sick the children with tuberculosis infection were divided into groups:

1. Sick children who were intoxicated with tuberculosis from family and related contact-71 (53,8%).
2. Patients who had multiple contact – 33 (25%).
3. Two cases of illness from death hotbed – 1,5%.
4. Accidental contacts – 26 (17,4%).
5. Contact with medically-stable TB – 65 (35%).

Non-established contacts made up 76 cases what testifies of presence of unknown anti-tuberculosis sources of TB infection.

We studied contacts by the degree of relationship: contact to mom made up – 15,6%, with father – 10,3%, with grand mom – 10,3%, granddad – 3,5%, other relatives – 32,7%, multiple contact – 7,1%, after death contact – 4,2%.

The main attention was pointed to analysis of tuberculin sensitivity on the Mantoux reaction with 2 TU PPD-L of sick children from different hotbeds should that while the entering the hospital hyperergic reaction often with necrosis, was observed of 100% children with multiple contacts. Accidental contact had positive reaction of medium intensify made up 46,7%, strongly expressed – 15,4%, hyperergic – 7,7%. Children who had in-family contacts had strongly expressed – 44,2% and hyperergic reactions, that is more than half of children had high degree of sensibilization of organism to TB infection.

55,2% of children from massive in-family TB contact had strongly expressed symptoms of TB intoxication. 23,9% of children had complicated course of TB process, but children with unknown source of infection made up 4,4% of complicated course.

The study of course of the local forms of primary tuberculosis should that slow positive dynamics on the background of specific treatment in the condition of hospital made up 17,2% of children with drug-stability.

During the study of period of in-patient treatment of active tuberculosis taken with individual regime of chemotherapy it was pointed out that more durable and intensive phase were given to child from multiple family TB contact, the duration of which made up 9 month. From the hotbeds of drug-stability the duration of chemotherapy made up 1 year and more.

That is, the presence of fight, long contact in family with relatives who had stable tuberculosis in connection with harmful factors drive to development of complicated processes of children and they may be characterized with torpeed course and slow positive dynamics. In the connection with it the received data dictate the necessary of revision and perfecting the methods of organization.

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## HOME ENTERAL NUTRITION IN PATIENTS WITH A SMALL BOWEL

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Nowdays, because of development of surgical techniques and reanimatology a lot of patients with a shot bowel survive after operations – shot bowel syndrome (in cases of big bowel resections). But then patients need metabolic correction for a long period. More than 75% of patients with shot bowel syndrome have malabsorbtion (Pironi et al., 1991; Lochs et al., 2006) and need home care enteral feeding. There are 10 times more patients on home parenteral feeding in the USA than in Europe, and it is the same for enteral feeding (H. Lochs, D.R. Thomas,2005).

In Moscow the number of patients with shot bowel syndrome (according to reports taking from the main specialists in gastroenterology of the Moscow medical Department) who need in metabolic treatment with using a parenteral and enteral feeding increased steadily throughout 2006, picked up in 2009 and then onwards stabilized from 2011. The investigations give information about patients needing nutrition support in different Moscow regions: the SouthWest Region has lower number of patients whereas the NorthEast administrative region has risen, and the North administrative region has a higher figure. Summarizing the information by selecting the main features we can make comparisons where relevant to organize medical nutrition support. The second problem is when does malnutrition become a risk? Malnutrition is difficult to diagnose in outpatients, especially in patients with short bowel syndrome. For patients with a small bowel length less 50 cm we prefer the preventive hospitalization one time a half year.

In the article we wanted to up the problem of more effective supporting home parenteral and enteral feeding for patients with a shot bowel.

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