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THE LATE DIAGNOSIS OF BRONCHIAL ASTHMA CHILDREN LIVING IN UFA (REPUBLIC OF BASHKORTOSTAN)

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Authors performed a study to identify cases of late diagnosis of bronchial asthma (BA) in children. We examined 89 children in fact diagnosed with BA. We investigated the medical documentation of the patients (outpatient cards). A thorough analysis of medical documentation showed time period between the time of the actual diagnosis of asthma, and the time when the diagnosis was already evident. Among the study group of children for intermittent disease was observed in 33 (37%) children, mild persistent – in 26 (29%) children, moderate persistent – in 22 (25%) children, severe persistent – in 8 (9%) children. The duration of dispensary observation was on average 6,5 [4,5, 8,5] years. Early manifestations of allergy were observed in 78 (88%) children, including atopic dermatitis to 1 year occurred in 56 (72%) children, atopic dermatitis over 1 year – in 24 (31%) children, drug allergy – in 17 (22%) children, acute urticaria and angioedema – in 19 (24%) of the children, contact dermatitis – in 11 (14%) children. We found that the timely diagnosis of asthma (lag is not more than 6 months) occurred in a third of 29 children (33%) patients. Untimely diagnosis was found in 60 (67%) children. Lag the diagnosis of 6 months to 1 year was observed in 8 (13%) of children, from 1 to 2 years – in 10 (17%) of the children, from 2 to 3 years – in 9 (15%) of the children, from 3 to 4 years – in 18 (30%) of the children, from 4 to 5 years – in 7 (12%) children, from 5 to 6 years – in 2 (3%) of the children, from 6 to 7 years – in 3 (5%) of the children, from 7 to 8 years – 2 (3%) of the children, from 8 to 9 years – in 1 (2%) child.

In summary, we found that the studied group of children characterized by intermittent course of the disease, early onset of allergic symptoms and delay in diagnosis of 3–4 years from the onset. To improving the situation we have initiated the creation of a universal computer program for the early diagnosis of asthma in children.

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EFFECT OF MATERNAL HSV INFECTION ON ADAPTABILITY OF HYPOTROPHIC INFANTS

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Herpes simplex virus (HSV) infections are the most common viral diseases of a man. According to WHO data, the diseases transmitted by herpes simplex virus take the second place (15,%) after influenza (35,8%) as a cause of death from viral infections [1]. HSV infections present serious threat to reproductive age women as contamination by them during the pregnancy substantially leads to miscarriage, stillbirth, or congenital abnormality of the fetus. The highest prevalence of HSV has cytomegalovirus (CMV) and HSV caused by herpes simplex virus type I and type II [1, 2]. HSV has a leading place among the major causes of neonatal morbidity and mortality. HSV in infants is characterized with polyetiologic, polymorphic clinical symptoms [4]. The character of the course of perinatal and neonatal period substantially determines the future state and quality of life [2, 4].

The aim of the research is to: Study the most significant clinical presentations in term and preterm LBW infants born from mothers with HSV infection in neonatal period and during the first year of life.

Materials and methods. There studied the health of 33 LBW infants born from mothers with HSV infection during pregnancy. Surveyed children were divided into 2 groups. Group 1 included 18 LBW infants born at term 33–36 weeks of gestation. Group 2 included 15 LBW infants born at 37 and above weeks of gestation. Follow-up of infants was being carried out for the first year of life.

Results and their discussion. In assessing the clinical data in preterm infants with low birth weight from mothers who had a history of HSV most often determined by CNS damage, respiratory failure, jaundice and hepatomegaly. In the neurological status the syndrome of motor disturbance was observed in the study group of infants manifested by the decrease in muscle tone (83,3%), while in term LBW infants the motor disturbances occurred in the form of muscle hypertonus in 75% cases. The infants in group 1 in contrast to group 2 had seizures in 22,2% of cases, brain ultrasonography revealed external (38,8%) and internal (16,6%) hydrocepha-