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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 crea-

tion 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%) hydrocephalus.

lus. When comparing the data of somatic status of infants of both groups it was found that in premature infants with low birth weight, as opposed to infants born at term, there was hepatomegaly (22%) and conjunctivitis (16,6%). When comparing the frequency of jaundice in these groups, no significant differences were noted.

The follow-up of this category of infants found that a high incidence of viral respiratory infections during the first year of life (more than 5 times a year; 55,5% in group 1 and 46,6% in group 2) was in both groups. The study of biocenosis as an indicator of immunological resistance of the organism in the study groups of infants showed that in the first year of life in 72,2% of infants in group 1 and 50% of infants in group 2 were impaired qualitative and quantitative composition of intestinal microflora. But allergoderma manifestations which can also characterize the state of immune status occurred less frequently (22,2 and 13,3% respectively).

The estimation of neurological status showed that to 1 year of age the disappearance of clinical symptoms of neurological disorders noted in 61,1% of infants in group 2, while in infants of group 1 remained muscle tone disturbances in the form of muscular hypo- and hypertension (50%) and respectively (22,2%), clinical and instrumental investigations confirmed the signs of hydrocephalus in 16,6% of infants. Thus, from the above it follows that:

- the probability of birth of low weight infants with different terms of gestation and different degree of severity of clinical manifestations in post-natal period from mothers with different types of HSV infection in pregnancy is high;

- in term and preterm LBW infants, the incidence of respiratory diseases in the first year of life is found in half of studied children regardless of gestational age at birth, and neurological symptoms in LBW infants with low gestational age persists over a long period due to morphological and functional immaturity of the central nervous system.

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THE PLAYERS' CENTRAL NERVOUS AND NEUROMUSCULAR SYSTEMS FUNCTIONS AGE DYNAMICS

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The adaptation, resilience, and physical performance efficiency challenges are occupied the central place in the modern sports, especially in the soccer, for which are characterized not only the huge amounts of the training and competitive physical activities, but also their combination with the hypoxic, exothermic, and the powerful psycho-emotional impacts. So, this is usually accompanied by a lot of the surge of the overstrain and the overexertion, the different organs and the systems injuries and the diseases (e.g. Graevskaya N.D., 1969; Vysochin Yu.V., 1974, 1980, 1989, 2001, 2002; Meyerson F.Z., 1981; Carpman V.L. and et. al., 1988; Meyerson F.Z., Vovk V.E., 1990; Polishkis M.S., and et. al., 1998; Shamardin A.E., 2000; Valeev N., 2000; 2002).

The obvious deficiencies of the Soviet and the Russian cocker players' training system can be traced over the past several decades. On this basis, the clear need is evident to be found the fundamentally new approaches for the efficiency improvement of the cocker players training.

So, the soccer can be characterized, as the activity with the changing conditions of the actions fulfillment, the variable carrying out by the muscular work power at the intensive large amount processing of the extrasensory information. For all this, the physical activities intensity is practically ranged from the moderate to the maximum level during the game. This, moreover, is characterized by the permanent combination of the active actions and the corresponding operations with the brief and short – termed periods of the relative rest (e.g. Suchilin A.A., 1997; Solopov E.N., 1998; Shamardin A.E. and et. al., 1999). Thus, in the soccer, as in all types of the sports, the main criterion for the training system efficiency this or that training system, is considered to be the final result, or the competitive activity success. So, the athletic performance sportive result is practically depended on the many factories: the level of the general and the special physical, technical, tactical, and psychological preparedness of each soccer player in separately and the team, in the whole, that is, the generalized (e.g. integral) of the functional state condition and the functional possibilities of the organism's all the systems, but, most of all, the central nervous and the neuro-muscular systems (e.g. Vysochin Yu.V., 1989; Zolotarev A.P., 1997; Vysochin Yu.V., Denisenko Yu.P., 2000, 2002, 2010; Braginsky A.,