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MODERN POSTNATAL CAUSES OF PNEUMONIA IN NEONATES

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Relevance. In the structure of pulmonary pathology in newborns, 80 % is pneumonia (P). P – infectious inflammatory disease that leads to severe pulmonary and extrapulmonary complications; high mortality of newborn children, especially premature, is characteristic.

Goal. To study the etiology of postnatal P in children who are treated in neonatal wards of the Sumy regional children's hospital.

Materials and methods. We studied 90 cases of various forms of pneumonia of newborns. In all cases it was produced by bacteriological examination. Materials for bacteriological study were sputum and swabs from the trachea to the appointment of antibacterial therapy.

Results and discussion. In the etiology P in neonates was dominated Str. Haemolyticus - 29(32.2%) and St. aureus – 28 (31.1%). In 13 (14.4%) cases revealed a little differentiable gram “+” Bacillus. In 6 (6.6%) children - Enterobacter cloacae. Fungi of the genus Candida, Str. Pyogenes, Str. Pneumonie, Pseudomonas aeruginosa, Citrobacter diversus, Citrobacter freundii noted in 1 case (1.1%).

Co-pathogens were detected in 8 (8.8 per cent) infants: St. aureus + Candida spp., St. aureus + Str. Haemolyticus, Str. Haemolyticus + fungi of the genus Candida.

In 6 (6.6%) cases at the time of admission to our hospital bacterial cultures in children were negative. These infants were transferred from maternity hospitals about Hyaline Membranes Disease (2), Severe Hypoxic CNS Lesions (4). It should be noted that 2 children are diagnosed with a Str. Haemolyticus + fungi of the genus Candida and the Candida re-entered hospital at the age of 25 and 27 days respectively.

Conclusion. In etiological structure of pneumonia in infants are dominating by Str. haemolyticus - 32.2%, St.aureus - 31.1% and little differentiable gram “+” Bacillus - (14.4%).

CRYSTALLOGRAPHIC INVESTIGATION OF URINE IN PRETERM NEWBORNS WITH RENAL DISTURBANCE DUE TO ASPHYXIA

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Introduction. Kidneys are very sensitive to the deficit of oxygen. Renal dysfunction can occur within 24 hours after an episode of ischemia and may provoke the development of cortical necrosis. Relevance of the study determined the lack of highly sensitive and at the same time, the available non-invasive diagnostic methods for early detection of kidney damage in newborns.

The purpose of the study. Research purpose to increase the efficiency of diagnosis of renal injury in premature neonates with asphyxia by identifying of structural markers according to research facies of urine in newborns of different gestational ages.

Materials and methods. We surveyed 100 preterm infants with gestational age $33,5 \pm 0,52$ (27-36) weeks with the signs of nephropathy due to asphyxia : 50 children who have suffered from severe asphyxia (gestational age $31,9 \pm 0,68$ (27-35) weeks.) and 50 children with moderate asphyxia (gestational age $35,1 \pm 0,31$ (34-36) weeks).

Comparison group consisted of 20 preterm infants (gestational age $35,7 \pm 0,26$ (35-37) weeks.).

Material for the study was the morning portion of urine, which was collected at 8-10 on 1-2 days of life.

Results: Preterm infants with renal disturbance due to moderate asphyxia at 1-2 days of life had division of facies into zones: central, transitional and peripheral. The width of the peripheral zone was $11,4 \pm 0,95\%$ of the radius of the drop, the width of the transition zone was - $17,4 \pm 0,82\%$. Peripheral and transition zones had close-grained character, while a typical crystal formation was observed in the central zone.