МІНІСТЕРСТВО ОСВІТИ І НАУКИ УКРАЇНИ
СУМСЬКИЙ ДЕРЖАВНИЙ УНІВЕРСИТЕТ
КАФЕДРА ІНФЕКЦІЙНИХ ХВОРОБ З ЕПІДЕМІОЛОГІЄЮ
ГО «АСОЦІАЦІЯ ІНФЕКЦІОНІСТІВ СУМЩИНИ»

Інфекційні хвороби в практиці лікаря-інтерніста: сучасні аспекти

Infectious diseases in practice of physician-internist: modern aspects

Матеріали Всеукраїнської науково-практичної конференції, присвяченої 20-річчю кафедри інфекційних хвороб з епідеміологією СумДУ
(Суми, 25–26 травня 2017 року)

Суми
Сумський державний університет
2017

Zvenigorodska Ganna, Vyzhga Iuliia

CONGENITAL ZIKA SYNDROME

Department of pediatrics № 2
Scientific supervisor: professor, DMSc, Veronika Dudnyk
Vinnytsa National Pirogov Memorial Medical University, Vinnytsa, Ukraine

Звенігородська Ганна Юріївна, Вижга Юлія Віталіївна

ВРОДЖЕНИЙ ZIKA СИНДРОМ

Кафедра педіатрії №2
Науковий керівник: д-р мед. наук, професор В. М. Дудник
Вінницький національний медичний університет імені М. І. Пирогова, м. Вінниця, Україна
anna.zvenigorodska@hotmail.com

Резюме. *Zika вірусна інфекція – актуальна проблема сьогодення, що має значні негативні наслідки у вагітних жінок. Вроджений Zika синдром характеризується в першу чергу мікроцефалією, аномаліями розвитку, порушенням зору і слуху.*

Introduction: Zika virus infection is among the nationally notifiable diseases all over the world. In March 2016, the WHO reported that Zika virus was actively circulating in 38 countries and territories. Spain has recorded the first case in Europe of a baby born with the microcephaly birth defect associated with the Zika virus in 2016.

Aim of the study is to estimate the complication of Zika viral infection in children.

Methods: Zika virus belongs to the Flavivirus genus; enveloped, single-stranded RNA virus. In most cases, Zika virus infection causes a mild, self-limited illness. The incubation period is likely 3-12 days. Owing to the mild nature of the disease, more than 80% of Zika virus infection cases likely go unnoticed. But Congenital Zika infection has been linked to a range of serious brain and central nervous system malformations in children.

Results: Distinctive features reported in Congenital Zika syndrome are: severe microcephaly (>3 SD below the mean), with findings consistent with fetal brain disruption sequence, including partially collapsed skull, overlapping cranial sutures, prominent occipital bone, redundant scalp skin, and neurologic impairment; brain anomalies, including cerebral cortex thinning, abnormal gyral patterns, increased fluid spaces, subcortical calcifications, corpus callosum anomalies, reduced white matter, and cerebellar vermis hypoplasia; ocular findings, such as macular scarring, focal pigmentary retinal mottling, structural anomalies (microphthalmia, coloboma, cataracts, and posterior anomalies), chorioretinal atrophy, and optic nerve hypoplasia/atrophy; congenital contractures, including unilateral or bilateral clubfoot and arthrogryposis multiplex congenita; and neurological impairments, such as pronounced early hypertonia/spasticity with extrapyramidal symptoms, motor disabilities, cognitive disabilities, hypotonia, irritability/excessive crying, tremors, swallowing dysfunction, vision impairment, hearing impairment, and epilepsy.

Conclusions: All pregnant women with a history of travel to an area of active Zika virus infection should undergo fetal ultrasonography to evaluate for microcephaly or intracranial calcifications. Detection of a fetal anomaly should be followed by amniocentesis for evaluation of intrauterine Zika virus infection. The WHO recommends that newborns born to mothers with Zika virus infection undergo head circumference measurement between 1 and 7 days after birth. A head circumference of more than 2 standard deviations below the mean is considered microcephaly; a circumference of more than 3 standard deviations below the mean is classified as severe microcephaly, which should prompt neuroimaging.

The World Health Organization recommends that mothers with Zika virus infection still breastfeed their infants, including those born with microcephaly. Zika virus transmission via breast milk has not been documented.

The best method for preventing Zika virus infection is to avoid travel to areas with active Zika virus transmission.