

References

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Flow of pneumonia for children on the modern stage

Yutkina O.S., Arutyunyan K.A.

Amur State Medical Academy, Blagoveshchensk, Russia
Children's City Clinical Hospital, Blagoveshchensk, Russia

Abstracts: the analysis of the clinical course of the community-acquired pneumonia and estimation of adaptive reactions of organism of children.

Key words: children, community-acquired pneumonia.

In the structure of pulmonary pathology for children different ages community-acquired pneumonia make near 70-80%. Pneumonia tense included in a number 10 the most frequent reasons of death. Morbidity in the different regions of Russian averages from 4 to 17 cases pneumonia on 1000 child's population, having a necessity for hospitalizations, high lethality and social meaningfulness. At the analysis of frequency of pneumonia for the last 6 among child's population of the Amur area and Blagoveshchensk a tendency is educed to her height from 7 to 10 on the Amur area, from 4,2 to 7,5 no Blagoveshchensk (approximately in 1,5 time).

At the detailed analysis evidently, that in 2009 frequency of pneumonias in Blagoveshchensk in 4 times exceeded previous 2008 year and 20,3% made further began to go down in 2010 - 14,5 in 2011 - 9,41 in 2012 - 7,5 this situation is related to the flash of Acute respiratory virus infection, in particular flu of AH1N1 (picture 1).

In connection with the complicated epidemiology situation in autumn of 2009 on the base of Children's City Clinical Hospital Blagoveshchensk hospitalization of children came true with suspicion on community-acquired pneumonia. In all for this period 564 children (in October - 194, November - 248, December - 122) were cured ((picture 2).

Materials and methods.

We are conduct a retrospective analysis 199 histories case of children with pneumonia, in-patient department of Children's City Clinical Hospital Blagoveshchensk in autumn of 2009.

We studied the adaptable reactions of organism of children were studied in the beginning of disease of pneumonia, at the moment of leaving the hospital and depending on age using the data of leucitogramm (percentage of limphocytes in leukocitar formula (L.H Garkavi, 1998).

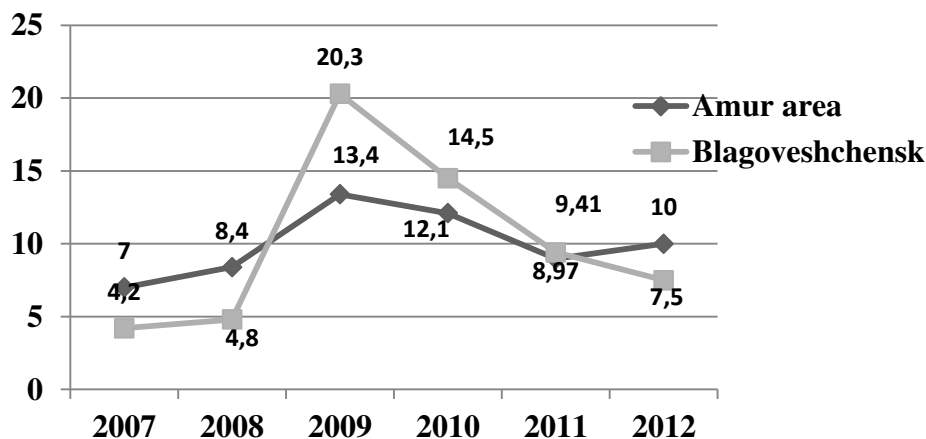
Results and discussion.

Age-dependent structure of children: 1 month - 3th years old (11%) 4-6 years old (22%) in age 7-17 years old (67%), about from them 96% attended schools and kindergartens.

The procatarxiss of development of pneumonia are educed at 80,6% of children (including, carried on the eve of Acute respiratory virus infection in 61% of children, supercooling in 19,6% of children), procatarxiss are not certain in 19,4% of children.

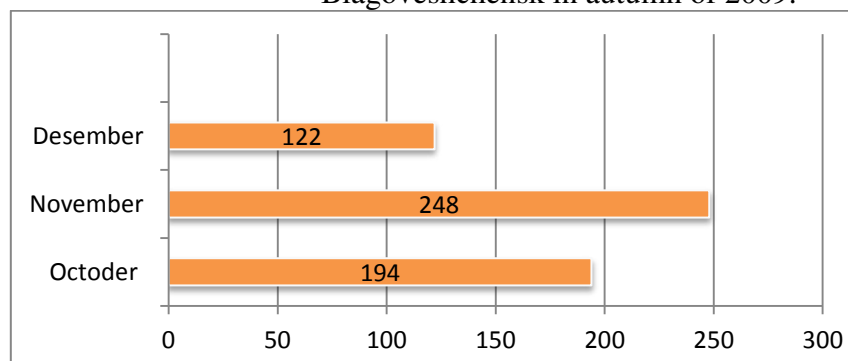
Picture 1.

Dynamics of morbidity by pneumonia in the Amur area and Blagoveshchensk (on 1000 children).



Picture 2.

Dynamics of the children treated from pneumonia of Children's City Clinical Hospital Blagoveshchensk in autumn of 2009.



At the analysis of clinical presentation pneumonias are set that basic complaints were a cough and fever. A moist cough from the first days of disease was observed at 68% of children, dry cough at 32%. A fervecence to the febriliny numbers took place only at 59% of children, other patients had subfebriliny temperature, duration of fever at 49% of children made a 4-7 days.

Respiratory insufficiency is marked only at 12% patients. Local auscultative changes in lungs registered in swingeing majority of cases (at 92%) thus the weak breathing was most often marked at 69% of children, a crepitis is educed only at 2%. The local shortening of percussion sound was determined at insignificant part of patients (at 12%).

Radiographically pneumonia was confirmed with all patients. The process had more often unilateral character (83%) and the left and the right lungs were deseased accordinly 48% and 52%. According to morphological form the most pneumonias were segmentary (68,4%), among them polymentary cases were revealed with 6%. Focal pnesisisumonias were revealed with 24,6% of children, partial – with 7%. On pictures infiltration of lung fabric was light and average intensity. It was accompanied by strengthening vascular picture.

Complications of lung - pleural character (pleurisies, atelactases) were developed with 5% of children.

In gemmogramm, patient with pneumonia, is a leucocytosis (23%) relative neutrocytosis (70%), lymphocytosis (27%), megascopic COЭ (73%)

For setting of antibacterial therapy cephalosponis, and aminoglycosides was mostly used. Mainly antibiotics were appointed parenterally, by one course, mean time of therapy made 7-10 days. Combination of cephalosponis and makrolidis, cephalosponis and aminoglycosides took place at insignificant part of children. Detoxicationtherapy was conducted 18% of children. Mean time of stay of children with in-patient department made a 10 ± 3 days.

We studied the adaptable reactions of organism of children were studied in the beginning of disease of pneumonia, at the moment of leaving the hospital and depending on age using the data of leukocitogramm (percentage of limphocytes in leukocitar formula (L.H Garkavi, 1998) (table 1).

Stress - it folded in the process of evolution general heterospecific adaptation reaction of organism in reply to the action of strong irritants of any nature, reaction in that defence interlaces with a damage.

Five basic types of adaptation reactions are distinguished: pathological reactions are stress, reactivation and antistress reactions is training, quiet activating and overactivation. Each of these reactions corresponds to the certain state of health of child and his health level.

The reaction of overactivation corresponds a "ideal health"(rarely or almost being not ill children) without the elements of tension in leukocitar formula, a "middle norm" is a reaction of the quiet activating.

Table 1.

Age-dependent indexes of adaptation reactions on the percentage of limphocytes ((L.H Garkavi, 1998).

Age	Stress	Training	Quietactivating	Overactivation	Reactivation
3-5 years	< 29,5	29,5-37,5	38-45	45,5-57	>57
6-9 years	< 25	25-32	32,5-40	40,5-51	>51
10-13 years	< 23	23-30	30,5-38	38,5-48,5	>48
14-16 years	< 20,5	20,5-28,5	29-36	36,5-46,5	>46
Adults	< 20	20-27,5	28-34	34,5-44	>44

Reactions pathological are stress, reactivation - characteristic for the sharp period of disease for children, but passing to recovery in a norm must take place on a background passing of stress to the antistress reactions - more often in the reaction of activating through the reaction of training, and in a number of cases - at once in the reaction of activating.

In the period of height of disease pneumonia for 2/3 children (of 64%) were observed stress reactions (stress, training, reactivation), for 1/3 children (of 36%) are activating reactions (quiet activating, overactivation). In the period of recovery activating reactions increased in 1,2 (44%) about frequency of stress reactions went down to 56% that is 1/2 children have me subzero adaptive possibilities, low level of reactivity, for that deviations are characteristic from the age-dependent norm of indexes of leukocitogramm - monocite, were savedrhabdroid neutrophils, presence of toksigenny granularity of neutrophils (picture 3).

On inflammation children answered the reaction of reactivation 5 to (14%) the reaction of stress is more often marked also for children 5 to (32%) and teenagers in age 14-17 years (34%). At the half of children of reaction flowed with mionectic reactivity, that characteristically for subzero morfofunktsionalny activity of organs of the immune system (picture 4).

Stress reactions(mainly is training) were saved in the period of recovery for the children of prepubertatny period are 10-13 years (38%) and children 14-17 years (46%). (picture5).

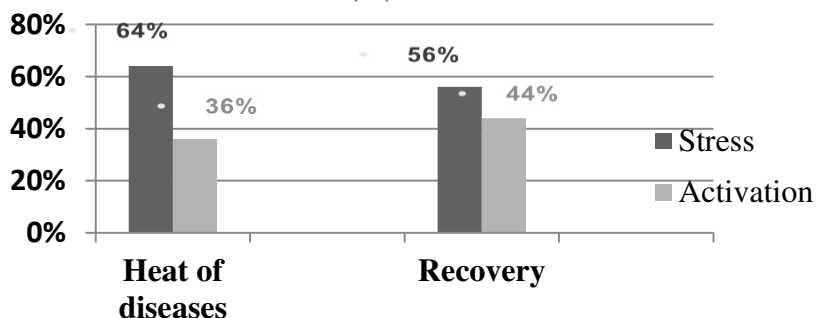
Conclusions.

In the period of height of inflammatory process in lungs adaptive possibilities are mionectic for 2/3 children, more often for junior preschool children and for the children of pubertatnyperiod. Passing to recovery as a result of effective treatment of pneumonia took place on a background passing to the antistress reactions, more often in the reaction of activating through the reaction of

training, and in a number of cases - at once in the reaction of activating, that in general does not conflict with literary data. At permission of pneumonia adaptive possibilities increase, but stress reactions are saved at 56% children, it is children prepubertatny and period of pubescence, that dictates the necessity of realization of corrective actions on the ambulatory stage of rehabilitation at this category of children.

Picture 3.

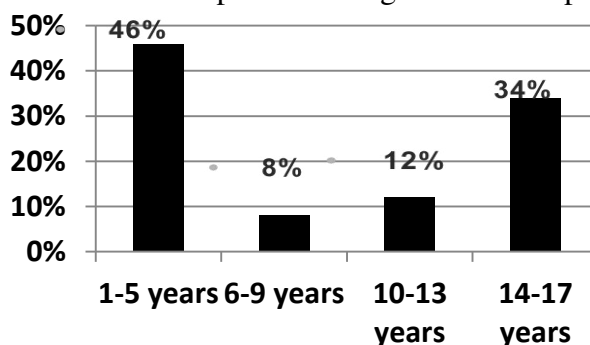
Dynamics adaptation to the reaction for children depending on the period of disease pneumonia (%).



Picture 4.

Dynamics stress to the reaction for the children of different ages depending on the period of disease pneumonia.

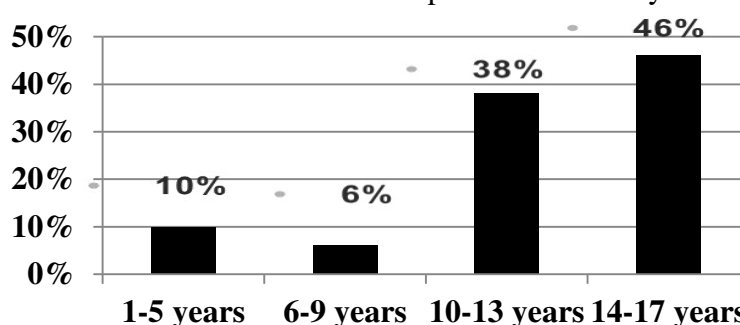
Reactions of stress in the period of height of disease pneumonia.



Picture 5.

Dynamics stress to the reaction for the children of different ages depending on the period of disease pneumonia.

Reactions of stress in the period of recovery.



Thus, for the flow of pneumonias in the period of epidemiology situation an unheavy flow is characteristic in the Amur area, mainly without the phenomena of toxicosis, with the small amount of complications, with predominance of one-sided, segmentary forms. Nevertheless, one of nosotropic features of flow of these community-acquired pneumonias there was a decline of adaptive possibilities of child's organism, what high-frequency of stress reactions and mionectic reactivity saved long time after clinical recovery and requiring корректирующей therapy testified to.

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Risk factors of the development of perinatal encephalopathy in infants

Yutkina O.S., Karepova G.V.

Amur State Medical Academy, Blagoveshchensk, Russia
Children's City Clinical Hospital, Blagoveshchensk, Russia

Abstracts: According to recent data in the structure of childhood disability diseases of the nervous system is about 50%, 70-80% of cases occur in perinatal lesions. We conducted research to identify highly significant risk factors for the development of pathology in children with perinatal affection of CNS.

That end, we investigated 80 patients with perinatal encephalopathy at the age from 1 to 12 months. Risk factors assessment was carried out by the criteria proposed by Barashnev Y.I. (2001). All the risk factors revealed by terms of effects were divided into 4 groups, and the most important factors operating in each period were identified. Thus, highly significant factors in the development of perinatal cerebral lesions are risk factors, operating antenatal and pre-conceptional periods.

Key words: risk factors, perinatal encephalopathy, hypoxia, antenatal, intrapartum periods.

According to the WHO 10% of children have nervous and mental diseases, 70-80% of them are associated with perinatal brain damage. A variety of adverse effects experienced by the fetus, are leading to hemodynamic and metabolic disorders, intrauterine and intrapartum hypoxia.

A complex process of formation of the nervous system of the unborn child takes place during the prenatal period. In this context, women's health protection issues at different stages of gestation, labor, and developing fetuses and infants occupy a leading position in modern health care and research. Identify risk factors for the development of pathology in children with perinatal affection of CNS.

Materials and methods. We investigated 80 patients with perinatal encephalopathy at the age from 1 to 12 months, who were treated at the neurological department of Blagoveshchensk Children's Hospital. Survey among parents, analysis of the case histories, hospital records, copying from the maternity hospital, were conducted.

Results and discussion. Risk factors assessment was carried out by the criteria proposed by Barashnev Y.I. (2001). They are: demographic risk factors, social risk factors, maternal risk factors, the fetus-maternal risk factors, placental risk factors, high perinatal risk factors (parturient), neonatal risk factors. Based on these risk factors a map of the survey of parents and data collection were made. Distribution of children by age and sex. 44 children (55%) were between the ages of 1 to 4 months (early recovery period), 36 children (45%) aged 5 to 12 months (late recovery period). There were 47 (58.7%) and 33 (41.3%) girls.

Hypoxic-ischemic encephalopathy were diagnosed in about 80% of children (64 children), in 16.3% (13 children) - hemorrhagic-hypoxic encephalopathy and in 3.7% (3 children) - a toxic-ischemic encephalopathy. Leading syndrome in 38 children (47.5%) was the syndrome of motor