patients (78.6%) fecal dysbiosis has been performed in occasion of functional disorders of the gastrointestinal tract. The most common conditional pathogens St. Aureus were detected in the youngest age groups: from 1 year up to 3 years ─ at 44.2%; 4 to 7 years old children ─ 42,3%. On the second place were sown fungi of the genus Candida and other yeast in 38.6% of patients, as well mainly in young children. On the third place - E.cloaceae (11,02%) and lactosonegative (10,8%) Escherichia, then Kl. Pneumoniae 9,4%, P.aeruginosa in 2.36% of patients, respectively. The remaining microorganisms disembarked in single cases. Results of analyzes, unfortunately, were ready on day 10, when was advanced clinical remission in patients and there was no need for a correction of infringements.

Conclusions. Violation of intestinal microbiocenosis is most characteristic for young children, is rarely correlated with clinical data and is transient. Are most commonly defined conditional Pathogens St.Aureus and fungi of the genus Candida. However, the diagnostic value of the study is reduced due to the timing of the tests.

Keywords: Intestinal microbiocenosis, pediatrics.

81. EFFECT OF INTRODUCING THE SCORE OF PREDICTION OF RISK OF UNFAVOURABLE FLOW OF NECROTIC PNEUMONIA ON CLINICAL OUTCOMES IN CHILDREN WITH BACTERIAL PNEUMONIA

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Introduction: Purulent destructive pneumonia, massive necrosis of lung tissue, is a serious, often fatal, complication of lobar infiltrative pneumonia. Improvement in treatment of children with bacterial pneumonia may result in potentially preventable complications. It is necessary to identify patients at risk with easy assessable signs which can predict the development of complications.

The goal of this study was to develop and validate available and effective Score for predicting the risk of development of necrotic complications of lobar pneumonia in children. The aim was to collect physiological data which were prior to development of purulent – necrotic complications.

Materials and methods: The study was performed in Odessa Regional Children's Clinical Hospital. 150 retrospective cases of lobar pneumonia by the period from 2010 to 2015 were analysed in the study. It was developed the Score of prediction of risk of unfavourable flow of necrotic pneumonia using simple algorithms based on observations that include history of previous hospitalizations, saturation (SatO2), volume of affected lung (X-ray findings), quantity of white blood cells (WBC), pH of pleural liquid and level of γ-globulins. Data sets for which outcome (i.e. development of necrotic complication or hospital discharge) could be identified were included to the analysis. Data was analyzed using the Statistical Package for Social Sciences (Version 10, SPSS Inc., Chicago, IL). For normally distributed data, results are given as means and standard deviations (SD). For non-parametric data, medians and interquartile ranges (IQR) are given. Unpaired t-tests were used to compare mean variables in control and intervention groups and the Mann–Whitney U-test to compare medians in non-parametric

variables. The Chi-squared test and Fisher's exact test were used to compare categorical variables. A p-value of less than 0.05 was considered significant.

Discussion results: 138 (92%) children were delivered from the lower level hospitals (country side, city hospitals Etc.). In this group complications develops in 93 (67,39%) patients, and in those who were hospitalized directly from home – 12 patients, complications were observed in 1 (8,33%) case. The development of abscess was seen.

Among the patients with SatO2 lower than 89% - complications were observed in 36 (24,0%). In case when SatO2 was lower than 75% - 15 (7,5%) complications developed in all cases.

For evaluation the volume of affected lung we divided it in to four equal amounts.

Affection of one zone we evaluated as first degree (1 point), two zones – 2 degree, 3 zones– 3 degree, and four – 4 degree. (pic. 1.)
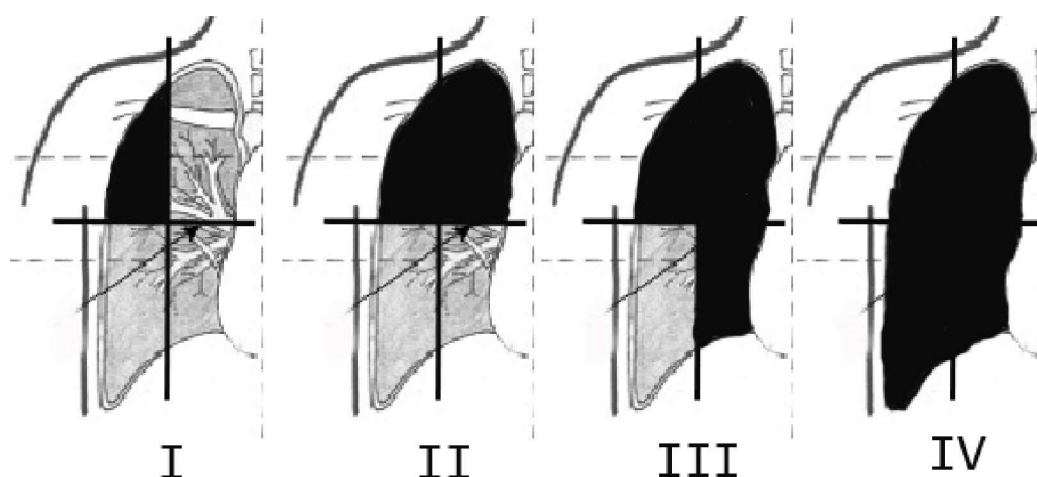
Picture 1. Volume of lung affection .

There were more complications in the group of children with leucopenia - 12(8,0%) and in those who have normal WBC count - 37 (18,5%). In group with high numbers of WBC amount of complications were lower.

Also decreasing of immune answer, which was seen by depression of level of γ-globulins to 10%±2 in 7 patients pleural cavity complications developed. With progress of purulent process the pH also decreased. So we evaluated it as pH 7,6 – 0 points, pH 7,5 – 7,3 – 1 point, pH 7,2 – 6, 9 –2 points, pH lower than 6,8 – 3 points.

Score of prediction of risk of unfavorable flow of necrotic pneumonia

Pleural pH	Volume of lung inflammation	WBC	SatO$_2$	Previous hospitalization	γ-globulins
pH 7,6 – 0 балов	1 zone – 1 point	(15-22) 1 point	96-99% –0	No previous treatment -0 points	High level γ-globulins - 0

pH 7,5-7,3 1 point	2 zones – 2 points	more then 23 2 points	90–94% -1	Home treatment more than 3 days - 1 points	Normalγ-globulins - 1
pH 7,2-6,9 2 points	3 zones – 3 points	Leucopenia 3 points	75–89%–2	Driven from other clinic – 2 points	Low γ-globulins - 2
pH lower 6,8 3 points	Total affection 4 points		lower 75% -3		

12-17 points – high risk of local and generalized complications. 7–11 point – moderate risk. 0–6 points – the risk of development of necrotic complications of BP is almost absent.

It is reasonable to use specific pathogenic treatment to children with lobar pneumonia based on scale and stages of process, using a patented method of treating bacterial lung destruction with a local supply of antibiotics, and fractional washing the pleural cavity.

Conclusion: We are convinced that the Score of prediction of risk of unfavorable flow of necrotic pneumonia is a suitable scoring tool to identify children with lobar pneumonia at risk of development of complications. However, outcomes in medical emergency admissions are influenced by a multitude of factors. To impact on outcomes the Score of prediction of risk of unfavorable flow of necrotic pneumonia has to be placed into an educational context of improved training in emergency medicine. Systematic feedback of adverse outcomes and near misses might further enhance care and show the true potential of the Score of prediction of risk of unfavorable flow of necrotic pneumonia in the management of children with lobar bacterial pneumonia.

Key words: bacterial destruction of the lung, infiltrative form, lung abscess, empyema of pleura, pyopneumothorax, children.