PROLONGED DRAINAGE OF THE LOWER URINARY TRACT IN THE TREATMENT OF REFLUXING MEGAURETER IN CHILDREN

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The main purpose. To substantiate the need for conservative therapy as the first stage of treatment refluxing megoureter in newborns and infants.

Materials and methods. Analyzed result s of treatment 19 children (25 ureters) with different levels of the disease. The evaluation criteria were the ultrasonographic researchers, determining the degree of dilatation of the ureters, the cup-and-pelvis system and the thickness of the kidney parenchyma, as well as the presence of an urinary tract infection.

Treatment based on prolonged drainage and lower urinary tract catheter Folleya (up to 1 month), with the interleave instrument natural urination (also up to 1 month, or until the secondary acute pyelonephritis). Medication support was in an antibiotic therapy, taking into account with the sensitivity of microflora and preventive treatment uroseptics.

There were regularly monitoring the degree of activity of the secondary flow of pyelonephritis and excretory function of the kidney. Excretory urography and cystography used in suspected degradation of structural parameters and renal function.

Indications for surgical treatment were indestructible inflammatory process within one month, the progression of dilatation of the ureters and renal pelvis system, thinning and disruption of parenchymal renal excretory function.

Results. In 6 (31,6%) of children to the age of 2 years were revealed a complete disappearance of dilatation of the ureter. In 3 cases of them survived vesicoureteral reflux 1- 2 degrees without renal impairment and without bladder syndrome, which can be considered as a positive treatment outcome.

Conclusion. Treatment the newborns and infants with refluxing megaureter should begin with conservative therapy, including prolonged drainage of the lower urinary tract.

MATHEMATICAL SUBSTANTIATION OF THE MAIN SYMPTOMS ROLE IN DIAGNOSTICS OF NATAL INJURY CONSEQUENCES OF THE CERVICAL SPINE

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Recently, according to the literature, the trauma of the cervical spine in newborns takes the leading place among thenewborn natal injuries. According to available information, out of every 3 births, two newborns are injured in the cervical spine segment during labor. We have studied 136 cases of children who were in the intensive care unit of newborns in Republican Mother and Child Center. As a result of systematization of complaints, disease anamnesis, objective examination, 52 factors related to this disease were collected.

The task was to find out the most important factors determining the prognosis of the consequences of the natal trauma of the spine.

Algorithm to solve this problem:

- study of tables of initial experimental data and measures of tightness of linear regression between factors;
- construction, analysis of correlation matrices, splitting of factors into pleiads;
- application of expert methods - direct ranking and weighting factors of importance;
- tabulation of weakly correlated factors.

The mathematical analysis led to reduction of the factor space dimension from the original 49 to 4 units without changing the information capacity.

Conclusions:

1. As a result of the calculations, we have established 4 factors containing the greatest information load in the natal trauma of the cervical spine. These factors are the symmetry of the shoulders, the sucking reflex, the weighed gynecological anamnesis, the caesarean section.
2. Based on these four factors, it is planned to construct a probabilistic model for the consequences prognosis of the natal injury of the spine.