

is a reliable way to avoid severe chronic post-embolic pulmonary hypertension or minimize the long-term hemodynamic consequences of pulmonary embolism [6]. In this clinical situation, based on a number of characteristic clinical data, taking into account the high probability of PE, the disease was diagnosed in the subacute period. Within two weeks after the alleged episode of thromboembolism, despite the absence of hemodynamic instability, the patient developed symptoms of not only right ventricular heart failure, postembolic pulmonary hypertension, respiratory failure, but also DVT of the lower extremities. In this regard, it is necessary not only to be vigilant about venous thromboembolism in primary care physicians, especially in patients of older age groups, but also a thorough analysis

of clinical and instrumental data, an additional assessment of the risk level of pulmonary embolism, followed by correction of patient management tactics.

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S.V. Markova, T.G. Dmitrieva, D.A. Novopriyazaya,
A.A. Munkhalov

CLINICAL CASE: POSTCOVID MULTISYSTEM SYNDROME IN A 7 MONTH OLD CHILD

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The article presents a clinical case of multisystem inflammatory syndrome as a result of a new coronavirus infection in a 7 months old child. The clinical picture is similar to Kawasaki syndrome.

Keywords: postcovid multisystem syndrome, COVID-19, SARS-Cov-2, kawasaki-like syndrome.

On March 11, 2020, WHO declared the COVID-19 pandemic. At the end of December 2019, an outbreak of a new coronavirus infection (COVID-19) caused by the SARS-Cov-2 coronavirus, leading to severe acute respiratory syndrome, was recorded in Wuhan (Hubei Province, China). [1, 3, 5, 6]. Clinical picture in children, as a rule, is less severe than in adults. More than 90% of COVID-19 cases occur in children asymptomatically, in mild and moderate form [2]. The frequency of hospitalizations among children is also low. Thus, according to the CDC report, in the USA this figure was almost 2 times lower (5.7% versus 10% in adults), including fewer admissions to the intensive care unit. [4]. In March

2020, reports of outbreaks of a disease that meets the criteria of Kawasaki disease began to appear, accompanied by the development of a pronounced hyperinflammatory response associated with SARS-Cov-2 infection in previously healthy children. This disease has not been described before, in publications there were such names as "Kawashok", "Koronasaki", "hyperinflammatory shock in children with COVID-19", "kawasaki-like disease", "pediatric multisystem inflammatory syndrome (PMIS)", "multisystem inflammatory syndrome in children (MIS-C)" [1].

Multisystem inflammatory syndrome in children (MIS-C)", also known as pediatric inflammatory multisystem syndrome, is a dangerous new children disease that is temporarily associated with a new coronavirus disease (COVID-19). This publication presents a clinical case in a child of 7 months.

Clinical case: a 7 months old child of Sakha ethnicity was admitted with complaints of merging rashes on the body, a runny nose, an increase in body temperature above 39 °C, and vomiting.

From the anamnesis of the disease, it is known that, according to his mother, he became acutely ill on November 8, 2020. The body temperature increased to 38.7 °C, which was treated with nurofen. Also, due to teething, dantinorm was admitted. A rash made an appearance on a back. Consultation with relative with medical expertise was conducted. Acyclovir 1/2 tab x 4rvd inside was admitted. There was no improvement the next day. The rash has spread all over the body, on the head, the scalp, merging with each other. Body temperature increased from 39.1 °C to 39.7 °C, treated with nurofen. Vomiting 1 time after eating. A doctor was called, child was sent to the Children's Infectious Diseases Clinical Hospital.

Epidemiological history: There was no contact with COVID-19 patients for 14 days. The father and mother were ill with COVID-19 in October (control PCR analysis of October 20 was negative).

From the anamnesis of life it is known that child was from first pregnancy, which proceeded smoothly. From 1 natural birth. Birth weight 3570 g, length 54 cm.

M.K. Ammosov Northeastern Federal University, Yakutsk: **MARKOVA Sardana Valer'yevna** – PhD, Associate Professor, Head Manager, Department of the Medical Institute, saramark@mail.ru, **DMITRIEVA Tatiana Gennadyevna** – Professor, Medical Institute, dtg63@mail.ru, **NOVOPRIYAZAYA Darya Andreevna** – 2-year resident, Medical Institute, **MUNKHALOV Alexey A.** – student, IFPRS

Child screamed right away, scream was loud and clear. Attached to the breast on 1st day, sucked actively. Breastfeeding so far, additional feeding with Nutrilon milk formula 180 ml every 4 hours. Discharged from the hospital for 5 days. No pathologies during the newborn period were noted. BCG was injected in the hospital. Psychomotor development of the child was normal. Preventive vaccinations according to an individual plan. Allergic anamnesis: food allergy, cause unknown, drug related allergies – absent. There are no diseases endured. Mother is 27 years old, healthy. Father is 26 years old, healthy, smokes. Living conditions: well-maintained one-bedroom apartment.

Objective status: Body temperature 37.0°C, HR 34 in min., HR 132 in min.

General condition of moderate severity. Well-being is reduced. A boy of the normal physique, satisfactory nutrition. The bone system is without pathologies, the skull is of the correct shape. A large fontanel 2.0x2.0 cm. The skin is pale pink in color, rashes of a spotty-papular nature all over the body, sometimes merging with each other, bright pink in color. Rash all over the body, on the face, on the scalp, abdomen, back, palms, feet. It is more pronounced on the face and back. Subcutaneous fat is moderately developed. Peripheral lymph nodes are palpated, elastic and not enlarged. Soft tissue turgor is preserved. Musculoskeletal system without visible pathology. The visible mucous membranes of the oral cavity are clean, moist. Lips are dryish. The conjunctiva is clean. Pharynx: the soft palate is moderately hyperemic. The tongue is moist, clean. Gums without features. Breathing through the nose is free. There is no discharge from the nose. There is no shortness of breath. Percussion over the lungs - clear pulmonary sound. Breathing in the lungs is puerile, no wheezing. The heart tones are clear, rhythmic. The abdomen is soft during palpation, not swollen. The liver is not enlarged, the edge is smooth, elastic. The spleen is not palpable. Urination is free. Urine is light yellow. The stool is regular, light green, 1 time mushy.

A preliminary diagnosis was made in the emergency department: J06.9 - Acute upper respiratory tract infection, unspecified. Urticaria. Acute allergic infectious exanthema?

For the purpose of desensitization, intravenous drip prednisolone 20 mg in 100 ml saline solution, "Grippferon" in the nose 1 drop x 4 times a day, "Zodak" 5 drops 1 time a day, oral rehydration in the amount of 400 ml.

By the evening, the rash turned pale, The temperature was subfebrile - 37.2 °C. The next day, the temperature rose to 39 °C, the rash persists, weakness, lethargy, hoarseness of voice, coughing. Anthropometric data: height - 73 cm, weight - 9 kg,

Taking into account fever for three days above 38.5 °C and leukocytosis, antibacterial therapy was prescribed: "Cefotaxime" at the rate of 100mg / kg / day 300mg x 3 rv day intramuscularly. Infusion therapy for desensitization and detoxification. "Enterosgel" 2.5 ml x 3 r per day, inside before feeding.

The next day - an increase in body temperature - 39.2 °C, weakness, anxiety, dry cough, decreased appetite. The general condition is regarded as of moderate severity. Consciousness is clear.

The child is sluggish, capricious. Sleep is restless, appetite is reduced. The skin is pale pink in color, there are no new rashes, crusts on the hands and feet. Visible mucous membranes are clean, moist. The pharynx is slightly hyperemic, there are no plaque, the tonsils are edematous and loose. The tongue is clean and moist. The voice is hoarse. In the lungs, breathing is hard, carried out across all fields, single wheezing from the front to the right. The heart tones are rhythmic, clear. The abdomen is soft, of the usual shape, painless. The liver and spleen are not enlarged. According to the mother, the physiological functions are normal.

On the 7th day of being in the hospital, the child's condition is of moderate severity. Body temperature is 36.8 °C.

Table 1

General blood test

	09.11.2020	13.11.2020	16.11.2020	19.11.2020
Erythrocytes, x10 ¹² /l	4.20	3.42	3.31	3.41
Hemoglobin, g/l	106	88	83	88
Hematocrit	32.1	26.2	25.3	25.9
Leukocytes, x10 ⁹ /l	11.0	13.9	14.2	19.2
Segmentonuclear, %	69.0	51.0	45.0	74.0
Stick - core, %	5.0	9.0	4.0	4.5
Eosinophils, %	2	8.0	5.0	0.5
Basophils, %	-	-	-	1.0
Lymphocytes, %	19.0	21.0	36.0	10.5
Monocytes, %	5	10.0	9.0	9.5
Plasma cells, %		1.0	-	-
Myelocytes	-	-	1	-
Platelets, x10 ⁹ /l	474	407	587	825
Erythrocyte sedimentation rate, mm/h	57	47	59	70

Table 2

Biochemical blood tests

	09.11.2020	13.11.2020	16.11.2020	19.11.2020
Total protein, g/l	59.95	47.22	54.21	58.79
Albumin, g/l	40.57	30.95	33.26	33.78
Total bilirubin, mmol/l	39.17	9.61	7.59	9.06
Straight bilirubin, mmol/l	17.4	2.95	2.88	3.65
Alat, unit/l	227.1	30.2	17.8	16.1
Asat, units/l	197.2	15.8	15.7	16.9
Urea, mmol/l	3	1.8	1.5	1.6
Creatinine, mmol/l	33.7	25.07	28.61	26.69
ASLO, ME/l	29	13	11	22
C-reactive protein, mg/l	3.16	2.81	2.21	5.7
Glucose, mmol/l	4.7	3.9;	5	5.4

Consciousness is clear. Child feels good. Appetite is restoring. The skin and mucous membranes are clean, of the usual color. There is moderate hyperemia in the throat. Peripheral lymph nodes are not enlarged. Breathing through the nose is free. There is no shortness of breath. Percussion over the lungs is determined by the pulmonary sound. During auscultation, hard breathing is heard, single wet wheezing on the right. Respiratory rate is 36 per minute. The heart tones are clear, rhythmic. Heart rate is 135 per minute. SpO₂ 97%. The abdomen is of the usual shape, soft, painless with palpation. Liver, spleen are not enlarged. Urination is free, there was no stool.

On the 9th day in the hospital, the temperature rose again to 37.5 °C, small-point rash, weakness, decreased appetite appeared. Zodak is prescribed 5 drops x 1 time a day inside. In the following days, the temperature was 38.0° - 38.6 °C, dry unproductive cough, weakness, anxiety bothered.

On day 10, lamellar peeling of the skin of the fingertips of both hands was observed, the visible mucous membranes were clean. Hyperemia of the sclera of both eyes. In the general blood test, leukocytosis of $19.2 \times 10^9 / l$, thrombocytosis up to $825 \times 10^9 / l$, acceleration of ESR up to 70 mm/h is noted (Table 1).

In the biochemical analysis of blood, an increase in ALT was observed to 227 units/l (at a rate of 40ed/l), AST 197ed/l (at a rate of 40 units/l), bilirubin 39.17 mmol/l (at a rate of 20.0 mmol/l), CRP 3.16 (norm to 1.0) (Table 2)

In the general analysis of urine, proteinuria was noted (1.0 g/l).

MFA for respiratory viruses from 10.11.2020 - Parainfluenza 3 – positive.

IFA rubella from 12.11.2020 IgG - positive.

ELISA measles from 12.11.2020 is negative.

ELISA hepatitis from 12.11.2020 HAV – negative, hepatitis HAV Ig M / IgM – negative, HBsAg HCV – negative.

PCR on COVID-19 from 10.11.2020 is negative.

ELISA on SARS-CoV-2 12.11. IgM – negative, IgG - positive (23.7).

Stool for enterovirus infection from 13.11.2020 is negative.

The chest X-ray from 11.11.2020 shows signs of acute bronchitis. ECG from 9.11.2020 Conclusion: Sinus rhythm, heart rate-200 beats per minute. Acute tachycardia. The EOS is deflected to the right.

In treatment: replacement of the antibiotic with "Amoxiclav" at the rate of 30mg

/ kg / day in / in 250 ml x 3 times a day, added "Ambrobene" from 18.11.2020 -19.11.2020

Infusion therapy was performed for the purpose of detoxification.

The child was transferred to the cardiorheumatology department of the Pediatric Center of the Republican Hospital No. 1 – National Center of Medicine with the diagnosis: Underlying disease: U07.2 - Coronavirus infection caused by the COVID-19 virus, the virus has not been identified (COVID-19 is diagnosed clinically or epidemiologically, but laboratory tests are inconclusive or unavailable)

Complication: M30.3 - Mucocutaneous lymphonodular syndrome (Kawasaki): Multi-inflammatory syndrome: Kawasaki-like syndrome?

Concomitant diseases: J20.9 - Acute bronchitis, unspecified: Acute bronchitis, DN0. Parainfluenza 3. An allergic reaction by the type of urticaria?

Upon admission to the cardiorheumatology department, the condition was assessed as severe. Consciousness is clear. Body temperature is 38.0 °C. Child feels bad. The lymph nodes are not enlarged. Skin: small spotty-papular rash on the body, large-plate peeling of the fingers on the hands. The feet are clean. Lips are dry, cracked with an accentuated red border. The tongue is moist and clean. The conjunctiva is hyperemic. The voice is hoarse. In the lungs, hard breathing is carried out in all fields, there are no wheezing. Heart tones are muted rhythmic. The abdomen is soft, painless, accessible to deep palpation, the liver and spleen are not enlarged. Stool after enema, decorated.

In the blood test, hyperthrombocytosis is $911.9 \times 10^9 / l$, with an increase in dynamics up to $1200 \times 10^9 / l$, leukocytosis is $18 \times 10^9 / l$, fibrinogen is 7.78 g/l.

On echocardiography – dilation and compaction of the coronary arteries. The diagnosis was made: Kawasaki-like COVID-associated syndrome. Infusion of IVIG ("Privigen") 2 g / kg was performed.

RCT of OGC was performed – areas of compaction of lung tissue in the dorsal parts of the lower lobes of both lungs. CT-1. The volume of the lesion is 3%.

The body temperature rose every other day to 38.8 °C. He was consulted in absentia at St. Petersburg State Medical University, the condition was regarded as a COVID-associated systemic multi-inflammatory syndrome for children, the appointment of Dexamethasone 10 mg/m², heparin was recommended. Dexamethasone, heparin, and the change of antibacterial therapy to "Cefepim" are connected.

There was no fever, the child was restless, there was sharp anxiety (screaming at night, for 3-4 hours). Piracetam and Cinnarizine were prescribed.

On the 20th day in the hospital there was a cough, shortness of breath up to 60 per minute, crepitating wheezing from 2 sides, a decrease in Sp from 2 to 93 was noted%

On RCT OGK 09.12. areas of sealing by the type of frosted glass on 2 sides of CT-1 - 8% volume of lung lesion. Antibiotic therapy was prescribed again. In dynamics from 11/21/2020, positive dynamics - areas of compaction of lung tissue in the dorsal parts of the lower lobe of both lungs, the average risk of viral pneumonia, including COVID-19, CT-1, the volume of lung damage is 3%. ELISA from 10.12.2020 COVID-19 IgM 0.3 IgG 17.88, which indicates a new coronavirus infection.

Echocardiography shows that the diameter of the left coronary artery is 0.40-0.41 cm; the diameter of the right coronary artery is 0.38 cm; The seal of the MK valves with min regurgitation. Ectopic fastening of PSMC chords. Dilation of the coronary arteries. On TC, regurgitation of the 1st- 2nd degree. Slight expansion of the PP (2.48 cm). FV 73.5%. In dynamics from 11/25/2020: Additional features: left coronary artery 0.38 cm. right coronary artery 0.41 cm.; Seal of MK valves with min regurgitation. Ectopic fastening of PSMC chords. The diameter of the left coronary artery is 0.38 cm. The right coronary artery is 0.41 cm. Regurgitation on TC 1 - 2 degrees. Slight expansion of the PP (2.4 cm). FW 74.3%;

For the purpose of anti-aggregation, "Curantil" 12.5 mg x 3 times was prescribed; for anti-inflammatory purposes, "Dexamethasone" 2 mg x 2 times intravenously on 11/29/2020, 0.5 mg x 3 times, "Methylprednisolone" DM 8 mg; Aspirin 0.1 x 3 times (100 mg x 3) for the fever period of 25 mg x 2 times a day; antibacterial therapy was carried out with drugs "Cefotaxime" 500mg x 2 times intravenously; Cefepim 500mg x 2 times intravenously (two courses); Amikacin 75 mg x 2 times intravenously.

Positive dynamics was noted against the background of treatment. Discharged on the 21st day with improvement, recommendations and diagnosis: Mucocutaneous lymphonodular syndrome (Kawasaki-like COVID-associated syndrome). Complication: Syndrome of systemic inflammatory response of infectious origin with organic disorder; encephalosthenic syndrome on the background of a viral infection. Sleep disorder; Iron deficiency

anemia of 1-2 degrees against the background of an infectious process. Concomitant diseases: U07.1 - COVID-19, virus identified. This code is used when COVID-19 has been confirmed by laboratory testing, regardless of the severity of clinical signs or symptoms: a condition after a coronavirus infection; Bilateral polysegmental pneumonia, moderate severity, resolution period.

Thus, with a new coronavirus infection in young children, it is possible to develop a Kawasaki-like COVID-associated syndrome. Pediatricians need to be careful, carefully diagnose after a COVID-19 infection.

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O.N. Ivanova, S.A. Evseeva, M.E. Nikiforova, I.S. Ivanova, T.E. Burtseva

CLINICAL CASE OF DIFFUSE TOXIC GOITER IN A 12-YEAR-OLD CHILD

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This article describes a clinical case of severe thyrotoxicosis on the background of diffuse toxic goiter in a 12-year-old child. Non-systematic intake of thyrostatic drugs led to the development of severe thyrotoxicosis.

Keywords: thyrotoxicosis, thyroid gland, hyperthyroidism, triiodothyronine, thyroid-stimulating hormone, incompetence.

Introduction. The Republic of Sakha (Yakutia) is an endemic region for the content of iodine in the environment [2]. In endemic regions the frequency of endemic goiter and thyroid disease in general has a high prevalence [4].

Diffuse toxic goiter is a systemic autoimmune disease that develops due to the production of antibodies to the thyroid hormone receptor, it is clinically manifested by thyroid involvement with the development of thyrotoxicosis syndrome. It is a rather rare disease [1,3,5]. According to the Scientific Research Center of Endocrinology, the incidence in the Russian Federation during the period of 2018-2020 is 1.94:100,000 children, about 800 new cases are diagnosed annually [5]. Timely diagnosis, adequate therapy, and rigorous implementation of medical

recommendations improve the quality of life and health of patients, as well as determine the prognosis of the disease and the tactics of patient management [1,3,4].

Purpose of the study is to describe a clinical case of severe diffuse toxic goiter with thyrotoxicosis of the 4th degree in a 12-year-old child.

I., a 12-year-old Sakha girl, was admitted to the Pediatric Center of the Republican Hospital No. 1 - National Center of Medicine of the Republic of Sakha (Yakutia) with complaints of tachycardia, nervousness, excitability, headaches, nausea, pain in joints of hands and feet.

Past medical history: a child from the first pregnancy, which proceeded smoothly. One, on time, natural childbirth. Weight at birth was 3300g, height was 51 cm. The baby was applied to the breast for 1 day. BCG and vaccinations against hepatitis B in the maternity hospital. Artificial feeding from 1 month old. Preventive vaccinations according to age.

Past illnesses are acute respiratory infections, acute respiratory viral infections. No injuries or surgeries. Heredity on the mother's side was not aggravated. Heredity on the father's side is unknown. No allergic diseases.

From the medical history: Headaches and dizziness have been bothering her since the fall of 2021. The girl dramatically lost weight, periodically noted nau-

sea and vomiting. She was examined by local pediatrician and sent to the admission and diagnostic department of PC RH-1-NCM. She was examined by the physician on duty at the admission and diagnostic department.

On admission: height was 151 cm, weight was 36 kg. Condition was severe, due to signs of thyrotoxicosis, emotional tone is labile. Proportional physique, decreased nutrition. The skin was clean, dark, perioral hyperpigmentation, no strictures. Visible mucous membranes were clean. Nasal breathing was not obstructed. Thyroid gland is enlarged to degree 2, clinically signs of hyperthyroidism. Tremors of the hands. Breathing in the lungs is vesicular, conducted in all fields, no rales. Heart tones were rhythmic, pronounced tachycardia, HR-125 beats per minute, clear. BP 130/80 mmHg. The abdomen was soft and painless. The liver and spleen were not palpable. Physiological excretory functions were normal. NGO of female type, Tanner gender formula -1 (prepubertal).

General blood test of January 13, 2022: hemoglobin (HGB) -94 g/l (RI: 120-160 g/l); red blood cells (RBC) - 4.1x10¹²/l (RI: 4.1-5.2x10¹²/l); platelets (PLT) - 428 10⁹/l (RI: 150 - 450x10⁹/l); white blood cells (WBC) -7. 0x10⁹/l (RI: 4.5 - 13x10⁹/l); lymphocytes (LYMF) - 41% (RI 8-10%); monocytes - 6.0x10⁹/l

IVANOVA O.N. – MD, Professor of the Department of Pediatrics and Pediatric Surgery MI M.K. Ammosov NEFU; **EVSEEVA S.A.** – senior researcher, Yakutsk Scientific Center for Complex Medical Problems; **NIKIFOROVA M.E.** – Head of Children's Gastroenterology and Endocrinology Department of PC Republican Clinical Hospital № 1 – National Centre of Medicine; **IVANOVA Irina Semyonovna** – 2nd year student MI M.K. Ammosov NEFU; **BURTSEVA T.E.** – MD, Professor, Department of Pediatrics and Pediatric Surgery, MI M.K. Ammosov NEFU.