

drome doctors noticed muscle hypotonia and stigma dizembriogeneza. Most of the children were in need of intensive care: two of them in the early neonatal period was carried out artificial lung ventilation, all newborns carried out infusion therapy. During the 36 ± 3.6 days newborn needed nutrition through a tube. The lag in physical development was not due to nutrition through a tube.

All children sluggish baby syndrome manifested suppression of consciousness, sucking and swallowing reflexes are reduced, making it difficult for the feeding process, the oppression of the majority of congenital reflexes, weak, short-lived scream, diffuse muscle hypotonia, decreased spontaneous motor activity, decreased tissue turgor. The characteristic phenotype of both sexes: light skin and hair, dolichocephal head shape, narrow high forehead, microgeny, gothic sky, thin upper lip, low-set ears, cryptorchidism in boys, girls hypoplasia of the clitoris and the labia minora. Small differences by gender: boys was palpebral have almond-shaped girls. Those. as well as in Down syndrome children with Prader-Willi syndrome have a characteristic phenotype, physician neonatologist once is enough to see the look, to suspect the syndrome in the future.

Of the guide diagnosis mainly from sluggish lined baby syndrome. An example of the guide diagnoses: 1. Perinatal defeat of CNS, hypoxic genesis. Flaccid baby syndrome. Exclude spinal amyotrophy Verdniga-Hoffmann. Stigma of disembranchogenesis.

2. Perinatal defeat of CNS, traumatic genesis. The syndrome of motor disorders. Stigma disembranchogenesis. hip dysplasia - a child born in the breech position, subdural hematoma in posterior lamellar fossa, clinically and hip ultrasound was detected by brain MRT. The rest of the newborn on the results of laboratory and instrumental methods of concomitant somatic pathology detected.

One child exposed to this diagnosis when re-entering the 3 months of age in the psycho-neurological department for rehabilitation therapy, this patient was the first experience of doctors. Diagnosis subsequently had difficulty, Prader-Willi syndrome in newborns 3 was already clinically suspected and arrives at 20 days of life on the results of molecular cytogenetic analysis (nuc ish del (15) (q11.2q11.2) (SNRPN) [200]) is confirmed in medical genetic laboratory. SNRPN revealed a deletion of the gene in 100% of the interphase nuclei.

All newborns in mind dominance of muscular hypotonia and depression sucking reflex receiving massage, massage sucking muscles, physiotherapy. To activate the child used nootropic agents (piracetam). In the above background therapy 3 children discharged with a distinct sucking reflex, moved horn feeding expressed milk. There was positive changes in physical development

CONCLUSION

Clinical data and examples, we would like to expand the boundaries of knowledge physicians neonatologists, pediatricians, specialists neurologists and endocrinologists, as syndrome are diagnostic difficulties Prader-Willi. Promptly put the correct diagnosis and early treatment leads to a more optimistic forecast of the disease and important is the adoption of the child's parent diagnosis. Parent heard that this disease is genetic breakdown is not looking for somebody to blame for the child's illness. In all the above cases, the early neonatal period were diagnosed: spinal amyotrophy Verdniga-Hoffmann, natal trauma of the central nervous system, the prognosis of this group of diseases exclude the hope of a favorable outcome. When properly diagnosed with the child parents are advised to undergo genetic testing before planning further pregnancies, since there is a risk that the next child in the same parents born with Prader-Willi syndrome.

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IMPACT OF HEALTH AND SOCIAL FACTORS AND PERINATAL PATHOLOGY ON THE HEALTH AND QUALITY OF LIFE IN INFANTS

ABSTRACT

Currently, one of the features of the diseases of childhood is the growing prevalence of chronic physical and neuropsychiatric diseases that reduce quality of life. With the increasing incidence of neonatal morbidity the study of quality of life in children is very important. The article describes the medical, demographic and social aspects of neonatal morbidity, impact of perinatal factors on health and quality of life of children.

Keywords: newborns, premature babies, fertility, morbidity, perinatal pathology, quality of life.

INTRODUCTION

Among the leading causes of abnormalities in infants are pathological conditions that have developed in the perinatal period, which further leads to a decrease in the quality of life of the child. In general, the frequency of perinatal pathology in the general population exceeds 15-20% and there is a tendency to its growth. For example, according to the WHO, neuropsychiatric disorders are observed at 20% of children, which in 65-80% of cases are due to hypoxic-ischemic lesions of the central nervous system (9).

The World Health Organization pays great attention to the development of the science of quality of life as an important tool in deciding on methods of treatment, prevention, research, training of medical personnel (1, 2, 3).

In our work we used the Russian version of the questionnaire QUALIN to assess the quality of life of children aged 3 months - 3 years, which can be used in both healthy and sick children, as well as its own procedure for recoding responses. The questionnaire was validated in the European multicenter study, and has long been used in domestic pediatrics.

The aim of our study was to investigate the influence of social health and perinatal factors on the health and quality of life of infants born preterm.

MATERIALS AND METHODS:

We analyzed 69 stories disease of the newborn, who were treated at the department of pathology of newborn "Republican Hospital №1 – National Centre of Medicine", interviewing the mothers of preterm infants (n = 17) by means of a QUALIN-questionnaire in catamnesis. Also were used the materials official statistics - Yakut republican medical information-analytical center" of Ministry of Health of Republic Sakha (Yakutia).

The questionnaire consists of two blocks of age – for children from 3 months to 1 year and children 1-3 years. Each block, in turn, includes a form and shape for the parents to pediatricians.

Unit for children up to 1 year consists of 33 questions, the unit for children 1-3 years - from 34 issues. Each unit includes six possible answers: Definitely a "no"; More likely "no" than "yes"; "Yes" and "no"; Rather "yes" than "no"; Definitely "yes"; "I don't know". There are some differences in the blocks of issues related to the child's age characteristics. So the question №9 in the block to 1 year 1-3 years in the block "child friendly" is replaced by the question "child behaves peacefully with others". Also inside each block there is a difference between a single question of parental and medical

forms while preserving a unified semantic load - issue number 31, in the medical form of "psychological development of the child corresponds to the age" corresponds to the question in the form of a parent "of the child's mental development is satisfactory".

The tool describes the four main aspects of the functioning of the child:

- "Behavior and Communication" (PandC) - 13 questions;
- "The ability to be alone" (ABA) - 5 questions;
- "Family environment" (FE) - 4 questions;
- "Psychological development and physical health" (PDandPH) - 11 questions (block up to 1 year) and 12 questions (block 1-3 years).

RESULTS

The birth rate in the Republic of Sakha (Yakutia) in the past decade, has a tendency to grow, ranked 6th in the Russian Federation and the 1st place among the subjects of the Far Eastern Federal District. In 1990, the fertility rate for the RS (Y) was 19,4% o. Since the mid-90s has been a significant decrease in this indicator, which in 2001 reached its minimum - 13,6% o. Today, thanks to the demographic policy of the state and the republic, the birth rate has stabilized and has a tendency to increase. In 2010, it amounted to 16,8% o, 2015 – 17,15% o (Figure 1.).

When analyzing the influence of perinatal period on the further development of the child, it was necessary to take into account the rate of perinatal mortality, the level and the structure of which is a major health and demographic indicators and at the same time reflects the quality of obstetric and neonatal care (2, 4). At the same time the importance of perinatal mortality analysis is that the factors that contributed to the onset of death in the fetus and the child, including medical care defects in concentrated form reflects the negative factors and deficiencies that occur and the surviving children.

The analysis of statistical data in the Republic of Sakha (Yakutia) for 2000-2010, showed a decrease of this index by 2 times, from 16.7 ‰ to 8,21 ‰. After the introduction in 2012 of new criteria of live birth rate of perinatal mortality has increased in the country and has made in 2012 13,0 ‰, in 2013 10,8 ‰.

To assess the impact of health, social and biological factors of perinatal pathology parameters of the quality of life of young children, we have analyzed the stories disease of the newborn, to conduct the survey of mothers in catamnesis under outpatient observation for

2012-2014 years. The sample consisted of 69 stories with perinatal pathology of disease of the newborn (17 of them - premature infants)

Most children with perinatal pathology were born to women early (before 20 years) and late reproductive age (over 30 years), respectively, 35.6% and 43.2% of cases. Age younger than 20 and older than 30 years are social and biological risk factors for perinatal pathology in newborns (9).

The majority of mothers has burdened obstetrical history, in 32.3% of women had spontaneous abortions, in 45.7% - medical abortions. The children were born from the first pregnancy in 35.1% of cases, from the second - 22.3%, and the rest of the third and subsequent pregnancies - 42.6% of cases. All women pregnancy was complicated. Toxicosis in the first half of pregnancy in 21.7% cases, preeclampsia during the second half of pregnancy in 24.6% cases, different diseases of mothers in 100%, among which are common diseases such as: I - anemia in 53.6%, II - chronic pyelonephritis at 37.6%, III - upper respiratory tract disease in 21.7%.

One of the factors of risk of birth of children with perinatal pathology and premature babies are the presence of bad habits in women. Analyzing the factors of smoking, it was found that 69 mothers of 15.9% smoked during pregnancy, 14.5% stopped smoking, but after learning about the pregnancy.

Early delivery was carried out 32.6% of women. The causes of preeclampsia were moderate and severe - 58.8%, premature rupture of membranes in 23.5%, and premature detachment of the placenta in 17.6% of cases. The nature of childbirth in most cases has been operational - 79%, naturally gave birth to 21% of women. Most of the children were born in a very difficult, heavy and able to moderate, 7.2% to 36.3% and 56.5%, respectively.

Among term infants with perinatal pathology (n = 52), 16 children with intrauterine hypoxia and asphyxia at birth, 15 were born with birth trauma, 15 children with respiratory disorders, 6 children with intrauterine growth retardation.

The allocation of preterm infants (n = 17) in terms of gestation revealed that for a period of 30-35 weeks, were born 13 children (76.5%), for a period of 25-30 weeks, 4 children (23.5%). Of those with extremely low birth weight (ELBW) - 3 children, very low birth weight (VLBW) - 4 and with low birth weight (LBW) - 10 children.

The study of infant feeding nature has

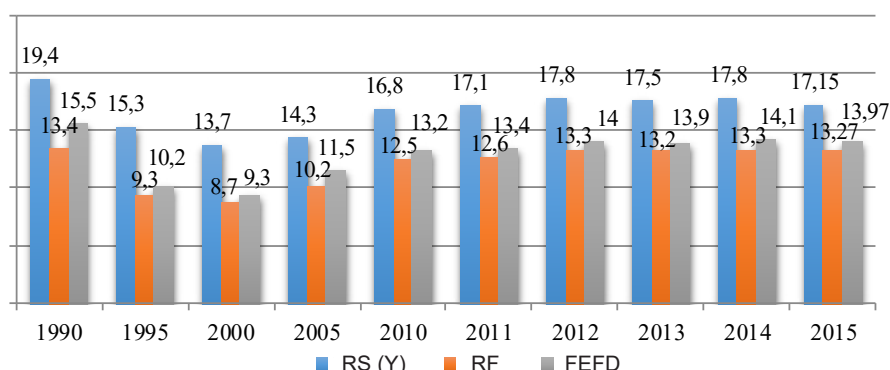


Fig. 1. The birth rate of the population in the Sakha Republic (Yakutia), the Russian Federation, and the Far Eastern Federal District for 1990-2015., per 1000 population (5, 6, 7, 8)

shown that breast-fed are 68% of full-term infants, 53% of premature infants with VLBW and LBW and preterm all to ELBW received artificial feeding.

At discharge, 66.5% of children were assigned to the 2nd health group, 33.5% of the children to the third group. The third group included all newborns with ELBW and full-term infants with severe perinatal pathology.

The social aspect of families with children with perinatal pathology was as follows: in most cases, the child was raised in a complete family (66.6 - 88.2%). Education of the child involved both parents, only 11.8% - 33.3% of the cases the father almost did not participate in training (Figure 2).

Only child had 38.4% of households, 32.3% had a family with two children and 29.3% of the children had three or more. In terms of higher education and / or incomplete higher education were 58.8% of mothers and 40% of fathers; 41.2% of mothers and 60% of fathers received a secondary and / or specialized secondary education. Most of the mothers are on leave for child care (64.7%), 35.3% of working mothers.

In the study of living conditions found that, in a separate apartment inhabited by 52.9% of households, 41.2% have their own home and live in a rented flat 5.9% of households, which means good social status of the parents. A good psychological environment marked by all the family (100%).

All children are born with perinatal pathology consisted in the dispensary in the community. All full-term babies born with birth trauma, intrauterine hypoxia and asphyxia at birth were observed by a neurologist diagnosed residual encephalopathy (REP). All preterm with ELBW were registered with the REB, bronchopulmonary dysplasia (BPD), retinopathy of prematurity have been observed at 66%, according to congenital heart disease

(CHD), deafness and cerebral palsy was observed 33% of children. Prematurely born with VLBW and LBW by the same nosology were registered in 2 times less.

For comparative evaluation parameters and the influence of various factors on the quality of life for children born prematurely, we conducted a survey of mothers in catamnesis, as well as pediatricians, QUALIN by questionnaire and the following results (Table 1) were obtained.

When evaluating the average values for the aspect of "Behavior and Communication", the parents of all three groups below appreciated than pediatricians. In children with ELBW evaluation of this aspect is lower than that of children with VLBW and LBW.

When evaluating the average values for the aspect of "Psychological development and physical health" of children with ELBW this figure was significantly lower than in children with VLBW and LBW. Pediatricians give more subjective answers.

When evaluating the average values of the aspect of the "Ability to be Alone," and parents and pediatricians have given the same answers. Also, the ability to be alone in children with ELBW lower than that of children with VLBW and LBW.

The aspect of "Family environment" from the responses of parents and pediatricians rated more highly than other as-

pects. This suggests that parents of premature babies are making a lot of effort and development of the child's health.

According to the quality of life between 1 and 10 points, quality of life of children with ELBW lower than that of children with VLBW and LBW. The parents of all three groups assessed their children's quality of life is higher than pediatricians.

Assessment of the quality of child care given by doctors. This aspect includes the following indicators: SS - the ability to focus, SLM - child care, PSM - the mental state of the mother. The aspect of "the ability to focus" was higher in children with LBW. Mothers of children with ELBW more tenderly care for their children, as the mental state of these same mothers was significantly lower than that of mothers with children with VLBW and LBW.

CONCLUSION

Thus, this study confirmed that the quality of life of children with perinatal pathology predominantly affecting biomedical factors such as maternal age and various maternal diseases during pregnancy, burdened obstetric and gynecological history, pathology intrapartum period. All children are born with perinatal pathology have II and III health group, composed on the "D" Registered with diagnoses residual encephalopathy syndrome of increased neuro-reflex excitability, movement disorders syndrome, congenital heart disease, retinopathy of prematurity, congenital heart defects, deafness, children cerebral paralysis. It was found that prematurity, significantly affects the quality of life of children.

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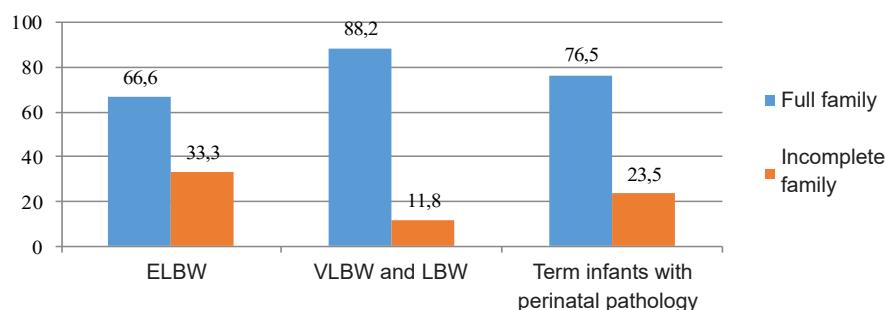


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The quality of life of premature infants, estimated by parents and pediatricians

	B and C		PD and PH		ABA		FE		Оценка КЖ с 1-10 баллов	
	Par	Ped	Par	Ped	Par	Ped	Par	Ped	Par	Ped
ELBW	3,5	4,4	2,8	2,6	3,4	3,2	4,8	4,7	6,7	5,3
VLBW	4,4	4,6	4,0	4,0	3,9	3,7	4,8	4,7	8,8	7,5
LBW	4,4	4,6	4,2	3,6	3,4	3,6	4,7	4,8	8,8	7,9

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T.G. Dmitrieva, Y.A. Munkhalova, V.B. Egorova, A.O. Ostrelina LATENT HBV-INFECTION IN CHILDREN AND ADOLESCENTS IN YAKUTIA

ABSTRACT

The article is devoted to an actual problem of infectology and pediatrics. The introduction into laboratory practice of molecular biology techniques for detecting infectious agents significantly increased the understanding of the characteristics of chronic hepatitis B course (CHB). It was shown that DNA virus with a low copy number continues to be determined in serum and liver tissue in patients with some level of HBsAg nedektiruemy both acute and chronic infection, or even after antiviral therapy. In recent years, it has been convincingly proved the existence of HBsAg-negative forms of chronic hepatitis B, which has led to the emergence of the concept of latent HBV infection, which is characterized by the presence of the virus in the body at undetectable levels of HBsAg. This reduction in the formation of HBsAg to undetectable levels during the development of chronic infection is a very common and well-described phenomenon. This is a special group of patients, who often escape the attention of doctors, since screening is carried out only by HbsAg. With such an important development of CHB, and often the only serological marker of infection the patient is the presence of anti-HVcor IgG.

In the present study we compared the clinical and laboratory data of children and adolescents with HBsAg-negative and HBsAg-positive chronic viral hepatitis (CVH). The study did not reveal fundamental differences in epidemiological, clinical laboratory data in patients with latent chronic hepatitis B, in comparison with the manifest forms of the disease. It is found that these patients suffer from chronic liver disease not less than HbsAg (+) patients. Introduction of a-HBcor to the screening will allow actively identify these patients and to carry out a full range of medical and dispensary activities.

Keywords: children, adolescents, HBV-infection, latent form.

INTRODUCTION

Among the regions of the Russian Federation of the Republic of Sakha (Yakutia) refers to areas with a high incidence of viral hepatitis [2, 6]. The main markers of infection in determining the population is HBsAg. In recent years, it has been convincingly proved the existence of HBsAg-negative forms

of chronic hepatitis B, which has led to the emergence of the concept of latent HBV infection, which is characterized by the presence of the virus in the body at undetectable levels of HBsAg [2.5]. The hepatitis B virus can be a long latency ("latent") state in the liver, and in some cases, and HBsAg-negative patients in the blood [1,2,3,4,6,7]. The children, es-

pecially the first years of life, due to the lack of immunological infectious process proceeds in the form of deleted, anicteric, subclinical [1,4]. Studies dealing with the problem of latent hepatitis C, particularly in children, there are currently little, making the actual operation. The aim of this study was to investigate the clinical and laboratory picture of the flow of latent in-