

based on the discrete method of structural analysis by M. Amosov (1965), was used. The processing of the obtained results was carried out using standard computer software of statistical processing.

Results and discussion. In the analysis of clinical material, it was noted that CS in 74% of cases develops in women aged 46 - 53 years, with a duration of menopause 1 to 4 years (34%). In the menopause, adaptive mechanisms of the organism are activated, in connection with which the CS can be considered as a disease of adaptation. The ratio of LH/FSH in all patients with pathological menopause was less than 0.7. The level of TTH in all patients with CS was 1.5-2 times higher than that of healthy women ($p < 0.05$). At high concentration of cortisol (3.2 – 3.8 times higher than in women with physiological menopause) and low β -endorphine (in 2.9 – 3.2 times lower than average physiological menopause) ($p < 0.05$). In the inverse ratio: on the background of low levels of cortisol (1.7-2.1 times lower than the average physiological menopause), high levels of β -endorphin were recorded (1.3-1.5 times higher than that of healthy women of the corresponding age) ($p < 0.05$). Hypercorticism against the background of lowering β -endorphin levels indicates the maximum "tension" of protective and adaptive systems. Low concentrations of cortisol against the background of high β -endorphine index illustrate the "disruption" of adaptation, which, according to our observations, coincided with a more pronounced climacteric disorder.

Conclusions. The performed studies of the hormonal status of women showed that the patients of all clinical groups were in the hypergonadotropic phase of the perimenopausal period: elevated levels of gonadotropic hormones (FSH, LH) with a decrease in the concentration of steroid hormones (estradiol, progesterone). In the pathological menopause, two variants of manifestation of adaptation are observed. With increased content of cortisol (3.2 – 3.8 times relative to average physiological menopause), a decrease in β -endorphin (2.9 – 3.2 times) (variant I) is observed. At low concentrations of cortisol (1.7 – 2.1 times), high content of β -endorphin (in 1.3-1.5 times) is recorded (variant II). Such interrelation may indicate a high intensity, and in some cases, "disruptions" of adaptation processes in patients suffering from CS.

CLINICAL-DIAGNOSTIC STUDY OF PYLEONEPHRITIS IN CHILDREN

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Introduction. According to the Ministry of Health of Ukraine, urinary tract infections are the most common infections in children under 2 years of age and occupy the second or third place, conceding only to infections of the respiratory tract and the gastrointestinal tract. Over the past 5 years, the prevalence of nephrology has increased in Ukraine from 46 to 58 per 1,000 children. According to statistical data among inflammatory diseases of the kidneys caused by microorganisms, in childhood pyelonephritis is most common. It accounts for 0.5 to 3.5% of children of all ages. Among all pathologies of the urinary system, in 70% of cases, according to clinical complaints, pyelonephritis is detected. By the first year of life, both girls and boys are ill with an almost identical frequency (3.7% vs. 2%), however, at an older age, girls begin to become sick 7 times more often. Despite the numerous Ukrainian and foreign articles of scientists devoted to the study of methods for diagnosis, monitoring and prediction of the functional state of kidneys in children with pyelonephritis, there is practically no work in which the differential approach to the diagnosis of this nephropathy is studied in children of different age groups. The foregoing points to the relevance and medical and social significance of this work.

Aim. To study the features of the course of pyelonephritis in children of different age groups and to identify the most significant clinical and laboratory indicators for the diagnosis, monitoring and prediction of this nephropathy in all ages children.

Materials and methods. The subject of the study was group of different age children suffering from pyelonephritis (total of 80 sick children and 20 healthy children who served as a control group). The basic methods of research are used in studying the parameters of the blood system, hemostasis, urine. To determine their use of conventional methods.

Results and discussion. In the study of clinical signs, it is found that all clinical symptoms can be combined into 5 main syndromes: toxic, gastrointestinal syndrome, urological pain syndrome, dysuric syndrome, urinary syndrome. In addition, the clinical signs of pyelonephritis differed in groups of different

age children, indicating the different activity of the pathology and, possibly, the chronic course of this nephropathy at an older age. In the study of blood system parameters, the data obtained indicate the development of acute inflammatory reaction, but the course of this pathological condition in all 3 groups of different – more pronounced in the group of children 2-3 years, less pronounced – 6-12 years, which can indicate different forms of pyelonephritis in children.

In the study of the system of hemocoagulation indicators, it has been established that there is a correlation between the activity of the inflammatory process (the development of acute pyelonephritis) and hypercoagulation, which is an important criterion for the detection of DIC in childhood.

The biochemical study of the blood indicated an acute inflammatory process with kidney tissue damage in all three studied groups of children, but in groups of 1-2 years and 3-5 years, it has more activity, which may indicate the development of acute pyelonephritis. In the group of children aged 5-12 years, the rates are insufficiently elevated and are at the upper limit of the permissible physiological norm, which may indicate a remission of chronic pyelonephritis in children of this group.

In studying the level of enzymes in pyelonephritis in children of all ages during the period of disease activity, there was a significant increase of all 3 indicators in all groups of children.

In the study of urine, significant leukocyturia, bacteriuria, pH shift towards acidification, a decrease in the proportion of urine, and the presence of protein were detected.

Conclusions. Some differences between different forms (acute and chronic) of pyelonephritis are investigated and established. However, all clinical symptoms of both types of pyelonephritis can be combined into 5 main syndromes: intoxication, gastrointestinal, urological, dysuric and urinary disorders. The difference lies in the severity of the activity of the inflammatory process. It was found that peripheral blood parameters in the studied groups of children indicated the development of acute inflammatory reaction, but the course of this pathological condition in all 3 groups of different – more expressed in the group of children 2-3 years, less expressed – 6-12 years, which can point to various forms of pyelonephritis in children. The correlation between the activity of the inflammatory process (the development of acute pyelonephritis) and hypercoagulation is proved, which is an important criterion for the diagnosis of DIC in the childhood. A biochemical blood test indicates an acute inflammatory process with damage to the kidney tissue. Increased enzymes in all groups have been established, which indicates the correlation of enzymes and the activity of the process. A combination of leukocyturia with bacteriuria and a pathognomic symptom of pyelonephritis and a variation of pyuric urinary syndrome indicate the presence of the microbial inflammatory process were revealed in the study of urine.

METABOLIC DISORDERS IN PATIENTS WITH CHRONIC PANCREATITIS COMBINED WITH TYPE 2 DIABETES AND OBESITY

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Introduction. The problem of inflammatory diseases of the pancreas constantly attracts the attention of specialists due to a significant increase in the incidence and chronic course of the inflammatory process, as it affects not only exocrine, but also endocrine function of the gland, especially when combined with pancreatitis with type 2 diabetes mellitus (DM) and obesity.

Aim. The object of work is to determine the features of changes in carbohydrate metabolism in patients with chronic pancreatitis (CP) and CP combined with DM and obesity.

Materials and methods. 47 patients with CP were examined, among them 20 women and 27 men aged 30-69 years, who were divided into 2 groups: patients with CP - 20 people, patients with CP combined with obesity and DM – 27 people. Diagnosis of diseases was carried out on the basis of a combination of anamnestic, objective clinical data, laboratory and instrumental methods. Blood glucose, immunoreactive insulin, glycosylated hemoglobin (HbA1c), C-peptide levels, blood serum α -amylase activity in patients was evaluated and insulin resistance was evaluated using the HOMA index.

Results and discussion. The results of our study determined the high informativeness of the assessment of the risk of developing CP, taking into account the level of C-peptide, α -amylase, blood