The effect was assessed by clinical signs and drainage functions. Drainage was used in 42 patients. Due to the meager amount of discharge in 38 patients, the drains were removed the day after the operation. In 4 people, the drainage tube was removed on days 3 and 5 after the intervention. At ultrasound examination on the 3rd and 5th day after the operation, fluid accumulation in the wound was not detected. Long-term results were traced in 33 patients. There were no recurrences. Patients are physically active, working capacity is preserved.

Conclusions. 1. Intraperitoneal plastic has proved its effectiveness, allowed to carry out operations without removal of hernial bag, exclusion of injuring mobilization, wide dissection of subcutaneous tissue and reduction in the size of surgical approaches.

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Soluble adhesion molecules in children with typical hemolytic uremic syndrome

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Introduction.

Typical hemolytic uremic syndrome (tHUS) is an acute disease characterized by prodromal diarrhea followed by the triad of acute kidney injury, microangiopathic hemolytic anemia and thrombocytopenia. Currently it is the most common cause of acute renal failure in children [1]. It leads to significant morbidity and mortality during the acute phase. Additionally, long-term renal and extra-renal complications may occur in a substantial number of children years after the acute episode of HUS [4]. The most common cause of tHUS is shiga toxin-producing *Escherichia coli* [1,4]. Endothelial dysfunction induced by effects of Shiga toxin plays the key role in the pathogenesis of tHUS [3,5]. Hence, cell adhesion molecules as biomarkers of endothelial activation/dysfunction may be predictors of complications and poor outcomes [2].

Patients and methods. The basic group included 17 children (9 boys, 8 girls) aged 6-128 months (median 33 months) on 2nd-4th day after onset of tHUS. 10 children (5 boys, 5 girls) of 20-78 months (median 42 months) who recovered from tHUS 6 months up to 5 years before study were included in the control group. The diagnosis of tHUS was confirmed by the development of acute renal injury, low platelet counts and hemolytic anemia after prodromal hemocolitis. 3 patients with acute tHUS had oliguria, 14 were anuric. All patients from the control group were apparently healthy, without any symptoms of intercurrent infections. Serum concentrations of soluble intracellular adhesion molecule-1 (sICAM-1) and vascular cell adhesion molecule (sVCAM-1) were measured by enzyme-linked immunosorbent assay. Leucocyte and thrombocyte counts, hemoglobin, creatinine, urea, LDG levels and estimated glomerular filtration rate were determined as well.

Results. The levels of sICAM-1 were significantly lower and the levels of sVCAM-1 were significantly higher in basic group than in control group (285 (227-297) vs 335(308-408) ng/ml, $p=0,003$ and 705 (505-1230) vs 355 (325-450) ng/ml, $p=0,003$, respectively). Serum concentrations of sVCAM-1 varied widely from 360 to 5200 ng/ml in basic group. But we didn't find significant differences in initial hemoglobin, LDG, levels, leucocyte and platelet counts as well as in the duration of anuria and dialysis, in serum urea and creatinine levels at the day of discharge when 8 patients with normal sVCAM-1 levels (median 482, 372-565 ng/ml) were compared with 9 patients with high sVCAM-1 levels (median 1230, 1085-1825 ng/ml). We also didn't find any significant correlations of above-mentioned data with serum concentrations of sICAM-1 and sVCAM-1, but we revealed a significant positive correlation of sICAM-1 concentration with the terms of platelet normalization ($r=0,63$, $p<0,05$).

Conclusion. Children with acute tHUS had lower levels of sICAM-1 and higher levels of sVCAM-1 than children with a history of tHUS. However the prognostic value of these markers still remains unclear. Further studies are required to determine the clinical benefit of these biomarkers in tHUS.

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Анализ остеометрических показателей у детей при язвенной болезни двенадцатиперстной кишки

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Актуальность: язвенная болезнь двенадцатиперстной кишки занимает одно из ведущих мест в структуре заболеваний органов пищеварения. Отмечается рост частоты этой патологии, склонность к рецидивирующему течению, развитие опасных для жизни осложнений [5, 10]. Важными представляются факты, свидетельствующие, что у 40-60 % взрослых больных истоки заболевания находятся в детском возрасте [1, 2, 8].

Интерес научного мира к данному заболеванию обусловил проведение достаточного числа исследований в области его этиологии, патогенеза, клиники, диагностики, широко представленных в отечественных и зарубежных публикациях. В разные годы многие исследователи обращались к изучению роли кальция в патогенезе язвенной болезни, отмечая его роль в механизмах кислото- и пепсинообразования, клеточной пролиферации [3, 11]. Отмечалось участие в этиопатогенетических механизмах формирования язвенной болезни у детей кальций-регулирующих гормонов, тесно связанных с процессами минерализации костной системы. Некоторые исследователи выявляли у больных изменение содержания кальция в различных средах организма (кровь, слюна, желудочный сок) [1, 14]. Обращается также внимание на возможное нарушение поступления в организм кальция, так как деструктивно-воспалительный процесс располагается в зоне его преимущественного всасывания -