transition from 5th to 8th grade, that is, during puberty. In adolescents, the most intensively growing number of chronic diseases, in the transition from 8 to 11 class [2]. During the first year of training, you can trace the dynamics of student health. So, at the end of the first year of studies at first-graders increased by 6.5% incidence of functional disorders, 7.6% increased incidence of chronic diseases, 5.3% reduced the number of healthy children. In recent years, the incidence in the structure of most frequent pathologies are diseases: 1). Musculo-skeletal system; 2). Of the digestive system; 3). The endocrine system; 4). Eyes; 5). Nervous System; 6). Respiratory; 7). Circulatory and others. During the whole period of schooling are most clearly increased (1.4), the frequency of diseases of the digestive system. In the dynamics of schooling increases the prevalence of diseases of the nervous system 1.2 times and diseases of the endocrine system, respectively 1.2 times. Frequency of visual acuity as learning disorders increases 1.3 times. Especially the rapid pace of deterioration of sight during the school year are observed in first-graders. A more evenly throughout the period of schooling increases the frequency of scoliosis, the pace of increase in the biggest first-graders at 1.2 times.

Physical development is the most important and informative measure of children's health, his score reflects the totality of the factors affecting the human body. A comparison of physical development in the dynamics of schooling showed a reduction in the proportion of normal values and an increase in the deficit of body weight. So boys, 7-8 years, the average physical development was 83.9%, 13-14 years 76.7% 17 years 78.5%, that is, during the years of study, its share decreased by 5.4%. Thus underweight respectively was 9.8%, 16.5%, 19.7%. Thus, over the years of training the body mass of students deficit increased by 9.9%. At the same time, the proportion of children and adolescents with overweight was 7-8 years 2.1% 14 years 3.3% 17 years 1.6%, that is, compared to the 14-year-old pupils the proportion of overweight among teenagers decreased by 1.7%. In respect of physical fitness, it should be noted that during the years of study averages observed in 53,8-53,7% of pupils in primary and secondary classes, and increased to 89.1% for high school graduates. The low level of physical fitness is seen in 22.1% of primary school students 24.6% of middle school students and is reduced to 6.7% for high school graduates.

Conclusions: Thus, the study of the state of health of schoolchildren in the dynamics of education reported an increase in functional disorders and chronic diseases, along with a reduction in the proportion of healthy children, which is observed mainly at students in secondary school and high school graduates. The findings of the study dictates the need to develop preventive and corrective actions among these groups of students. There is a need for interdisciplinary cooperation in the field of health professionals schoolchildren: pediatricians, psychologists, educators, social service professionals, within which to conduct joint training seminars, trainings, workshops on health-saving technologies in the teaching learning process.

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RESULTS OF SURGICAL TREATMENT OF CHRONIC TONSILLITIS

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Chronic tonsillitis (CT) is one of the most common diseases of the pharynx. It can lead to intoxication, sensitization and often disability of the patient in the stage of decompensation. The main method of treatment of decompensated form of chronic tonsillitis is a tonsillectomy, especially in the case of inefficient 2-3 courses of complex conservative therapy [1-5, 15-18].

Advances in technology allowed the use of high-energy laser for surgery of the tonsils [5-10].

At present, the search for new methods of treatment of chronic tonsillitis continues. It prompted us to develop our own version of the laser tonsillectomy and ablation of adenoid tissue in tonsillar compartments after previous instrumental tonsillectomy [6-10, 11-13, 14, 19-21].

The aim of the study was to analyze the efficacy of surgical treatment of chronic tonsillitis in the performance of instrumental tonsillectomy and tonsillectomy using a surgical laser to long-term period.

Materials and methods. During the period from 2010 to 2014, 40 patients with decompensated form of CT was performed tonsillectomy. All patients were divided into two groups. The first group included 20 patients who had surgery was performed with the use of high-energy diode laser. Laser tonsillectomy was performed in 15 patients of them, and laser ablation of residues of the tonsils in 5 patients. The second group consisted of 20 patients who underwent instrumental tonsillectomy.

Both groups were equivalent and included patients with local manifestations of decompensation - recurrent angina (3 or more times per year), and the development paratonsillar peripharyngeal abscesses, and patients with metatonsillar pathology. The first group, which performs surgery with the use of high-energy laser, also included 5 patients (25%) who underwent instrumental tonsillectomy earlier that was ineffective due to the recurrence of angina.

Laser tonsillectomy was performed under local or general anesthesia. 15 patients underwent bilateral laser tonsillectomy on our proposed method (patent N^2 2364369 from 20.08.09), and 5 patients with the remnants of adenoid tissue after earlier performed instrumental tonsillectomy was performed laser ablation of residuals tonsils (patent N^2 2364368 from 20.08.2009).

The postoperative period is usually without complications. Patients were discharged from the ENT department in 10-11 days after traditional tonsillectomy and 7-8 days after laser tonsillectomy for ambulatory follow-up. Ability to work is fully restored in the first case to the 14-16 th day, in the second - to the 12-13-th day after the operation, after which the patients for 5-6 days were observed ambulatory

Results and its discussion. The first group of patients there was no evidence of local recurrence and complications. All patients noted a good effect of surgical treatment, which we regarded as clinical recovery, and after 6 months, these patients were removed from the dispensary at the ENT doctor. This group included 5 patients who had laser ablation residuals tonsils after instrumental tonsillectomy was performed.

In the second group of patients, 2 cases of documented relapse peritonsillar abscess after 11 and 18 months after surgery. This is due to incomplete removal of residuals of the tonsils.

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VITAMIN D DEFICIENCY IN PREGNANT WOMEN AND AFTER DELIVERY IN THE AMUR REGION

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Abstract In the course of the study of the content of vitamin D in pregnant women (n=60), was mean age amounted to 25.55±0,63 years living in the Amur it was revealed that its level in the medium amounted to 27.75±1,18. Figures 25(OH)D (ng/ml) was normal in 26 women (43.3 per cent)- group I, figures were reduced in 34 pregnant women (56,6%)-group II. The average CA, P, alkaline phosphatase in pregnant women of the I and II groups was in the normal range, significant differences between the groups were observed. Among the identified risk factors of vitamin D deficiency in healthy pregnant women the most significant ones were: age expectant mothers- over 25 years of age (p<0.001), prevention of hypovitaminosis in adequate dosage of 25(OH)D or lack of vitamin D intake (p<0.001), diseases of the osteoarticular system (p<0.001), gastrointestinal tract (p<0,004), respiratory system (p<0,0026), during the course of pregnancy a pronounced morning sickness and threatened abortion in the 1 and 3 trimester of pregnancy (p<0,028), preeclampsia (p<0,046), ORI with the fever and catarrhal symptoms (p<0,024), smoking during or before pregnancy (p<0.002), anxiety, and sleep disturbance (p<0,029), dental caries, enamel defect and missing teeth (p<0,046), red dermographism (p<0,029). The ways of prevention and correction D - deficient status of pregnant women and newborns.

Key words: vitamin D, cholecalciferol, hypovitaminosis, deficiency, vitamin D insufficiency, pregnant women, risk factors.

Introduction. The urgency of the problem of deficiency of cholecalciferol in the blood of children and pregnant women due to the numerous studies of foreign authors, which proved the adverse effects on the body vitamin D, when in addition to its classic function as a regulator of calcium-phosphorus metabolism have been actively studied nekotrye manifestations of deficiency of vitamin D. it is Established that vitamin D is closely associated with the endocrine system via the existing receptors to the hormonal active form of vitamin D (VDR) [10].

The established facts are considered, due to the lack of vitamin D in the body: increased risk of many diseases related to the immune system – autoimmune disorders, cancer, diseases of the respiratory tract, tuberculosis. Low levels of vitamin D associated with diseases of the cardiovascular system, allergic diseases, endocrine pathology (diabetes type 1)[2,3,10]. We established the relationship of vitamin D intake with a reduction in mortality.

Vitamin D affects the development programming of the fetus and newborn and the subsequent risk of diseases in childhood and adulthood, that is, affects "the very origins of life." Mothers with insufficient levels of vitamin D in blood during pregnancy most children born are prone to various chronic diseases: asthma, multiple sclerosis, diabetes type 1 diabetes type, insulin resistance, schizophrenia, etc. [11,17]. This epigenetic programming development of the fetus and newborn, determining the subsequent risk of developing diseases in childhood and later adult life should be considered in determining public health strategies [6,7]. As has been shown earlier, the failure of cholecalciferol has a major impact on health and measures for combating it failure help to reduce pathologies musculoskeletal disorders, some cancers, autoimmune, infectious diseases, neurocognitive disorders. The content of vitamin D in the body within normal limits is of great importance to reduce the risk of type 1 diabetes type, cardiovascular disease, depression, complications of pregnancy, allergies, improves the performance of ECO [5,12,14,16,18,19].