

reduced the severity, primarily focal and stem symptoms, accelerated sanogenetic processes in contusion foci and positive impacted on the CT dynamics. The most rapid regression of neurological disorders and restoration of structural changes in the brain have been reported in cases of intracerebral hemorrhage. The effect was worse in case of subdural hematomas. Epidural hematomas had a longer resorption period.

Dynamic imaging using with the sanogenetic brain capabilities evaluation in cases of intracranial hematomas and contusion foci allowed to expand the statements to conservative methods using antioxidant-antiaggregant agents and to achieve satisfactory outcome in traumatic injuries complicated with hematomas.

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DEBUT FEATURES OF MULTIPLE SCLEROSIS IN THE AMUR REGION

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Abstracts. The features of the onset of multiple sclerosis were analyzed. A greater frequency of visual, motor, sensory disorders was revealed. There was more favorable course of the disease with visual and sensory disorders in the onset and more severe course - with coordination and motor disorders onset.

Key words: multiple sclerosis, primary symptoms, the Amur region.

Multiple sclerosis (MS) is an autoimmune, demyelinating disease of the central nervous system, with the steady progression, leading to disability of patients. Early diagnosis of MS is relevant because of new methods of treatment, which allow influencing on the disease course. According to the literature data, MS debuts from one isolated symptom in a half of cases that hampers diagnostics [1, 2, 3, 4].

The purpose of the research was to study the debut symptoms in patients with MS and their prognostic value.

Materials and methods. The out-patient's cards and the case histories of patients with MS being on the dispensary in the Amur regional polyclinics were analyzed. The frequency of debut symptoms of patients with remittent and primary progressive course of MS and the further course of the disease were analyzed.

Results and discussion: There was a high frequency of monosemeiotic debut - 58% in case of remittent course, and this debut was often observed in patients with earlier onset of the disease.

Visual impairment was identified in 19.6% of patients, it was often retrobulbar neuritis, repeated – in 5 patients, and with a gradual reduction of vision of one or both eyes – in 4 ones. The last one was not typical for MS. There were pyramid symptoms on the second place (13.4%) as a transient paresis of limbs, often developed subacute, gradually at least. In two patients there was an acute hemiparesis with speech impairments. Sensory symptoms were identified in 10.7% of cases as a transient numbness in the extremities. Paresthesia, hyperesthesia, pain were observed rarely.

The debut with stem violations was detected in 8.9% of patients. The abducens nerve was affected in the majority (7.1%), the facial nerve – in two patients (1.8%). Dizziness was noted in 6% of cases, sometimes with slow regression and with a tendency to recur. Cerebellar violations in the form of unsteadiness in walking were observed in 2% of patients. Isolated pelvic disorders were one of the rarest debut symptoms retrospectively detected in 3 patients.

In our experience, there were cases of atypical onset of the MS. For example, in one case, the MS debuted from the intolerance to heat - the feet weakness developed on the background of sun exposure. A woman of 22 years old had the MS onset from the vegetative crisis; the pyramid symptoms and ataxia were appeared during the second attack. Two patients had epileptic seizures in the MS debut, on one occasion - transient hearing loss and speech disturbances. The involvement of the peripheral nervous system manifested in the form of facial nerve neuropathy, trigeminal neuralgia (2 cases), peroneal nerve neuropathy – in one and brachial plexopathy in other case.

The remittent MS with the vision and sensory disorders had relatively favorable course in our region. In these patients, there were a slower progression of the disease, long first remission and late transition to sec-

ondary progression: with the visual debut – in $12,4 \pm 6,8$ years, and with the sensitive debut – in $19,5 \pm 15,6$ years ($p < 0,01$). The disease had less favorable course in case of the beginning from paresis and, especially, coordinaton disorders; secondary progression and the disability of patients became earlier.

In case of the polisymptom debut of the remittent MS the most diverse combination of the symptoms, unfavorable further flow: short transition rates of secondary progression – in $7 \pm 4,8$ years, of the first remission – in $2,2 \pm 2,2$ years, and the high rate of progression were noted.

In case of primary progressive MS neurological symptoms were often presented the motor disorders in the form of lower spastic paraparesis combined with the sensitive, cerebellar, pelvic disorders. Further course was steady progressive without remission.

Conclusions. Thus, all versions of MS debut deserved serious consideration and detailed study with the objectification of the patients' complaints with additional research methods, observation in dynamics in each case. The awareness of physicians about different variants of the MS debut allowed suspecting the disease on the early stages and providing the research to clarify the diagnosis and to start appropriate therapy.

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EFFICIENCY OF PATHOGENETIC THERAPY OF RESPIRATORY VIRAL INFECTIONS AND LOWER AIRWAY OBSTRUCTION IN CHILDREN

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Abstract The child's respiratory system is constantly exposed to infective agents and acute respiratory viral infections are normal in children. SARS constitute about 90% of all infectious diseases of childhood, it is the most common disease in ambulatory practice. According to the Ministry of Health of the Russian Federation 28,332,821 cases of acute upper respiratory tract infections were reported in 2015, including 20,617,641 cases in children under 17 years (in 2014 more than 30 million cases of acute upper respiratory tract infections, including 20.3 million in children under 17 years). However, there are still many differences in terminology and in terms of etiology, pathogenesis, treatment, prevention and monitoring of this category of children in our country.

The global burden of acute respiratory infections in children is huge and the World Health Organization (WHO) estimates that approximately one-third of all children's deaths are due to acute respiratory infections. Early-life viral infection causes acute illness and can be associated with the development of wheezing and asthma in later life. The most commonly detected viruses are respiratory syncytial virus (RSV), rhinovirus (RV), and influenza virus. In this review we explore the complete picture from epidemiology and virology to clinical impact and immunology and efficiency of pathogenetic therapy of acute respiratory viral infections in children.

Three striking aspects are emerging. The first is the degree of similarity: although the infecting viruses are all different, the clinical outcome, viral evasion strategies, immune response, and long-term sceuals share many common features. The second is the interplay between the child immune system and viral infection: the immaturity of the child immune system alters the outcome of viral infection, but at the same time, viral infection shapes the development of the child immune system and its future responses. Finally, both the virus and the immune response contribute to damage to the lungs and subsequent disease, and therefore, any prevention or treatment needs to address both of these factors.

Introduction The aim of this prospective study was to determine the epidemiology of respiratory viruses responsible for acute respiratory viral infections and efficiency of pathogenetic therapy of acute respiratory viral infections and lower airway obstruction in infants and young children in Blagoveshchensk. All children ≤ 5 years of age, including children with acute respiratory infections, were consecutively admitted to Children's City Clinical Hospital of Blagoveshchensk over 7-month period between October 2015 and April 2016. A multiplex polymerase chain reaction (PCR) for viral detection was performed on nasopharyngeal aspirates. Analysis were conducted using univariate statistical methods. At least one respiratory virus among 759 infants and young children was detected in 371 samples (49%). The most prevalent viruses were parainfluenza virus (PIV