СЕКЦІЯ КЛІНІЧНОЇ МЕДИЦИНИ №2 (Педіатрія, гінекологія, акушерство, інфекційні хвороби, фтизіатрія)

MANY FACES OF SYSTEMIC LUPUS ERYTHEMATOSIUS

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Introduction. Systemic lupus erythematosius is an idiopathic chronic inflammatory in which tissues and cells undergo damage mediated by tissue binding autoantibodies and immune complexes with genetic, environmental and hormonal factors involved. The course is usually characterized by periods of exacerbation and relative quiescence which may affect multiple organ systems.

Aim of this report is to limit the spectrum of differential diagnosis of rheumatic diseases.

Material and methods. It was analised the case history of patient with systhemic lupus erythematosius.

Results. A 15-years old female patient was admitted to the pediatric department with the following complaints: athralgia of the wrist, interphalangeal joints of both hands, constant increasing t 37. 2°C, fatigue. In January 2017, pallor of the skin appeared in the distal phalanges of both hands which was later on replaced by hyperemia. Raynaud syndrome was diagnosed. Later she had complained of fatigue and athralgia of the interphalangeal joints of both hands accompanied by nosebleeds. In January 2018, there was athralgia and swelling of the wrist and interphalangeal joints of both hands. On admission the physical condition was moderate, the skin and visible mucous membranes were pale, cheilitis, hyperemia of the mucous nasal passages. All groups of lymph nodes - not enlarged. In the lungs - vesicular breathing. Heart sounds - rhythmic and muffled. The abdomen - soft and painless. No liver and spleen enlargement. Stool and dieresis - normal. Wrist and interphalangeal joints of both hands were edematous. The movements in these joints were limited due to pain. Skin temperature above the articular surface was increased. All other joints in all groups were intact. Complete blood count and urinalysis was normal; C- reactive protein and rheumatoid factor was negative, while ANA test was 1:1000(normal 1:100). On ultrasound sonography - synovitis of both wrist and all interphalangeal joints of both hands. The juvenile idiopathic arthritis was suspected. An additional tests were carried out double stranded DNA 300U (normal 4), antibodies to chromatin 8(normal up to 1), Sm 8(normal up to 1), Sm/ RNP 8 (normal up to 1), RNP 8 (normal up to 1), Jo-1 0. 2 (normal 1), scl-70 0. 5(normal 1), computed tomography - pulmonary fields with volumetric and infiltrative changes, pulmonary schwarte in the middle lobe. Strip thickness up to 9mm in the pericardial cavity. Axillary lymph nodes - enlarged on both sides. Mediasternum - not displaced, the trachea and main bronchi - not passable.

Discussion. The knowledge about wild variety of syndromes of rheumatology diseases is important both for rheumatologist and general practice doctors to avoid a misdiagnosis and assist an appropriate therapy at the earliest terms.

Conclusion: Systemic lupus erythematosus, subacute course, activity of the 3rd stage, articular syndrome, skin syndrome, viscerite (pericarditis, pulmonitis).

SCREENING OF RESPIRATORY ORGANS IN PATIENTS WITH JUVENILE IDIOPATIC ARTHRITIS

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Relevance: Juvenile idiopatic arthritis (JIA) in childhood remains one of the most difficult among chronic non-infectious diseases due to the difficulties of diagnosis and treatment, as well as a progressive long course. Considering the presence of long-term chronic inflammation and the need for suppressive therapy (methotrexate, which has a toxic pneumotropic effect), comorbid conditions, such as interstitial organ affection, occur. Also, this category of patients is at risk for tuberculosis. In case of JIA, evaluation of the activity of the pathological process and the effectiveness of treatment is carried out on the basis of the severity of joints affection. The assessment of the condition and function of the lungs is often overlooked, since the lungs are not the subject of research and their defeat can be asymptomatic for a long time. However, the presence of severe lung lesions detected in the late stages can significantly worsen prognosis and limit therapeutic tactics in patients with JIA.

Aim of the work: Identification of subclinical manifestations of interstitial lung lesions in children with JIA receiving methotrexate.

Materials and methods: 91 patients with JIA (oligo- and polyarticular variants) aged from 6 to 18 years old were examined, among them 67 girls (73. 6%) and 24 boys (26. 4%). The state of the respiratory organs was studied using radiographic examination of the chest organs, spirometry and unscheduled screening for tuberculosis. Data processing was carried out with statistical methods by using programs STATGRAPHICS Plus 5. 0 and Excel.

Results: According to the results of the study, radiographic changes in the lung tissue were absent in all patients. It was found that 24. 2% of children have impaired ventilation function of the lungs. In all cases violation occurred in a