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DYNAMICS OF PHYSICAL DEVELOPMENT OF YOUNG CHILDREN AGAINST THE BACKGROUND OF OBSTRUCTIVE BRONCHITIS

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Introduction. Obstructive bronchitis (OB) is one of the most common causes of hospitalization in young children. Respiratory diseases are one of the important problems of pediatrics, since so far, despite the successes achieved, they occupy one of the leading places in the structure of childhood morbidity - according to official statistics, 50-73%. One indicator of health status is physical development, which is an important indicator of mental and somatic health. In domestic and foreign practice, it is customary to determine normal physical development and deviations from it on the basis of two indicators of body length and mass-growth index (BMI). The identification of deviations from the standard values of the child's body length and weight, as well as the BMI characteristic of each age period, is the simplest and most accessible method for a practical doctor to assess early signs of health problems. On the other hand, approaching the norm of physical development indicators to a certain age period can be, together with other clinical and laboratory signs, a criterion for reducing the severity of the chronic disease and the effectiveness of the treatment.

Objective. To assess the dynamics of the physical development of children with obstructive bronchitis from birth to 3 years inclusive, to identify features in comparison with a group of practically healthy children.

Materials and methods. The study was conducted among 250 children, young. Two groups of children were formed: group I - children with OB (73 children, of which 70 (63.6%) boys) and group II almost healthy children, (107 people, of which 54 (50.5%) boys). The inclusion criteria in group I were: the presence of OB, frequent relapses of ARVI. The criteria for inclusion in control group II were the absence of chronic diseases, including respiratory diseases. Anthropometry was carried out according to the standard method using scales and a rostometer. The construction of individual trajectories (body weight and length, BMI) examined anthropometric indicators at discrete periods of life (at birth, at 1 and at 3 years). Statistical processing of the material was carried out using the application package "Statistica7.0" with the calculation of average values (M), standard deviations (Std). Differences were considered significant at $p < 0.05$.

Results and discussion. At birth, the gestational age in group I (children with OB) and II (control group) did not differ significantly ($p > 0.05$). However, body weight and length, BMI of children with OB at birth had a significantly greater value compared to controls. We found that children who subsequently developed OB were significantly larger than children from the control group, in weight and height not only during the newborn period. These differences persisted at 1

year and 3 years until the end of the early childhood period. It was also revealed that boys from group I at birth and at 1 year had significantly higher mass and growth indicators than children from group II. The identified differences in anthropometric indicators at an early age may be explained by the fact that increased infant birth weight in relation to gestational age of the fetus and BMI at birth are associated with the level of some biologically active substances in cord blood that are directly related to adipose tissue, for example, increased leptin and decreased adiponectin.

Conclusions. 1. Children diagnosed with obstructive bronchitis had significantly greater anthropometric parameters (body weight, body length and BMI) in the newborn period than children who did not subsequently suffer from chronic diseases of the bronchopulmonary system.

2. According to anthropometric parameters, children with obstructive bronchitis were ahead of control group children in early childhood (1 and 3 years).

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