

gallbladder was in a «loose» infiltrate, in 22 (61,1%) patients there were some degree of adhesion of the omentum with the gallbladder. In 14 (38,8%) patients the gallbladder was enlarged, its wall was edematous, infiltrated and thick. In the remaining patients the gallbladder was of normal size, and in some of them it was small, like a wrinkled one, and it was technically more difficult to remove it than an enlarged one. Problems with differentiation of tubular structures forced us to switch to CEC from the bottom in 7 (19,4%) cases. Even the extensive experience of the operating surgeon does not exclude conversion and switching to an open version of the surgery, which we did in 3 cases (8,3%). The postoperative period in all patients was uneventful and there were no differences compared to other patients.

Conclusion. Gallbladder empyema is quite common (up to 8,4% of all operations for cholecystitis), in almost 80% of cases – after an attack of acute cholecystitis or hepatic colic. Characteristic clinical manifestations of chronic empyema of the gallbladder have not been identified: laboratory test data and ultrasound also do not allow us to suspect this complication. Chronic empyema of the gallbladder should be expected after a recent (1-2 months) attack of acute cholecystitis.

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EVALUATION OF RENAL FUNCTION IN NEONATES WITH CONGENITAL PNEUMONIA

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Introduction. Congenital pneumonia, an inflammatory pulmonary process acquired in utero or during delivery significantly contributes to neonatal morbidity and mortality worldwide. Prematurity and low birth weight are two major risk factors that exacerbate this disease, potentially leading to impaired renal function.

Aim of the study. This research paper aims to address the renal involvement in neonates with congenital pneumonia by assessing the kidney function in premature and low birth weight neonates.

Materials and methods. We retrospectively analyzed data from 306 neonates diagnosed with congenital pneumonia at Grodno Regional Children's Hospital (January 2020 – December 2023), excluding those with birth weight ≥ 2500 g. Neonates were categorized using ICD-10 as low birth weight (LBW) and extremely low birth weight (ELBW), and by gestational age (extreme prematurity, prematurity, term). We assessed kidney function by calculating glomerular filtration rate (GFR) via Schwartz equation and analyzing serum and urine parameters, including creatinine, urea, proteins, electrolytes, and renal ultrasound findings.

Results and discussion. From the 306 cases, 220 (71.9%) had a normal birth weight (≥ 2500 g), while 86 (28.1%) had a birth weight less than 2499 g which is our sample group. From the sample group, 20 (23.3%) were ELBW (mean weight = 671.75 g) and from these ELBW cases, 9 were extremely premature and 11 were premature. The remaining 66 were LBW (mean weight = 1704.09 g), of which 2 were extremely premature, 60 were premature and 4 were term. In total, 11 were extremely premature, 71 were premature, and 4 were term. Reduced GFR was evident in 82 cases in the sample group of which 23.3% were ELBW, and 76.7% were LBW. Elevated serum creatinine levels were observed in 22 of the 86 LBW cases. Of these, 4 were ELBW and 18 were LBW. Renal ultrasound examinations revealed abnormalities in 38 cases. Diffuse changes in the renal parenchyma of both kidneys were the most common finding, present in 26 cases. Of these, 3 were ELBW and 23 were LBW. Pyelectasis was observed in 11 cases (3 ELBW and 8 LBW). One case showed increased echogenicity of the renal parenchyma in both kidneys. Elevated serum urea levels were found in 28 cases. Of these, 14.3% were ELBW and 85.7% were LBW. Reduced serum urea levels were observed in 4 additional LBW cases. Hyponatremia was reported in 55.8% of the LBW cases, with 17.4% being ELBW and 38.4% being LBW. Hyperkalemia was observed in 10.5% of the LBW cases, with 3.5% being ELBW and 7% being LBW. Proteinuria was evident in 52.3% of the LBW cases, with 17.4% being ELBW and 34.9% being LBW.

Conclusion. In conclusion, routine renal monitoring is crucial in ELBW and LBW infants with congenital pneumonia for early detection and management of renal dysfunction. Further studies should investigate specific types of renal impairment associated with ELBW and prematurity.

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