Introduction: At present time there is no standard treatment of children's alopecia and the outcomes are at times disappointing. The existing methods are not always effective.

Purpose: to improve the efficiency of alopecia areata treatment caused by dysmicroelementosis in children and juveniles a new method of treatment has been elaborated and approached to prophylaxis.

Objectives: The objectives of the present study were to evaluate the elaborated method of alopecia areata correction due to dysmicroelementosis in children and juveniles and to determine the main approaches to dysmicroelementosis prophylaxis with clinical manifestations of alopecia.

Materials and methods:

The method is applied as follows: after the patient's assessment by a dermatologist and exclusion of alopecia areata of mycotic etiology, the levels of Pb, Cu and Zn excretion with urine are determined. In the presence of alopecia sites in children which had developed no earlier than 2 months previously and in the increase of urine lead excretion within the limits from 0.1mg/l to 0.2mg/l, and the increase of copper and zinc urine excretion, the patient is administered a certain complex consisting of the following preparations: Kyolic, Spirulina platensis, Sophora japonica The whole complex should be taken with meals for a period of 2 months. 32 children and juveniles aged from 4 to 17 years residing in Belarus and Russia, and having the clinical manifestations of alopecia areata. Control groop – 18 children with alopecia areata, tretment with «Medetopect». Statistical method: «Statistica 6.1».

Results: Complete hair growth regeneration in foci of alopecia was noted in 29 patients from fest groop, the overall positive detoxification of the organism was marked as well, microelements urine composition before and after the treatment providing the evidence of this.

The program of primary prophylaxis of the alopecia areata of increased chemical hypersensitivity should be started with the educational work among various groups of population about possible ways of heavy metal salts penetration into the human organism. Secondary prophylaxis necessitates elaborating regimens of prophylactic supervision of children with the syndrome of increased chemical hypersensitivity. Integrated rehabilitation is only possible in coordinated activities of professionals in the field medicine and education.

Key words: children, alopecia areata, dysmicroelementosis, method of correction, prophylactic.

THE ASPECTS OF THE CLINICAL EVOLUTION OF MALNUTRITION IN EARLY CHILDHOOD

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Introduction: Hypotrophy – a chronic disorder of nutrition caused by protein and energy starvation. According to the statistics provided by the WHO, the child mortality is mostly determined by acute respiratory diseases, diarrheal diseases and perinatal factors in equal proportions (approximately 19%). Every second child who suffered and died from these diseases was diagnosed with hypotrophy.

Aim: The research of the hypotrophy course with varying degrees of manifestation taking into account the duration of the disease and comorbidities.

To identify the most common malnutrition's causes and nutritional errors that caused the hypotrophy.

Methods and materials: A retrospective analysis of clinical and paraclinical examination data of 50 children suffering from hypotrophy treated at the Clinical Republican Hospital for Children 'E.Cotsaga'

during 2010 – 2011 was carried out. The researchers used the software 'WHO Anthro' to establish the nutritional status of the researched children (the 'WHO Anthro' software for PC, version 3, 2009 – software designed for the assessment of the worldwide growth and development of children. Geneva, WHO, 2009 - http://www.who.int/childgrowth/software/ru/).

Results and discussions: The average age of children was 10 ±7, 3 months. The research concentrated upon the study of second and third degree hypotrophy. The anamnesis has shown that 9 children (18%) were breastfed, 18 children (36%) were fed replacement products (11 children (22%) were fed partially adopted mixtures, 7 children (14%) were fed unadapted mixtures (whole cow's milk), 15 children (30%) mixed-fed. Approximately 40% of children were mixed-fed on NAN lactose-free mixtures, Alfare, Nutrilac/Nutrilon, Maliutka (Малютка). Approximately 24% of children suffered from exogenous hypotrophy development while as a manifestation of endogenous factors, the hypotrophy was marked in the case of 18% of children; 58% of children suffered from hypotrophy caused by violations of nutrition types (unadapted milk mixtures, flour products' excess, and lactose intolerance).

Conclusions: Main causes of hypotrophy diagnosed among researched children were gastrointestinal diseases (gastroduodenitis, enterolitis) with the development of the secondary malabsorbtion syndrome as well as prenatal facts (congenital malformations, prematurity and cystic fibrosis). The most frequent diet errors were early transition of children to mixed and artificial feeding using whole cow's milk and flour products. A number of breast-fed children were diagnosed with a lactase deficiency.

Key words: malnutrition, nutritional status, diet errors.

BABIES MATRIX AS AN INSTRUMENT OF ANALYSIS OF PERINATAL MORTALITY AND MORBIDITY (by data of the Aktobe Tertiary Care Center during 2010-2011)

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Introduction: Babies Matrix is an adjustable tool of evaluation, which allows collecting, organize, analyze and convert data in information for arrangements on Infant health protection. BABIES integrates five conceptions in order to help the Program manager to make decisions:

1. Time: Age of the fetus/infant at death
2. Group of Weight at birth or Dimension of the fetus/infant
3. Thinking in two dimensions – Weight at birth and Time in matrix of death
4. Interpretation of boxes in BABIES and grouping it in complexes of arrangements
5. Untapped Opportunities.

Aims and Tasks for proceeding of BABIES Matrix:

1. to view the data and adapt the Matrix to the medical clinic where the Program proceeds
2. to put the data in the Matrix
3. to determine "Untapped Opportunities"
4. to analyze "Untapped Opportunities" by period, place and contingent
5. to choose the arrangement strategy and to determine targets and tasks
6. to choose detectors of the arrangement result and the process of your Program
7. to repeat the cycle in order to achieve continuing of the situation improvement.

Materials: The work is based on meta-analysis of the infants medical histories within the period of 2010-2011, analyzed by BABIES Matrix.