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Відповідальність за вірогідність фактів, цитат, прізвищ, імен та інших даних несуть автори. У тезах збережено авторське подання матеріалів.

parents do not work. Obstetric history - average number of pregnancies was 1.96±1.49, parity was 1.71±0.98; 19 (60.8%) women are healthy, 13 (39.2%) with chronic pathology. Level of Bifidobacterium a significantly enlarged was found for children aged 2 weeks- 8,9±1,44, for children aged 3 weeks - 8,43±1,55 and for children aged 5 weeks - 8,09±1,46, changes are significant (p=0.002), but significant difference was between 2 vs. 5 weeks of life. The second parameter was Lactobacilli number for neonates aged 2 weeks - 7,68±1,13 was increased than for neonates aged 3 weeks - 7,12±1,43 and neonates aged 5 weeks - 6,75±1,83, changes are significant (p=0.002), but significant difference was between 2 vs. 5 weeks of life. Total number of E.coli for newborns aged 2 weeks was 6,3±1,46, for newborns aged 3 weeks - 6,78±1,29 and for newborns aged 5 weeks - 6,46±1,17, at the same time, there was no significant difference between them. E.coli with weak enzymatic ability was lower for infants aged 2 weeks - 4,33±0,57, infants aged 3 weeks - 3,5±0,71 and infants aged 5 weeks - 3,33±0,57. And level of opportunistic pathogens for babies aged 2 weeks was 4,7±1,25, for babies aged 3 weeks - 4,4±1,02 and for babies aged 5 weeks - 4,28±1,15, no difference was found. Level of fecal calprotectin for neonates aged 2 weeks was 280,59±121,73 mg/l, neonates aged 3 weeks - 195,31±113,7 mg/l and neonates aged 5 weeks - 153,53±34,1 mg/l changes are significant, but there is a significant difference was between 2 vs. 3 weeks and 2 vs. 5 weeks of life, but no difference was found between 3 vs. 5 weeks of life.

Conclusion. In general, the complex process of formation of the neonatal microbiome is accompanied by important changes in the functional processes of the intestine of the newborn and leads to a decrease in all components of the microbiome at 5 weeks of age. Fecal calprotectin levels gradually decreased by 5 weeks of age, possibly due to stabilization of the gastrointestinal tract.

THE INFLUENCE OF DIABETES MELLITUS ON THE SEVERIT OF NEUROLOGICAL DISORDERS IN PATIENTS WITH CEREBRAL ISCHEMIC STROKE IN THE EARLY RECOVERY PERIOD

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Introduction. Cerebral ischemic strokes (CIS) are one of the leading problems of modern angioneurology, due to its high disability and mortality. According to WHO, stroke is the third most common cause of death after heart disease and neoplasms. Strokes annually affect about 20 million

people in the world, of which 5 million die. The problem of stroke is very important for Ukraine, every year up to 100 thousand strokes are recorded, that is, the incidence is 280-290 cases per 100 thousand people. Diabetes mellitus (DM) is an independent risk factor for CIS and, like reduced glucose tolerance, increases the risk of its development by 2 times, and to a greater extent in women than in men. The incidence of stroke in men suffering from diabetes is 1.5-4 times higher, and in women suffering from the same disease, it is 2-6 times higher than in people of the same age who have diabetes. In patients with diabetes older than 65 years, stroke is the second most frequent complication of the disease (after coronary artery disease).

Aim: to analyze the influence of type 2 diabetes mellitus on the severity of neurological disorders in the early recovery period in patients who have suffered cerebral ischemic stroke. To achieve the goal, the following tasks were set:

1. To conduct a comparative analysis of the dynamics of neurological deficiency in patients with cerebral ischemic stroke in the early recovery period, depending on the presence of type 2 DM.

2. To study the effect of type 2 DM on the course of the early recovery period in patients with cerebral ischemic stroke.

3. Evaluate the effectiveness of a comprehensive rehabilitation program in patients with cerebral ischemic stroke.

Materials and methods: : 41 patients with CIS in the early recovery period of the disease were examined on the basis of Zaporizhzhya City Hospital № 6 of the angioneurological center. The average patients'age was (61.1 ± 9.8) years. Patients were divided: the main group - patients with CIS and DM (n = 20, average age 62,5±8,5) and comparison group – patients with CIS without DM (n=21, average age 59±10,9). All patients were clinically and neurologically examined using modern scales – NIHSS, mRS. The diagnosis of CIS was based on a complex clinical-neurological and computed tomographic study of the brain at the acute period of the disease. The authenticity of the differences between the two independent samples was investigated using non-parametric statistics using the Mainn-Whitney method. When studying indicators in the dynamics of the disease, the reliability of differences between two dependent indicators was studied by the method Wilcoxon. Differences between indicators were considered probable at the level of $p < 0,05$.

Results: A comparative assessment was carried out of the clinical course of CIS in patients with DM and without DM .According to the NIHSS scale 9 (45%) patients had a mild stroke in the main group (statue on NIHSS ≤ 5 points), statue on NIHSS 6-14 points (n=11(55%) - mild to moderately severe stroke. In the comparison group, 15(71,4%) patients had mild stroke (statue on NIHSS ≤ 5 points), statue on NIHSS 6-14 points (n=6 (28,6%) - mild to moderately severe stroke. At the beginning of the early recovery period there were significant differences between patients of clinical groups on the NIHSS scale (6.5± 2.8 points,4.2±2.7 points, $p<0.05$) and

mRS scale (respectively, 2.9 ± 0.7 points, 2.2 ±0.7 points, p <0.05). After the rehabilitation course, there was a positive dynamics in neurological status, on the NIHHS scale: the main group 5.1±2.5 points, the comparison group 2.8±2.3 points (p<0.05) The degree of disability and functional disorders in patients with CIS with DM and CIS without DM on the mRS scale significantly decreased (2.7±0.7 points; 1.6 ± 0.8 points, (p<0.01).

Conclusions: 1) On the basis of a clinical and neurological examination we found that patients with CIS and DM had more severe neurological deficit according to patients with CIS without DM, which was determined by a significantly higher score on the NIHSS scales and mRS. 2) It was found that during rehabilitation treatment, DM negatively affected the recovery process in patients who underwent CIS. 3) Comprehensive rehabilitation measures in patients with cerebral ischemic stroke were effective in both groups, but in the comparison group (in patients without DM) the indicators were better.

RADIOGRAPHS IN THE DIAGNOSIS OF PERIODONTAL DISEASES

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Introduction. The discovery of X – rays in 1895 by Sir Wilhelm Conrad Roentgen was an incredible era in the history of medicine. Diagnostic imaging over the last few decades, turned out to be much more refined owing to addition of various imaging technology with complex physical principles. Radiographic diagnosis is a challenging task in periodontics. The reason for this is that conventional radiographs provide us the two dimensional image of the three-dimensional object. Therefore it becomes important that the patient is diagnosed on the basis of the combined information obtained from clinical and radiographic findings.

Aim of research. To analyze the different types x-rays to diagnose periodontal diseases.

Materials and methods: we have searched numerous scholar articles on this topic and use only relevant information according to our aim.

Results. Intraoral radiographs can aid in formulating a more accurate diagnosis of periodontal disease. However, it must be considered whether a comparable amount of information can be obtained with modern panoramic radiographs. Modern dentistry suggests different types of X-rays which are periapical, panoramic, cephalometric, occlusal, bitewing, cone-beam x-rays.

In periodontal pathology we can conclude that it is possible to use 6 types of x-rays to