In the long-term follow-up period, after 12 months, patients of the main group continued to maintain a "satisfactory" hygienic condition of the tongue with a digital index value of 3.0 ± 0.14 points. Instead, the control group showed a very low level of hygiene (4.5 ± 0.19 points).

Thus, the effectiveness of treatment in patients with diabetes mellitus of the main group who use complete removable plate prosthesis, a developed scheme that included general appointments and local measures, confirmed by index estimates in both short-term and long-term follow-up. In patients with diabetes mellitus with complete removable plate prostheses, who were treated by traditional methods, the dynamics of the HCT index was positive only in the near future, in the long term there was a significant increase in index scores, indicating deterioration of oral hygiene.

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DOI 10.36074/05.06.2020.v3.06

FEATURES OF THE NEONATAL PERIOD OF NEWBORNS FROM HIV-INFECTED MOTHERS

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Introduction: despite to the global progress in international programs to prevent the spread of HIV infection, the problem of HIV remains one of the most important problems of global health protection [1]. On the 1 may 2019, 21262 people with HIV-positive status live in the Republic of Belarus [2].

The aim of the research: analysis of the neonatal period of children born to HIV-infected mothers, taking into account the features of the maternal history.

Materials and methods: research was conducted on the "3rd city children's clinical hospital" for the period from 2015 till 2020. We analyzed 58 medical histories of newborns both sexes with a verified diagnosis of "Perinatal HIV-exposure". All
patients were divided into 3 groups. The 1st observation group was children who were born from HIV-positive mothers, many of whom were injecting drug users, and they were diagnosed hepatitis B and C. The 2nd group – children born from HIV-infected women who didn`t take antiretroviral therapy. The 3rd group – children who were born from women who were regularly monitored by doctors and fully received antiretroviral therapy.

Research result. In the 1st group, where mothers were drug users, full-term children made up 83.3%, premature 16.7%, while newborns with a body weight of less than 2000g was 38.9%, pathology of the nervous system was observed in 83.3% of cases, intrauterine infection in 50%, anemia in 55.5%, problems of the cardiovascular system in 20%. Despite the fact that in 2nd group (children from mothers who didn`t take antiretroviral therapy) in 100% of cases, children were full-term, body weight below 2000g was observed in 40% of cases, concomitant pathology were: neurological disorders-100%, intrauterine infection-60%, anemia-60%. In the 3d group (children born from mothers who received full antiretroviral therapy), full-term children accounted for 76.2%, children weighing less than 2000 g - 23.8%, neurological disorders were in 80.95%, intrauterine infection in 52.4%, anemia in 62%, problems of the cardiovascular system - 32%. All children, from three groups, had a slow increase in body weight, a lag in the rate of physical development in the first month of life.

Conclusions: children that born from HIV-infected women require special, individual management in the neonatal period. Regardless of the characteristics of the maternal history, most HIV-exposed newborns have a low birth weight, a flat surface weight curve, neurological problems, concomitant intrauterine infection, and hematological problems. The most common pathology of newborns from HIV-infected women are: neurological disorders, concomitant infection, slow growth and fetal malnutrition.

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