to increase patient recovery time between chemotherapy, which significantly worsens the prognosis of treatment.

Objective: to evaluate the nutritional status in children with cancer.

Materials and Methods: evaluation of nutritional status was conducted based on oncology department of City Hospital № 31.Patients were identified their height, weight, BMI, the general and biochemical blood tests, their histories and complaints were analyzed in detail.

Results: when assessing the nutritional status of a patient (aged 3, F) with the diagnosis of: Neuroblastoma retroperitoneal space III (N-myc — negative), nutritional status deficit was detected after the second course of chemotherapy. From the moment chemotherapy began to be evaluated, the child lost 1 kg, leukopenia and anemia were also observed in the blood. For the correction of nutritional status we prescribed nutritional therapy. Calculation of calories showed: E = 690 kcal (taking into account the stress factor), protein content was 28 g / day. The child received intravenous Kabiven. Total protein per day made up 26.8 g, with additional 20 g of amino acids. For 7 days of use of therapeutic nutrition, the gain in weight amounted to 320 g, the blood parameters came back to normal as well.

Conclusion: assessment of the nutritional status of a child with a malignant tumor of the sympathetic nervous system made it possible to prescribe a therapeutic diet in due time, which had a positive effect on the patient's quality of life and reduced the intervals between regular chemotherapy courses.

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IN VITRO FERTILIZATION IN JAPAN

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Research relevance: IVF helps thousands of couples to become happy parents of their own child. This wonderful opportunity is available in many countries, but in some of them IVF has become really popular.

Objective: to study information on IVF method of fertilization, to investigate special features of IVF in Japan and compare statistics of IVF in Russia and Japan.

Materials and Methods: IVF rates in Japan and Russia were found in government registry database and medical journals. Analysis is based on a summary report for 2015 by The Ethics Committee of The Japan Society of Obstetrics and Gynecology.

Results: nearly 50% of couples struggle to have children. There are 500 special clinics of IVF in Japan for 127 million people; the IVF is successful in 12% cases. Over 50,000 babies were born last year by IVF-5% of all births. Last year 420 thousand people tried IVF. The pregnancy rate exceeds 40% up to the age of 32 and falls below 10% after 44 years of age. The miscarriage rate per pregnancy is 17% for women under 32 years of age and it increases with an increase in patient age to 52.4%. In Russia there are about 140 clinics specializing in IVF for 140 million population. 30% of 30 thousand attempts of IVF annually in Russia are effective: 0.5% of children were born by IVF last year. In Japan patients cannot receive a government subsidy for a cycle if their IVF facility does not register the procedure. As almost all participating IVF clinics and hospitals register cycle specific information (99.3%), information on the latest clinical practices of IVF in Japan are available. In Russia IVF is covered by CHI in some cases, but the insurance doesn't include donor biomaterial, surrogacy or genetic testing for parents.

Conclusion: the total IVF cycles and live births from IVF have been increasing in Japan; however, in Russia they are still very small. Both of these countries need more subsidies from their governments to increase the level of birth rates and help couples suffering from infertility.

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TETRALOGY OF FALLOT: REPORT OF A CASE HISTORY

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Research relevance: the incidence of TOF is 0,4 to 1000 of live births. Compared to all congenital heart diseases presented by various authors, the incidence of TOF ranges from 3–5% to 7–10%. TOF representation in boys and girls is almost the same, with a slightly higher percentage among boys (1,56 to 1).

Objectives: the purpose of this report is to present the postnatal status of a child with Tetralogy of Fallot. The patient was operated on in Almazov National Medical Research Centre.

Materials and methods: Presented data were taken from the case history, physical examination, ultrasound scan findings, data from medical records of the child.

Results: the patient is a 7-months old girl. She is the first child from the second normal pregnancy. Both parents are in good health, and without any congenital heart disease. The child was born at term in a natural way. At birth she was blue, started crying later, her body weight was 3050g and the Apgar score was 7\8. TOF was diagnosed at birth. In the first months of life, the girl did not develop properly. Mild cyanosis was noticed in the second month of life, auscultation revealed systolic murmur with the intensity 4\6. The mother noticed that the girl got tired while feeding. Laboratory findings of erythrocytes, hematocrit and hemoglobin were within the normal limits. The girl had upper respiratory infection (at the age of 2.5 months). Complete surgical correction was performed at the age of five months. The postoperative period was normal. The girl gained well in weight and height.

Conclusion: since the complete surgical correction, the child has been developing within the normal range for her age for the two months of the follow-up. In the outpatient practice setting we continue to closely monitor this child, to control her health status and vital signs (ECG, blood pressure etc) regularly, and we should react promptly in case of a complication or any worsening of the patient's condition.

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ADAPTIVE FEMALE CHARACTERISTICS WITH POSTPARTUM AFFECTIVE DISORDERS

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Research relevance: psychophysiological adaptation to the status of maternity in the period of the first 10–14 days is known as Blues syndrome. In the case of protractive and negative dynamics postpartum depression can develop.

Objectives: to investigate adaptive female characteristics with postpartum affective disorders.