children in these ages. The 2008-2009 Children Risk and Obesity Survey for Canton Sarajevo revealed that although 12.5 % of Bosnian girls were overweight or obese, 16.5% of Bosnian boys and 6% of Bosnian Gypsies were overweight or obese. There were not significant differences between other Bosnians national groups Bosniacs, Croats and Serbian children.

Conclusions: The incidence of childhood obesity has increased dramatically, including severe childhood obesity and obesity-related comorbid conditions. Treatment for children who are overweight or obese seems easy, that is, just counsel children and their families to eat less and to exercise more. Overweight children and adolescents are at risk for significant health problems both during their youth and as adults.

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CONTINUOUS GLUCOSE MONITORING IN MORBIDLY OBESE CHILDREN WITH NORMAL FASTING BG AND NORMAL OGTT

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This study has been undertaken to assess the glucose metabolism disorder by CGMS in morbidly obese children (BMI > 28) who have normal fasting glucose level and normal oral glucose tolerance.

Methods: Ten morbidly obese children were studied. Interstitial fluid (ISF) glucose levels were measured by CGMS for 72 hours as well as by self-monitored blood glucose (SMBG) (3-4 times per day). The circulating fasting glucose, insulin, c-peptide, free T4, TSH, and HbA1C concentrations were measured.

Results: The glucose levels in ISF measured by CGMS were highly correlated with those in capillary samples ($r=0.742$, $P<0.001$). In 10 obese children who finished the CGMS, 3 children had impaired postprandial glucose tolerance (BG > 7.6 mmol/L 2 h after food intake) and one had a diabetic curve (T2DM) (BG > 11.2 mmol/L 2 h after food intake). None of the children had elevated HbA1C level. Hyperinsulinemia and/or high C-peptide was recorded in 9 out of the 10 children.

Conclusions: Our data suggest that glucose metabolism disorder including impaired postprandial glycemia and type 2 DM can be early diagnosed in morbidly obese children using CGMS when fasting

BG and HbA1C levels are still normal. Further studies are required to improve the criteria of early diagnosis of glycemic abnormalities using CGMS.

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THE CLINICAL CONDITION OF INFANTS FROM PREGNANCIES WITH THYROID GLAND DISORDERS

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Introduction: Thyroid gland diseases are the second most frequent cause of endocrine dysfunctions in women in the reproductive period.

Work goal: To analyse the clinical condition of infants from pregnancies with thyroid gland disorders.

Techniques: The retrospective analysis included the infants born in the "Narodni front" Gynaecological-Obstetric Clinic during 2008, whose mothers had thyroid gland disorders diagnosed.

The results and discussion: In the period under review 7.544 infants were born, whereof 46 (0.60%) were born to women with diagnosed thyroid gland disorders. Three pregnancies were twins. 28.26% of the pregnant women were given therapy during pregnancy.

The distribution of body mass frequency stretched over a very broad range from 2,000 to 4,000 grams. The observed infants were dominantly male (67.40%). The percentage of preterm infants was 13.05%. The average AS amounted to 9.65 ± 0.52 .

The structure of neonatal morbidity includes perinatal asphyxia (8.69%), a metabolic imbalance in 14 children as follows: hyperbilirubinemia in 11 (23.91%), hypoglycemia in 2 (4.34%), hypocalcaemia in 1 (2.17%) child. Infections in one child (2.17%).

30 of the infants (65.21%) had a normal post-natal adaptation, while 16 (34.79%) of them required a certain extent of intensive post-natal care.

Conclusion: Every high-risk pregnancy poses a danger for the infant. The asphyxia percentage in our infants is significant, which calls for the strict supervision and continuous observation of the course of delivery.