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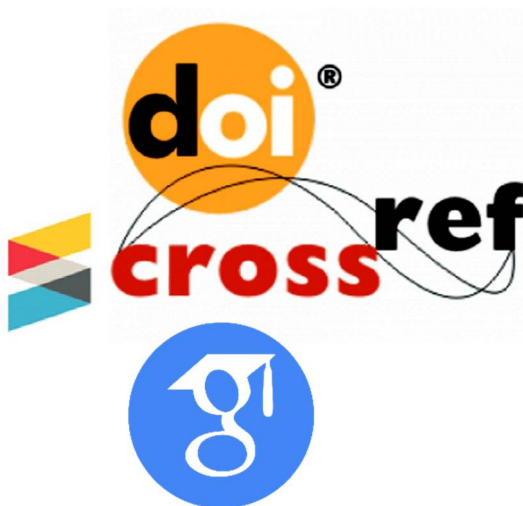
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БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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FEATURES OF THE DEVELOPMENT OF EARLY POSTNATAL HEALTH IN CHILDREN WHO HAVE SUFFERED PERINATAL CNS DAMAGE

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ABSTRACT

The features of physical, neuropsychic, somatic health of children who suffered perinatal damage to the nervous system were studied. A total of 110 development histories of children were analyzed, including 75 development histories of children with a history of perinatal damage to the central nervous system (CNS) (Group 1, n=75), 35 development histories of children - Group 2 - healthy children (n=35). It was found that in children of Group 1, orthopedic pathology was 80%, which is significantly higher than in Group 2 - 25% ($p<0.05$); The most frequent somatic diseases were identified: autonomic dysfunction syndrome in 40% ($p<0.05$), hepatobiliary dysfunction in 30% of children ($p<0.05$), diffuse nontoxic goiter in 20% ($p<0.05$), chronic gastroduodenitis in 20% ($p<0.05$), and visual pathology in 16% ($p<0.05$). In children of the main group, psychoemotional disorders (recurrent headaches, anxiety, sleep disorders) were more common than in the control group ($p<0.05$). The consequences of perinatal CNS damage in children aged 14 years were expressed in a fairly high level of orthopedic pathology, autonomic dysfunction syndrome and psycho-emotional disorders, dysfunctional disorders of the biliary tract.

Keywords: perinatal CNS damage, comprehensive assessment, orthopedic pathology, somatic morbidity, psychoemotional disorders.

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MARKAZIY ASAB SISTEMASI PERINATAL ZARARLANGAN BOLALARDA ERTA POSTNATAL SALOMATLIGINI RIVOJLANISH XUSUSIYATLARI

ANNOTATSIYA

Asab tizimiga perinatal zarar etkazilgan bolalarning jismoniy, nevropsik va somatik salomatligining xususiyatlari o'rganildi. Jami 110 ta bolalarning rivojlanish tarixi tahlil qilindi, ulardan 75 tasi markaziy asab tizimiga perinatal shikastlangan bolalarning rivojlanish tarixi (1-guruh, n=75), 35 ta

bolalarning rivojlanish tarixi - 2-guruh - sog'lom bolalar ($n = 35$). I guruh bolalarida ortopedik patologiya 80% ni tashkil etganligi aniqlandi, bu II guruhga nisbatan sezilarli darajada yuqori - 25% ($p < 0,05$); Eng keng tarqalgan somatik kasalliklar aniqlandi: vegetativ disfunktsiya sindromi 40% ($p < 0,05$), gepatobiliar tizimning disfunktsiyasi 30% bolalarda ($p < 0,05$), surunkali gastroduodenit 20% ($p < 0,05$), ko'rish organi patologiyasi 16% ($p < 0,05$). Asosiy guruh bolalarida psixosotsial buzilishlar (takroriy bosh og'rig'i, uyqu buzilishi) nazorat guruhiga qaraganda tez-tez uchraydi ($p < 0,05$). 14 yoshli bolalarda markaziy asab tizimining perinatal shikastlanishining oqibatlari ortopedik patologiyaning yuqori darajasi, avtonom disfunktsiya sindromi va psixo-emotsional sohaning buzilishi, o't yo'llarining disfunktsiyali buzilishlarida namoyon bo'ldi.

Kalit so'zlar: markaziy asab tizimining perinatal shikastlanishi, har tomonlama baholash, ortopedik patologiya, somatik kasallik, psixosotsial kasalliklar.

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ОСОБЕННОСТИ СТАНОВЛЕНИЯ РАННЕГО ПОСТНАТАЛЬНОГО ЗДОРОВЬЯ У ДЕТЕЙ, ПЕРЕНЕСШИХ ПЕРИНАТАЛЬНОЕ ПОРАЖЕНИЕ ЦНС

АННОТАЦИЯ

Изучены особенности физического, нервно-психического, соматического здоровья детей, перенесших перинатальное поражение нервной системы. Всего проанализировано 110 историй развития детей, из них 75 историй развития детей, имеющих в анамнезе перинатальное поражение центральной нервной системы (ЦНС) (I-я группа, $n=75$), 35 историй развития детей – II-я группа – здоровые дети ($n=35$). Установлено, что у детей I группы ортопедическая патология составляла 80%, что достоверно выше чем во II группе – 25% ($p < 0,05$); выявлены наиболее частые соматические заболевания: синдром вегетативной дисфункции у 40% ($p < 0,05$), дисфункция гепатобилиарной системы у 30% детей ($p < 0,05$), диффузный нетоксический зоб у 20% ($p < 0,05$), хронический гастродуоденит у 20% ($p < 0,05$), патология органа зрения у 16% ($p < 0,05$). У детей основной группы психоэмоциональные расстройства (рецидивирующие головные боли, тревога, нарушения сна) встречались чаще, чем в контрольной группе ($p < 0,05$). Последствия перенесенного перинатального поражения ЦНС у детей в 14 лет выражались в достаточно высоком уровне ортопедической патологии, синдроме вегетативной дисфункции и расстройствах психо-эмоциональной сферы, дисфункциональных расстройствах билиарного тракта..

Ключевые слова: перинатальное поражение центральной нервной системы, комплексная оценка, ортопедическая патология, соматическая заболеваемость, психоэмоциональные расстройства.

Kirish. BMT hisob-kitoblariga ko'ra, dunyoda nogironlar umumiy aholining 10 foizini tashkil qiladi, bu esa bir qator axloqiy, ijtimoiy va iqtisodiy muammolarni keltirib chiqaradi, ularni hal qilish darajasi zamonaviy jamiyatning eng muhim xususiyatlaridan biridir. [1,5]. Bolalik nogironligi tarkibida asab tizimi kasalliklari - 19,5%, ruhiy kasalliklar - 14,3% va konjenital rivojlanish anomaliyalari - 21% ustunlik qiladi [1,7]. 60% hollarda bolalik davridagi nevrologik nogironlik perinatal davr patologiyasi bilan bog'liq, 24% esa miya yarim shari bilan og'riq bemorlardir [1,6]. O'zbekistonda har uchinchi bolada turli xil nevropsixiatrik kasalliklar mavjud bo'lib, ularning 80% perinatal omillar tufayli yuzaga keladi, bu esa ushbu muammoning yuqori ijtimoiy ahamiyatini belgilaydi [1,2,3,4].

Asab tizimiga perinatal zarar etkazilgan bolalarda hayotning birinchi yilidagi nevrologik alomatlar ko'pincha qisqa va engil shaklda namoyon bo'ladi yoki umuman yo'q. Bola rivojlanishining tanqidiy davrlarida, psixo-emotsional va jismoniy stress ta'sirida, miya buzilishining kechikish namoyon bo'lishi aniqlanadi. Ko'pincha bunday bolalarda serebrostenik va astenovegetativ simptom

komplekslarining erta shakllanishi, engil diffuz nevrologik simptomlar, o'rtacha sensorimotor va nutq buzilishlari, idrok etishning buzilishi, chalg'itishning kuchayishi, xatti-harakatlar va o'rganishda qiyinchiliklar, avtonom tabiatdagi asab tizimidagi o'zgarishlar kuzatiladi [8].

Tadqiqot maqsadi: asab tizimiga perinatal zarar etkazilgan bolalarning jismoniy, neyropsixik, somatik salomatligi xususiyatlarini o'rganish.

Materiallar va usullar: Jami 110 ta bolalarning rivojlanish tarixi tahlil qilindi, ulardan 75 tasi markaziy asab tizimining perinatal shikastlanishi (1-guruh, n=75), 35 ta bolalarning rivojlanish tarixi - 2-guruh. - sog'lom bolalar (n=35).

Tadqiqotga bolalarni kiritish mezonlari: birinchi yilida markaziy asab tizimiga perinatal shikastlanish tarixi bo'lgan 14 yoshli bolalar; tabiiy ravishda tug'ilgan bolalar. Quyidagilar bundan mustasno: nogiron bolalar; ijtimoiy nochor oilalar farzandlari; markaziy asab tizimiga perinatal zarar etkazish xavfi ostida bo'lgan bolalar; II, III, IV darajali erta tug'ilgan bolalar. Tibbiy hujjatlar tahlil qilindi: ro'yxatga olish shakli № 112/u "Bolalarning rivojlanish tarixi", bu markaziy asab tizimining perinatal shikastlanishi uchun ante- va postnatal xavf omillarini hisobga olgan; ro'yxatga olish shakli № 026/u "Maktabgacha ta'lim muassasasi yoki maktabga kiruvchi bolaning tibbiy kartasi"; № 063/u shakli "Profilaktik emlash kartasi", ro'yxatga olish shakli № 031/u "Profilaktik tibbiy ko'riklar natijalari"; Shakl № 027/u "Stasionar bemorning tibbiy kartasidan ko'chirma". Bolalarni tekshirish yagona protokol bo'yicha o'tkazildi.

Jismoniy rivojlanishni baholash uchun antropometrik ko'rsatkichlar (vazn, bo'y, bosh va ko'krak atrofi) o'rganildi, ular bo'y va tana vaznining mutlaq qiymatlari bo'yicha JSST tomonidan Evropa irqi bolalari uchun tavsiya etilgan foizli grafik standartlardan foydalangan holda aniqlanadi (Milliy tadqiqot markazi). Sog'liqni saqlash statistikasi).

Bolalarning kasallanishi surunkali kasalliklarni tekshirish va ro'yxatga olish paytida aniqlangan organlar va tizimlarning patologiyasi bo'yicha baholandi. Ko'rsatkichlarga ko'ra, bolalar qo'shimcha tadqiqot usullari, jumladan, elektrokardiografiya (EKG), neyro-ofthalmologik tekshiruv va ichki organlarning ultratovush tekshiruvidan o'tkazildi.

Sog'liqni saqlash holatini kompleks baholash mutaxassislarining (pediatrlar, jarrohlar, ortopedlar, nevrologlar, oftalmologlar, otorinolaringologlar) mulohazalari, ambulatoriya hujjatlari, shifoxonaning tibbiy kartalaridan ko'chirmalar, laboratoriya va instrumental tekshiruv ma'lumotlari asosida amalga oshirildi. Barcha morfofunktsional anomaliyalar, o'tkir va surunkali kasalliklar hisobga olindi. Har bir bola uchun irsiy, ijtimoiy, allergik tarix, homiladorlik, tug'ish jarayoni, ovqatlanish tabiati, jismoniy va neyropsik rivojlanishni baholash, profilaktik emlashlar va emlash natijalarini aks ettiruvchi savollar ro'yxati bilan ishlab chiqilgan karta to'ldiriladi. Vaqt o'tishi bilan Mantoux testi.

Statistik farqlarning ishonchliligi Student testi yordamida parametrik usul yordamida baholandi. Olingan ma'lumotlarga statistik ishlov berish STATISTICA 6.0 standart statistik tahlil dasturiy paketi yordamida amalga oshirildi.

Tadqiqot natijalari va muhokamasi: 14 yoshli bolalarning rivojlanish tarixini retrospektiv tahlil qilish o'tkazildi. Biologik tarix: Asosiy guruhdagi bolalar - 8 ta bola (10%) uchinchi va to'rtinchi tug'ilishdan, nazorat guruhida esa birinchi va ikkinchi tug'ilishdan tug'ilgan. Guruhlar bo'yicha homiladorlik jarayonining xususiyatlarida sezilarli farqlar aniqlandi. Asosiy guruhda gestoz 49 bolada (65%) sezilarli darajada tez-tez uchraydi va 34 bolada homiladorlik xavfi mavjud edi, (45%), nazorat guruhida esa 23 bolada (30%) gestosis va 11 bolada (15%) homiladorlik xavfi mavjud. Birorta ham homiladorlik patologiyasiz o'tmagan. Barcha tug'ilishlar tabiiy tug'ilish kanali orqali amalga oshirilgan: ulardan 56 tasi (75%) bosh suyagi, 19 tasi (25%) tug'ilish ($p<0,05$). 23 bola (30%) asfiksiya bilan tug'ilgan. Asosiy guruhdagi erta tug'ilgan bolalar 9 bolani (12%) tashkil etdi. Birinchi yilda neyrosonografiya o'tkazilganda, 23 bolada (30%) miya parenximasi va periventrikulyar mintaqada diffuz o'zgarishlar, 5 bolada (7%) intraventrikulyar qon ketish, 11 bolada (15%) intrakranial gipertenziya sindromi, 1 bolada (1,4%) subaraknoid qon ketish bor edi. CNS PP diagnostikasi tuzilishi: 41 bolada serebrovaskulyar distenziya sindromi (55%), miya buzilishi sindromi - 15 bola (20%), miya qo'zg'aluvchanligi sindromi - 11 bola (15%), vegetativ-visseral buzilish sindromi - 8 bola (10) %, konvulsiv sindrom - 8 bola (10%). Asosiy guruhning 45 nafar

bolasi (60%) perinatal markaziy asab tizimining o'rtacha og'irlikdagi shikastlanishiga duchor bo'lgan. 14 yoshli kompleks tekshiruvda I guruhdagi 46 bolada (61%) nomutanosib rivojlanish, 30 bolada (40%) tana vazni ustunlik bilan o'rtacha disharmonik rivojlanish, 1 bolada (1,4%) o'rtacha disharmoniya borligi aniqlandi. kam vazn bilan jismoniy rivojlanish. 14 yoshida neyropsik rivojlanishni o'rganishda 41 bola (55%) o'rganishda kechikishni ko'rsatdi, II guruh bolalari esa ta'lim dasturlarini ishlab chiqish bilan muvaffaqiyatli kurashdilar ($F = 0,89$; $p = 0,04$).

Tekshiruv natijalariga ko'ra, eng ko'p uchraydigan somatik kasalliklar aniqlandi: ortopedik patologiya (56 bolada I-II darajali skolioz (75%), 20 bolada ko'ndalang va bo'ylama tekis oyoq (26%)), 30 bolada og'riq sindromi (40%) ($F=0,90$; $p=0,05$) vegetativ disfunktsiya sindromi va psixoemotsional buzilishlar (takroriy bosh og'rig'i, tashvish, bezovtalik); 30 bolada uyqu (40%) ($F=0,92$; $p=0,03$), 23 bolada (30%) o't yo'llarining disfunktsional buzilishlari ($p>0,05$), 15 bolada diffuz toksik bo'lmagan bo'qoq (20%) ($p>0,05$), 15 bolada surunkali gastroduodenit (20%) ($F=0,83$; $p=0,05$), ko'rish organining patologiyasi. 12 bola (16%) ($p>0,05$).

EKG ma'lumotlariga ko'ra, 23 bolada (30%) o'ng to'plam shoxchasi to'liq bo'lmagan blokada, 1 bolada (1,4%) qorincha miokardida repolyarizatsiya jarayonlarining buzilishi, 1 bolada (1,4%) aritmiya mavjud. Ekokardiyografi natijalariga ko'ra, 23 bolada (30%) ochiq teshik teshiklari, 8 bolada (11%) chap qorinchada qo'shimcha trabekula, 12 bolada (16%) mitral qopqoq prolapsasi mavjud.

Xulosa. Hayotning birinchi yilida bolalarning 60% dan ortig'i asab tizimiga o'rtacha og'irlikdagi shikastlanishga duchor bo'lgan, bolalarning yarmidan ko'pi serebrovaskulyar distenziya sindromiga ega va 10% hollarda konvulsiv sindrom sodir bo'lgan.

14 yoshda asosiy guruhdagi bolalarning 50% dan ortig'i nomutanosib rivojlanishga ega, 55% bolalar ta'lim dasturlarini o'zlashtirishda orqada qolmoqda. 14 yoshli bolalarda markaziy asab tizimining perinatal shikastlanishining oqibatlari ortopedik patologiyaning juda yuqori darajasida (I, II darajali skolioz, ko'ndalang va uzunlamasına tekis oyoqlar, og'riq sindromi) - 80%, vegetativ disfunktsiya sindromi va psixologiyada namoyon bo'ldi. -emotsional buzilishlar - 40%, o't yo'llarining disfunktsiyali kasalliklari - 30%.

Markaziy asab tizimining perinatal shikastlanishi bo'lgan bolalar xavf guruhini tashkil qiladi, bu uzoq muddatli klinik kuzatuv bilan samarali va adekvat davolash va reabilitatsiya tadbirlarini o'z vaqtida qo'llashni talab qiladi. Perinatal lezyonlarni erta va keng qamrovli diagnostika qilish, tibbiy-ijtimoiy reabilitatsiya va psixologik-pedagogik tuzatishni adekvat va o'z vaqtida amalga oshirish, ta'sir qilishning tabaqalashtirilgan choralarini ishlab chiqish bemorning nogironligining og'irligini kamaytirishga yordam beradigan kompleks reabilitatsiya davolash samaradorligini sezilarli darajada oshirishi mumkin. muvaffaqiyatli ijtimoiy moslashish, hayot sifatini yaxshilash va samarali ijtimoiy integratsiya.

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