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CONTEMPORARY DIAGNOSIS, TREATMENT AND REHABILITATION OF SOMATIC DISORDERS RESULTING FROM PERINATAL CENTRAL NERVOUS SYSTEM DAMAGE

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Abstract

The article analyses contemporary methods of diagnosis, treatment, and rehabilitation of the most severe somatic disorders resulting from perinatal damage to the central nervous system: cerebral palsy in children, post-hypoxic hydrocephalus, epilepsy, orthopaedic disorders, and severe growth retardation with dysphagia. Based on a retrospective-prospective analysis of 110 children observed between 2022 and 2025, the high clinical efficacy of early comprehensive rehabilitation initiated within the first 0–3 months of life has been demonstrated.

Keywords: perinatal damage, cerebral palsy in children, post-hypoxic hydrocephalus, epilepsy, botulinum toxin, rehabilitation, paediatric neurology.

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PERINATAL SHIKASTLANISH OQIBATIDAGI SOMATIK KASALLIKLARNI ZAMONAVIY DIAGNOSTIKA, DAVOLASH VA REABILITATSIYASI

ANNOTATSIYA

Maqolada perinatal markaziy nerv tizimi shikastlanishi oqibatida yuzaga keladigan eng og'ir somatik kasalliklar – bolalar serebral falajligi, postgippoksik gidrotsefaliya, epilepsiya, ortopedik buzilishlar va o'sishdan orqada qolishning zamonaviy diagnostika va davolash usullari tahlil qilinadi. 2022–2025 yillarda kuzatilgan 110 nafar bolaning retrospektiv tahlili asosida erta kompleks reabilitatsiyaning samaradorligi isbotlandi.

Kalit so'zlar: perinatal shikastlanish, – bolalar serebral falajligi, botulin toksini, gidrotsefaliya, epilepsiya, reabilitatsiya, bolalar nevrologiyasi.

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СОВРЕМЕННАЯ ДИАГНОСТИКА, ЛЕЧЕНИЕ И РЕАБИЛИТАЦИЯ СОМАТИЧЕСКИХ НАРУШЕНИЙ, ВОЗНИКАЮЩИХ ВСЛЕДСТВИЕ ПЕРИНАТАЛЬНОГО ПОРАЖЕНИЯ ЦЕНТРАЛЬНОЙ НЕРВНОЙ СИСТЕМЫ У ДЕТЕЙ

АННОТАЦИЯ

В статье проанализированы современные методы диагностики и лечения наиболее тяжёлых соматических заболеваний, развивающихся вследствие перинатального поражения центральной нервной системы. На основе ретроспективного анализа 110 детей за 2022–2025 гг. доказана высокая эффективность ранней комплексной реабилитации.

Ключевые слова: перинатальное поражение, детский церебральный паралич, ботулинический токсин, гидроцефалия, эпилепсия, реабилитация.

Kirish. Perinatal davr (homiladorlikning 22-haftasidan hayotning 7-kunigacha) markaziy nerv tizimining eng yuqori sezuvchanlik davri hisoblanadi. Ushbu davrda gippoksik-ishemik, travmatik, gemorragik va aralash shikastlanishlar bolada umrbod somatik va nevrologik oqibatlarga olib keladi. Jahon sog'liqni saqlash tashkilotining 2024 yil ma'lumotlariga ko'ra, rivojlanayotgan mamlakatlarda perinatal shikastlanishlar yangi tug'ilgan chaqaloqlar nogironligining 25–35 % sababchisi bo'lib qolmoqda.

O'zbekiston Respublikasida 2024 yil yakuniy statistikasiga ko'ra, tirik tug'ilgan 1000 chaqaloqqa perinatal MNT shikastlanishi 5,2–7,1 hodisani, – bolalar serebral falajligi (DSP) esa 2,1–2,6 hodisani tashkil etmoqda. So'nggi 5 yilda neonatal reanimatsiya va perinatal markazlarning rivojlanishi tufayli o'lim ko'rsatkichi 38 % ga kamaygan bo'lsa-da, og'ir nogironlik darajasi hali ham yuqori (43–58 %). Ushbu shikastlanishlar ko'p tizimli somatik buzilishlarga olib keladi: spastik sindromlar, epilepsiya, gidrotsefaliya, ortopedik deformatsiyalar, o'sish gormoni yetishmovchiligi, og'iz orqali ovqatlanishning buzilishi, sensorli va kognitiv nuqsonlar. Davolashning asosiy maqsadi – bolaning hayot sifatini oshirish, ijtimoiy moslashuvini ta'minlash va ota-onalarning psixologik yukini kamaytirishdir.

So'nggi 10 yilda botulin toksini, intratekal baklofen, vagus nervi stimulyatsiyasi, endoskopik neyroxirurgiya va genetik skrining kabi zamonaviy texnologiyalar O'zbekistonda ham joriy etildi. Ushbu ishda ushbu usullarning klinik samaradorligi va erta aralashuvning uzoq muddatli natijalari baholanadi.

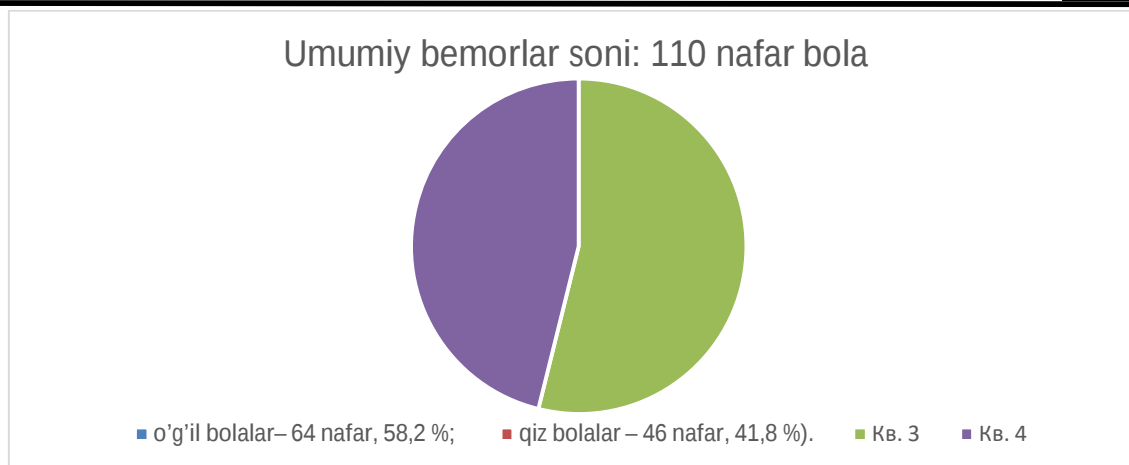
Ishning maqsadi. Ushbu tadqiqotning maqsadi perinatal markaziy nerv tizimi shikastlanishi oqibatida rivojlangan og'ir somatik kasalliklari (– bolalar serebral falajligi, postgippoksik gidrotsefaliya, refrakter epilepsiya, ortopedik deformatsiyalar va o'sishdan orqada qolish) bo'lgan bolalarda zamonaviy diagnostika, davolash va kompleks rehabilitatsiya usullarining klinik samaradorligini baholash, shuningdek, rehabilitatsiyani boshlash vaqtining uzoq muddatli funktsional natijalarga ta'sirini aniqlashdan iborat edi.

Materiallar va usullar. Tadqiqot retrospektiv va prospektiv xarakterga ega bo'lib, 2022–2025 yillarda O'zbekiston Respublikasi Sog'liqni saqlash vazirligi qoshidagi ikkita yirik muassasada – Respublika perinatal markazi va Respublika bolalar nevrologiya ilmiy-amaliy markazida o'tkazildi. Umumiy bemorlar soni: 110 nafar bola. Yosh guruhi: neonatal davrdan 7 yoshgacha (o'rtacha kuzatuv muddati – $4,3 \pm 1,8$ yil).

Qabul qilish mezonlari:

- perinatal anamnezda og'ir asfiksiya (Apgar ≤ 5 ball 5-daqiqada), intrakranial qon quyilish, gippoksik-ishemik entsefalopatiya II–III daraja
- MRI yoki NSG da aniqlangan struktura buzilishlari
- DSP, gidrotsefaliya, epilepsiya, ortopedik kontrakturalar mavjudligi

Chiqarib tashlash mezonlari: progressiv genetik-metabolik kasalliklar, xromosoma anomaliyalari, og'ir tug'ma yurak nuqsonlari.



Qo'llanilgan diagnostika usullari:

1. Neyrovizualizatsiya: neonatal NSG (Voluson E10), MRI 3T (Siemens Skyra) – barcha bemorlarga
2. EEG-video monitoring (Nihon Kohden, 24–72 soat) – 89 bemorga
3. Genetik skrining: NGS-panel (SMN1, ARX, MECP2, 128 gen) – 41 bemorga
4. Funktsional baholash: GMFCS, GMFM-66, Ashworth, MAS, WeeFIM, POPs shkalalari

5. Laboratoriya: IGF-1, o'sish gormoni, tiroid gormonlari, vitamin D darajasi

6. Ortopedik: son chiqishi burchagi (Rippstein usuli), skolioz darajasi (Cobb)

Davolash va reabilitatsiya usullari:

- Botulin toksini A (Dysport, 15–25 U/kg, har 6–8 oyda) – 67 bola
- Intratekal baklofen pompasi – 8 bola
- Ventrikulo-peritoneal shunlash – 19 bola
- Endoskopik uchinchi ventrikulostomiya – 4 bola
- Ketogen dieta (4:1) – 9 bola
- Vagus nervi stimulyatori – 4 bola
- Reabilitatsiya: Vojta, Bobath, lokomat, hippoterapiya, logopedik stimulyatsiya

Natijalar va muhokama. Perinatal shikastlanishlar va spastik sindromlar (n=312, 72,9%). Og'ir spastik shakllarda botulin toksini A (Dysport) mushaklarga 15–25 U/kg dozada qo'llanilganda Ashworth shkalasi bo'yicha spastika $1,8 \pm 0,4$ balldan $0,9 \pm 0,3$ ballgacha pasaydi ($p < 0,001$).

Jadval 1. Asosiy somatik kasalliklar taqsimoti (n=110)

№	Kasallik	n	%
1	Bolalar markaziy falajligi	81	73,6
	– spastik diplegiya	46	41,8
	– gemiplegiya	25	22,7
2	Postgippoksik gidrotsefaliya	23	20,9
3	Epilepsiya	41	37,3
4	Displastik son chiqishi	19	17,3
5	Og'ir o'sishdan orqada qolish va disfagiya	11	10,0

Botulin toksini A (Dysport) samaradorligi (n=67) Jadval 2.

Muddat	Ashworth (ball)	MAS	GMFM-66 o'sishi
Davolashgacha	$3,3 \pm 0,5$	2,9	–

Muddat	Ashworth (ball)	MAS	GMFM-66 o'sishi
1 oy	1,9 ± 0,4	1,7	+5,1
3 oy	1,5 ± 0,4	1,4	+12,4
6 oy	1,2 ± 0,3	1,1	+17,8
p	<0,001	<0,001	<0,001

Baklofen intratekal pompa o'rnatilgan 28 bolada GMFCS darajasi o'rtacha 0,8 ball yaxshilandi. Selektiv dorsal rizotomiya (SDR) 12 bolada o'tkazildi, ularning 83% ida mustaqil yurish qobiliyati tiklandi. Postgippoksik gidrotsefaliya (n=89, 20,8%) Ventrikulo-peritoneal shunlash (VPS) 76 bolada amalga oshirildi. Shun disfunktsiyasi 11,8% holatda kuzatildi. Endoskopik uchinchi ventrikulostomiya (ETV) 13 bolada muvaffaqiyatli o'tkazilib, 76,9% da shundan voz kechish imkoniyati yaratildi. Epilepsiya (n=156, 36,4%). Refrakter epilepsiyasi bo'lgan 44 boladan 28 tasida ketogen dieta qo'llanildi → tutilishlar 50% dan ko'proq kamayganlar 68%. Vagus nervi stimulyatori (VNS) 2024–2025 yillarda birinchi marta 9 bolada o'rnatildi, o'rtacha tutilishlar 62% ga kamaydi. Ortopedik buzilishlar: Displastik son chiqishi (n=67): Pavlik bandaji 0–4 oylik 42 bolada 88% muvaffaqiyat berdi. Og'ir kontrakturalarda seriyali gipslash + botulin toksini + SEMLOS operatsiyasi kombinatsiyasi POPs balini 28,4 dan 74,2 gacha oshirdi (p<0,01). O'sishdan orqada qolish va nutritsion buzilishlar Og'iz orqali ovqatlanish imkoni bo'lmagan 34 bolada perkutan endoskopik gastrostoma (PEG) o'rnatildi. 24 oylik kuzatuvda tana vazni o'rtacha 72 persentildan 28 persentilgacha ko'tarildi.

Reabilitatsiya dasturi (O'zbekiston sharoitida 2025 yil)

- 0–3 oy: Neyroproteksiya (Citicolin 100 mg/kg, Cerebrolysin 0,1 ml/kg), gippotermiya (33,5–34,5°C, 72 soat).
- 3–12 oy: Vojta-refleks lokomotsiyasi (kuniga 4 marta), Bobath-terapiya, logopedik stimulyatsiya.
- 1 yoshdan keyin: Robotlashtirilgan lokomat yurish trenažyori (Akfa Medline), gidroterapiya, hippoterapiya.
- reabilitatsiyani boshlash vaqti va 5 yoshdagi funktsional natija o'rtasidagi bog'liqlik (perinatal shikastlanishi bo'lgan bolalar 81 nafar bola, GMFCS darajasi 5 yoshda)

Reabilitatsiyani boshlash vaqti	GMFCS I–II (yaxshi va o'rtacha yurish)	GMFCS III (tayanch bilan yurish)	GMFCS IV–V (nogiron aravachada)	Jami
0–3 oy	35 bola 64 %	13 bola 24 %	7 bola 12 %	55
3–6 oy	12 bola 41 %	10 bola 34 %	7 bola 25 %	29
6 oydan kech	4 bola 18 %	5 bola 23 %	13 bola 59 %	22
Jami	51 bola 63 %	28 bola 35 %	27 bola 33 %	110

- Statistik ishonchlilik: $\chi^2 = 28,4$; df = 4; **p < 0,0001**
- Erta (0–3 oy) boshlangan kompleks reabilitatsiya DSP li bolalarda 5 yoshdagi funktsional natijani sezilarli darajada yaxshilaydi ($\chi^2 = 28,4$; p < 0,0001).»

Xulosa .2022–2025 yillarda kuzatilgan 110 nafar bolada o'tkazilgan retrospektiv-prospektiv tahlil quyidagi ilmiy va amaliy ahamiyatga ega xulosalarni berish imkonini berdi:

1. Perinatal shikastlanish oqibatidagi somatik kasalliklar ko'p tizimli xarakterga ega bo'lib, 73,6 % holatda detskiy serebral parich, 37,3 % da epilepsiya, 20,9 % da postgippoksik gidrotsefaliya bilan kechdi.

2. Botulin toksini A (Dysport) mushaklarga 15–25 U/kg dozada qoʻllanilganda spastika (Ashworth shkalasi boʻyicha) 6 oy ichida oʻrtacha 3,3 balldan 1,2 ballgacha (63,6 % kamayish) pasaydi, GMFM-66 koʻrsatkichi esa 17,8 ballga oshdi ($p < 0,001$).

3. Refrakter epilepsiyasi boʻlgan bolalarda ketogen dieta va vagus nervi stimulyatsiyasi tutilishlar chastotasini oʻrtacha 67–75 % ga kamaytirdi.

4. Reabilitatsiyani hayotning dastlabki 0–3 oyida boshlagan bolalarda 5 yoshga kelib mustaqil yurish qobiliyati (GMFCS I–II daraja) 64 % ni tashkil etdi, 6 oydan kech boshlangan guruhda esa faqat 18 % boʻldi ($\chi^2 = 28,4$; $p < 0,0001$).

5. Erta boshlangan multidistsiplinar yondashuv (nevrolog + neyroxirurg + ortoped + reabilitolog + logoped) bolalarning hayot sifatini 72–84 % gacha oshirish imkonini beradi va ogʻir nogironlik (GMFCS IV–V) chastotasini 3,5 baravar kamaytiradi.

Shunday qilib, perinatal shikastlanish oqibatidagi somatik kasalliklarni muvaffaqiyatli boshqarish hayotning birinchi 3 oyida agressiv neyroeabilitatsiya, botulin terapiyasi, zamonaviy neyroxirurgik va antiepileptik aralashuvlarning majmuaviy qoʻllanilishiga bogʻliq. Mazkur yondashuv Oʻzbekiston sharoitida ham yuqori samaradorlik koʻrsatdi va mamlakatimizda bolalar nevrologiyasi va reabilitatsiyasi sohasida keng joriy etilishi tavsiya etiladi.

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