ASSESSMENT OF THE CONDITION OF INFANTS WITH PERINATAL PATHOLOGY

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Resume,

PERINATAL PATOLOGIYASI BO'LGAN CHAQALOQLARNING HOLATINI BAHOLASH

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Rezyume,

Kombinatsiyalangan perinatal patologiyaning oqibatlari mavjud bo'lganda, erta tug'ilgan chaqaloqlarga g'amxo'rlik qilishning o'ziga xos xususiyatlari markaziy asab tizimining gipoksik shikastlanish darajasi va namoyon bo'lishi, shuningdek, bronxopulmoner displaziyaning og'irligi bilan belgilanadi.

Erta bolalik davrida bunday bolalarga g'amxo'rlik qilish usullari ularning psixonevrologik jarayonlari dinamikasi va sotsializatsiyaning individual xususiyatlari bilan bevosita bog'liq.

Kalit so'zlar: erta tug'ilgan chaqaloqlar, perinatal patologiya.

ОЦЕНКА СОСТОЯНИЯ МАЛЫШЕЙ С ПЕРИНАТАЛЬНОЙ ПАТОЛОГИЕЙ

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Резюме,

Особенности ухода за детьми-недоносками при наличии последствий сочетанной перинатальной патологии обусловлены уровнем гипоксического повреждения центрального отдела нервной системы и проявлениями, а также gravity бронхолегочной дисплазии.

Методика ухода за такими малышами в раннее детство напрямую связана с динамикой их психоневрологических процессов и индивидуальными характеристиками социализации.

Ключевая слова: недоношенные дети, перинатальная патология.

Relevance. The ultrasound diagnostic method is accessible, highly informative, and allows for an echographic assessment of the structural pathology of the fetus, placenta, and amnion, as well as determining the degree of hemodynamic disorders of the fetoplacental complex in pregnant women with a high infectious index. It allows us to identify the features of cerebral hemodynamics in newborns with perinatal complications of infectious origin[1,4.7].

The analysis of perinatal criteria reflecting the functional state of the mother-placenta-fetus system using statistical processing methods will create a clinical and echographic scale for predicting the severity of a newborn with perinatal infections, which will optimize treatment measures in the antenatal and postnatal periods[2,5,6].

The purpose of the study. To provide a comprehensive assessment of the functional state of newborns with intrauterine infections in order to optimize perinatal management tactics.

Materials and methods of research. At stage 1, 178 birth histories and 178 maps of the newborn's individual development were retrospectively studied.

The results of the study. The clinical material was divided into 4 clinical groups depending on the severity of the infectious process and the severity of the newborn's condition: group 1 (n=40) was a control group, which included newborns from mothers with uncomplicated pregnancies, the child's condition at birth was satisfactory, the Apgar score was 7.8±0.32 points in the first minute, and in the fifth - 8.4±0.21, body weight 3320140.6 grams and height 52.1±0.18cm. Group 2 (n =60) - newborns from mothers at risk of intrauterine infection, the child's condition at birth is satisfactory or moderate with local manifestations of intrauterine infection in the form of pyoderma, rhinitis, otitis media, conjunctivitis, pneumonia of moderate severity.

The Apgar score in the first minute was 6.7± 0.23 points, in the fifth - 7.6± 0.26 points. Body weight at birth was 3274±44.7 grams, height 51.2 ± 0.2 cm. Group 3 (n=50) - newborns from mothers at risk of intrauterine infection, the child's condition at birth is severe or moderate with deterioration to severe in the early neonatal period with manifestations of intrauterine infection in the form of pneumonia, enterocolitis, fetal hepatitis, and other diseases.

The Apgar score was 5.6±0.37 points in the first minute, and 6.6±0.3 points in the fifth. Birth weight -3298±77.1 grams, height 52.3± 0.4 cm. Group 4 (n=28) - newborns from mothers at risk of intrauterine infection, the child's condition at birth is severe or of extreme severity with generalized manifestations of intrauterine infection, requiring artificial ventilation.

The Apgar score in the first minute was 3.6:W, 34 points, in the fifth - 4.8 ± 0.42 points. In this group, body weight at birth was 3067.8±47.4 grams, height 51.5+0.26 cm. The results of the study. A comprehensive assessment of the functional state of newborns with intrauterine infections has been developed in order to optimize perinatal management tactics.

It was found that significant risk factors for the development of IUI in women include: acute or recurrent urogenital infection during pregnancy (DT=92.86%), acute respiratory diseases during pregnancy (DT=65.2%),

gestational pyelonephritis (DT=52.8%), complicated course of the present pregnancy (gestosis, threat of termination, toxicosis) (DT=78%), burdened obstetric history (DT=59.6%), the presence of extragenital pathology (DT:=64%). The expediency of using ultrasound in pregnant women with a high infectious risk is substantiated, which increases the accuracy of the diagnosis of IUI.

The main ultrasound criteria for IUI are: hepato-abdominal coefficient of more than 0.38 cu (DT=92%); disorders of fetal biophysical activity (decrease or absence of motor activity (DT=68.5%) and fetal tone (DT=59%), respiratory function disorders (DT=66.3%)) signs of placentitis (DT=63%) and the presence of infectious fetopathies (DT=55%). It was found that children born to mothers from risk groups for IUI have a high incidence in the early neonatal period, the frequency of which for the period 2005-2008 was 21.1% - 18.7%. The manifestation of intrauterine infection in newborns was both specific (pyoderma, conjunctivitis, pneumonia, enterocolitis, sepsis, etc.) and possible non-specific signs (central nervous system disorders, CNS, hyperbilirubinemia).

It was found that neurosonography can detect structural changes in newborns with IUI in the form of: periventricular hyperechogenicity (in 43 (31.2%) children), dilation of the lateral ventricles (in 30 (21.7%) children), hyperechogenic signals in the thalamuses (in 19 (13.8%) children), vascular plexus cysts (in 16 (11.6%) of children). HCV, hydrocephalus, and cerebral edema were recorded only in severe and extremely severe children.

Vascular tone disorders in the anterior cerebral artery in children with IUI manifested themselves in the form of vasospasm in 38 (27.5%) children and vasodilation in 27 (19.6%) children. A quantitative assessment of the echolithicity of the liver parenchyma with the construction of histograms and the determination of the arithmetic mean of the echolithicity in the studied contour, the mean square deviation and the coefficient of variation allows an objective assessment of the structure of the organ under study, eliminating operator dependence of the method as much as possible.

The developed clinical and echographic scale makes it possible to predict the severity of infectious complications in newborns, confirming the prognosis in 85% of high-risk pregnant women, in 68.6% of cases in medium-risk pregnant women, and in 41.7% of cases in low-risk pregnant women. The developed clinical and echographic scale for predicting the severity of infectious complications in newborns helps optimize perinatal management tactics, which makes it possible to reduce perinatal mortality by 0.6%, reduce the incidence of intrauterine pneumonia by 31.4%, reduce CNS pathology by 6.2% according to clinical signs and by 35.2% according to the NHS, and reduce fetal heart disease syndrome by 5.4%..

Conclusion. The introduction of a clinical and echographic scale developed on the basis of a comprehensive assessment of the functional state of the mother-placenta-fetus system during intrauterine infection will make it possible to predict the severity of the infectious process in a newborn, which will help optimize the management of the perinatal period.

Mathematical processing of the seroscale image of the liver parenchyma significantly improves the accuracy of diagnosis of pathology of the hepatobiliary system in intrauterine infection.

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