

## PAROSSYSMAL STATES IN ADOLESCENTS: PATHOGENESIS, CLINICAL COURSE, DIAGNOSIS AND TREATMENT

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### ✓ Resume,

*In adolescence, paroxysmal conditions (PS) are often found that are manifested by convulsions, syncope, algia, vegetative-vascular crises (panic attacks), etc.*

*According to the WHO and a number of researchers, clinically significant disorders of the neurovegetative and emotional spheres in young people are observed in 20-40% of cases.*

*Key words: paroxysmal conditions, adolescence, convulsive syndrome.*

## ЎСМИРЛАРДА ПАРОКСИЗМАЛ ҲОЛАТЛАР: ПАТОГЕНЕЗИ, КЛИНИК КЕЧИШИ, ТАШХИСИ ВА ДАВОЛАШ МАСАЛАЛАРИ

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### ✓ Резюме,

*Ўсмирлик даврида кўпроқ пароксизмал ҳолатлар кузатилиб, улар талваса билан, синкопал ҳолатлар, алгиялар, вегето - қон томир кризлар (паник ҳужум) ва бошқалар сифатида намоён бўлади.*

*БЖССТ маълумотига кўра, олиб боришган бир қатор изланишлар натижалари шуни кўрсатдики, пароксизмал ҳолатда ўсмирларда нейровегетатив ва ҳиссий доирада ўзгаришлар 20 - 40% ҳолатларда учрайди.*

*Калит сўзлар: пароксизмал ҳолатлар, ўсмирлик даври, талваса синдроми.*

## ПАРОКСИЗМАЛЬНЫЕ СОСТОЯНИЯ У ПОДРОСТКОВ: ПАТОГЕНЕЗ, КЛИНИЧЕСКОЕ ТЕЧЕНИЕ, ДИАГНОСТИКА И ЛЕЧЕНИЕ

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### ✓ Резюме,

*В подростковом возрасте часто встречаются пароксизмальные состояния (ПС) проявляющиеся судорогами, синкопами, алгиями, вегето-сосудистыми кризами (паническими атаками) и др.*

*По данным ВОЗ и ряда исследователей клинически значимые нарушения нейровегетативной и эмоциональной сфер у лиц молодого возраста наблюдаются в 20-40% случаев.*

*Ключевые слова: пароксизмальные состояния, подростковый возраст, судорожный синдром.*

### The relevance of research

In adolescence, paroxysmal conditions (PS) manifest themselves in convulsions, syncopes, algas, vegetative-vascular crises (panic attacks), etc. According to the WHO and a number of researchers, clinically significant disorders of the neurovegetative and emotional spheres in young people are observed in 20 -40% of the cases. The most easily vulnerable, in terms of the impact of various pathological factors, is adolescence (Abramovich GV, 1990, Boldyrev AI, 1990, Hauser WA, Anderson v, E., 1992), which includes children aged from 10 to 20 years. After the periods of the newborn and infants, adolescence is the third childhood period, when the body makes a physiological leap and restructuring of most organs and systems (Badalyan JI.O., 1984; Stephanie D.V., Vel'tishchevYu.E., 1996). In this critical period, a special place among various nosological forms is occupied by diseases in the clinical picture of which the leading syndrome is paroxysmal states.

Despite certain successes achieved in the treatment of paroxysmal conditions, up to now there is no common understanding of the causes of their development, and

therefore, there are various approaches to the rehabilitation of patients. At the heart of paroxysmal conditions is dysregulation of neuroimmune and endocrine relationships. The information given in the literature on the disorders of the immune, neuromediator systems is scattered and ambiguous. The problems of pathogenesis, the diagnosis of paroxysmal conditions in adolescence and the methods of rehabilitation of this category of patients have not been adequately studied.

The purpose of the scientific research:

On the basis of identifying the features of the clinical course, neuro-psycho-physiological and immunological characteristics of paroxysmal conditions in adolescents, isolate their clinical and pathogenetic variants and develop comprehensive rehabilitation programs for this category of patients.

### Material and methods

Examination and treatment of patients with MS was carried out in the conditions of the clinic of nervous diseases on the basis of the clinic AGMI. There were 645 patients with PS at the age of 10-20 years under

observation. Of these, 278 patients of early adolescence from 10 to 14 years and 367 people of late adolescence from 15 to 20 years. According to clinical manifestations, all patients were divided into three main groups: group 1 patients with epileptic paroxysms (EP) - 189 people, group 2 patients with non-epileptic paroxysms (NEP) - 377 people, group 3 with subclinical paroxysmal conditions - 79 people. The duration of the disease ranged from 1 year to 12 years.

### Results of the study and their discussion

The study of anamnestic data in adolescent patients made it possible to identify a number of risk factors that were common to all nosological forms of diseases with paroxysmal conditions (PS). Among such factors, pathology of the perinatal period of development (63.3%), infection (43%), hereditary predisposition (34.6%), brain injury (24.7%) were noted.

Of the provoking factors contributing to the development of paroxysmal conditions, such as: acute stress or chronic psychotraumatic situation (56.2%), severe physical activity (37.5%), sleep and nutrition disorders (29.7%), a sharp change in climatic conditions due to relocations (18.3%), adverse geologic and meteorological factors (46.8%), strong noise (41.3%), bright light (36.4%), supercooling (27.3%), exacerbation of chronic diseases (31.5%).

The complex study made it possible to identify a number of common signs characteristic of all patients with PS epileptic and non-epileptic genesis. Clinico-neurological examination showed the presence of microsymptoms in patients with EP in 85.7% of cases, among NEP patients in 69% and in persons with subclinical paroxysmal conditions in 68.4% of cases. Most often observed were asymmetry of the eye slits (49.3%), a weakening of convergence (47.4%), a flattening of the nasolabial fold (38.2%), a deviation of the tongue (37.4%), revitalization of tendon and periosteal reflexes (84, 6%), weakened abdominal reflexes (32.7%), pathological reflexes: Rossolimo upper (36.2%), Marinesco-Radovici (31.6%), reflexes of oral automatism (24.3%), Babinsky (18, 5%), Bechterew (26.7%), and Trusso (14.8%). The study of structural pathology of the brain by computed tomography (CT) in the group of patients with EP from 140 examined registered the presence of changes of a different nature in 111 patients (79.3%), in the NEP group of 242 patients. - in 138 cases (66.6%) and among persons with subclinical paroxysms from 35 people. - in 12 cases (34.3%).

The data obtained indicate that most of the adolescent patients suffering from PS have structural and morphological changes in the brain that affect the nature of the nervous processes in the CNS.

The study of the state of the vegetative nervous system revealed a predominance of sympathicotonic orientation in the initial vegetative tone in patients with EP. Among patients with non-epileptic and subclinical PS, the prevalence of vagotonic autonomic responses was noted. The most pronounced vagotonic reaction was noted among patients with syncopal paroxysms (71.4%), in patients with migraine paroxysms (67.3%), among patients with atypical prozopalgia (73.8%), and in patients with abdominal lesions (83.6%). The study of autonomic reactivity registered significant changes in heart rate during glaucous, sinocarotid, solar tests and hyperventilation

upwards. Increased heart rate or paradoxical reactions were usually observed in patients with a predominance of sympathicotonic reactions in the initial vegetative tone. This group included patients with generalized and partial convulsive EP, with systemic sympathoadrenal crises, typical prosopalgia, in part with cephalic, cardiac, migraine and atypical paroxysms. A group of patients with a predominance of vagotonic autonomic responses were patients with generalized and partial unconvulsive paroxysms, with systemic autonomic, syncopal, abdominal paroxysms, most with migraine attacks and atypical prozopalgia. The greatest decrease in heart rate in the study of indices of vegetative reactivity was recorded in groups of patients with non-epileptic and subclinical paroxysms. This is due to the fact that in these groups there is a predominance of vagotonic reactions in the initial vegetative tone. The greatest decrease in heart rate was registered in the group of NEP patients. The smallest decrease in heart rate was noted in the group of patients with EP, where there was a predominance of sympathetic-tonic vegetative reactions. The received results of researches testify that at patients of PS of teenage age there are the expressed changes of a condition of vegetative reactivity towards its increase.

Thus, based on the conducted studies of patients with adolescent adolescence and their treatment, it can be concluded that there are common etiopathogenetic mechanisms of PS development for various nosological forms of diseases, which are based on violations of the integrating and regulating role of the central nervous system. The key link in the pathogenesis of PS is, in our opinion, the altered immune and autonomic reactivity. Normalization of neuroimmune-endocrine interrelations is a general therapeutic approach to treating PS in various clinical manifestations.

### Conclusions

1. In adolescents suffering from paroxysmal conditions, the main clinical and pathogenetic variants are identified - epileptic, non-epileptic and subclinical. The isolation of epileptic paroxysms is based on the presence in the clinical picture of typical stereotyped seizures, epileptiform activity on the EEG, psychopathological disorders, mainly in the form of torpiditymental processes; non-epileptic paroxysms are characterized by the development of polymorphic clinical phenomena related to various organs and systems, the recording of signs of paroxysmal activity on the EEG, changes in cerebral hemodynamics in the form of an increase in the tone of the cerebral vessels, increased emotional lability; at subclinical paroxysmal conditions clinical manifestations are less defined, diffuse, characterized by the presence of an increased level of convulsive readiness on the EEG and acceleration of cerebral blood flow due to vasodilation.

2. Bioelectric activity of the brain in adolescents with paroxysmal conditions in 92% of cases is characterized by the presence of pathological changes, mainly: in the form of depression of a rhythm and prevalence of IV and V types of EEG, epileptic paroxysms most often register convulsive potentials: acute waves, peaks, adhesions, wave complexes, with non-epileptic paroxysms - diffuse violations of the bioelectrical activity of the brain with various degrees of disruption of the basic rhythm, with subclinical paroxysms the predominance of slow-wave activity in the ranges of D, 9, and st waves is revealed.

3. The use of reflexotherapy by virtue of their mechanism of action contributes to the restoration of the regulating role of the central nervous system and leads to optimization of the functioning of the vegetative, immune and endocrine systems. The most effective is the combination of drug and non-pharmacological methods of treatment.

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### PATHOGENETIC APPROACHES IN THE PREVENTION OF SURGICAL INFECTIONS AND TREATMENT OF GUNSHOT WOUNDS

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#### ✓ Resume,

*Experimental studies on the pharmacokinetics of gentamicin were performed on 40 rabbits with various methods of injection after the infliction of gunshot wounds on extremities. The results showed that the method of lymphotropic antibiotic therapy provides a more stable and long-term saturation of blood. The highest and the longest retaining concentration of gentamicin in the lymph nodes and soft tissue of gunshot wounds is reached at lymphotropic method of injection.*

**Keywords:** gunshot wound, lymphatic antibiotic therapy, antibiotics pharmacokinetics.

### ЎТ ОЧУВЧИ ҚУРОЛЛАРДАН ЖАРОҲАТЛАНИШДАН КЕЛИБ ЧИҚҚАН ЖАРОХАТ ИНФЕКЦИЯЛАРИГА ҚАРШИ КУРАШИШДА ПАТОГЕНЕТИК ЁНДАШУВ

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#### ✓ Резюме,

*Изланишларимизни амалга ошириш учун гентомицин антибиотикини экспериментал текшириш учун олинган 50 та қўёнларда ўт очувчи қуроллардан жароҳатланган органлар тўқимаси ва лимфа қаватларини морфологиясини электрон микроскопда ўргандик.*

*Олинган натижалар шуни кўрсатдики, зараланган лимфа тизими замонавий жаррохлик усулида даволанганида сезиларли даражада қайта тикланиши, региональ лимфа стимуляцияси ортиши, жароҳатнинг тез тикланиши даволашнинг 3 - кундан бошлаб ўз самарасини кўрсатишига эришилди.*

**Калитсўзлар:**ўт очувчи қуроллардан жароҳатланган яра, лимфатик антибактериал терапия, электрон микроскопия.

### ПАТОГЕНЕТИЧЕСКИЕ ПОДХОДЫ В ПРЕДОТВРАЩЕНИИ ХИРУРГИЧЕСКИХ ИНФЕКЦИЙ И ЛЕЧЕНИИ ОГНЕСТРЕЛЬНЫХ РАНЕНИЯХ

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#### ✓ Резюме,

*Мы провели экспериментальные исследования на 50 кроликах, где морфологически с помощью электронной микроскопии мы изучили изменения в тканях и лимфатическом слое с огнестрельным ранением.*

*Экспериментальные результаты показали, что после огнестрельного ранения лимфатическая система подвергается значительной реструктуризации, а региональная лимфатическая стимуляция способствует значительному ускорению процесса заживления ран на 3-й день после начала лечения.*

**Ключевые слова:** огнестрельная рана, лимфотропная терапия, электронная микроскопия.

#### Topicality of research

**W**e performed experimental studies on 50 rabbits, where morphologically using the electron microscopy,

we studied the changes in the tissues and lymphatic bed with a gunshot injury. The experimental results showed that the lymphatic system undergoes a significant restructuring after a gunshot wound, and the regional