

RISK FACTORS IN THE ESTABLISHMENT OF FORCES DISORDERS IN CHILDREN

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✓ Resume,

The problem of convulsive conditions in young children is one of the important problems of modern neurology, pediatrics and psychiatry.

The prevalence of convulsions among children is 5.0-10.0%. Convulsive conditions are the main source of epilepsy in adults, so preventing their occurrence in children is the key to preventing epilepsy. Especially important in this aspect is the study of convulsive conditions in early childhood (up to 3 years).

Key words: convulsive state, epilepsy, risk factors, infantile age, prevention, absence.

БОЛАЛАРДА ТАЛВАСАЛИ БУЗИЛИШЛАР КЕЛИБ ЧИҚИШИ ХАВФ ОМИЛЛАРИ

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✓ Резюме,

Кичик ёшдаги болаларда талваса ҳолатлари замонавий неврология, психиатрия ва педиатриянинг муаммоларидан бири ҳисобланади.

Болалар ўртасида талвасали бузилишлар тарқалганлиги 5,0 -10,0% ни ташкил қилади. Катталарда талваса ҳолатлари эпилепсиянинг манбаи ҳисобланади. Шунинг учун болаларда талваса билан курашиш, эпилепсияни олдини олиш ва даволашга асос бўлади. Айниқса 3 ёшгача бўлган болаларда ушбу касаллик билан курашиш катта аҳамиятга эга.

Калит сўзлар: талваса ҳолати, эпилепсия, хавф омили, болалик даври, профилактика, абсанслар.

ФАКТОРЫ РИСКА В ВОЗНИКНОВЕНИИ СУДОРОЖНЫХ РАССТРОЙСТВ У ДЕТЕЙ

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Проблема судорожных состояний у детей раннего возраста - одна из важных проблем современной неврологии, педиатрии и психиатрии.

Распространённость судорожных состояний среди детей составляет 5,0 -10,0%. Судорожные состояния являются основным источником эпилепсии у взрослых, поэтому предупреждение их возникновения у детей - ключ к профилактике заболевания эпилепсией. Особенно важным в этом аспекте является изучение судорожных состояний в раннем детском возрасте (до 3 лет).

Ключевые слова: судорожная состояния, эпилепсия, факторы риска, детской возраст, профилактика, абсансы.

Relevance

The problem of convulsive conditions in young children is one of the important problems of modern neurology, pediatrics and psychiatry[2,5,7,9].

The prevalence of convulsions among children is 5.0-10.0%. Convulsive conditions are the main source of epilepsy in adults, so preventing their occurrence in children is the key to preventing epilepsy. Especially important in this aspect is the study of convulsive conditions in early childhood (up to 3 years)[1,4,7].

In young children, the causes of convulsive conditions can be studied in more detail than in adults, because parents and relatives of a sick child can provide the doctor with accurate information about the course of pregnancy and childbirth in the mother, the postpartum period, and the behavior and nature of the child.

Purpose of the study: The purpose of this study was to study the role of risk factors (pre-, peri-, postnatal hazards) and hereditary burden in the onset of convulsive conditions in early childhood[6,8,10].

Material and methods

To solve the set tasks, a clinical and epidemiological survey of 60 young children with convulsive disorders was carried out. Of these, 40 boys (66.7%), girls 20 (33.3%).

Precise information about the time of onset of seizures was obtained about all patients. In the first days after birth, convulsive conditions first appeared in 8 children (13.5%), (boys -7, girls-1), during the first month - in 6 (10.2%) children, (boys -3, girls -3), up to 6 months of age - in 23 (39.0%) children (14 boys, 9 girls), up to 1 year - 16 (25.4%) children (13 boys, 3), up to 2 years old - 4 (6.8%) children (2 boys, 2 girls), up to 3 years old - 3 (5.1%) children (1 boy and 2 girls) .

From the received data it is visible, that at children of early age for the first time convulsive conditions arise more often up to 6 months.

Results: The importance of hereditary factors in the onset of convulsive states is not denied, but is considered by most authors only as predisposing. In our patients,

hereditary complications were detected in 18.0% of cases, including epilepsy in relatives in 3.4% of cases, in one of parents - in 7.7% of cases. Other mental illness among relatives of the first degree of kinship were noted in 6.9% of cases.

Many authors note that heredity is a factor that reduces the convulsive threshold of the child's brain. Attacks appear only when epileptic harmfulness joins this predisposing factor.

Among the prenatal hazards, which can later provoke the onset of convulsive conditions, include chronic fetal hypoxia, gestosis, infection and intoxication of the pregnant mother. Birth trauma, prolonged labor, delivery with obstetric forceps, vacuum extractor, rapid delivery, prolonged asphyxia are one of the frequent perinatal causes of convulsive conditions. In children with convulsive conditions, anamnesis often reveals asphyxia and gestosis in the mother during pregnancy.

According to the clinical examination, the presence of prenatal hazards was revealed in 43 (73%) cases, perinatal hazards were detected in all the children we examined (100%).

In postnatal period convulsive conditions can cause numerous and various factors: brain infections, craniocerebral trauma, various somatic diseases. Of great importance in the development of convulsions are acute infections. Among the patients studied by us, in 24 (40.6%) cases there are indications of past infections. The direct association of infection with the evoked convulsive states was observed in 14 (23.7%) patients. In 2 (3.4%) patients, convulsive conditions first appeared after AKDS inoculation.

Conclusion

From the above data, it is evident that in the examined group of patients with convulsive conditions the ratio of boys to girls was 2: 1. The incidence of convulsions among

boys is twice that of girls, that is, boys are more prone to seizures. Convulsive conditions arise under the influence of the combined effect of endo- and exogenous factors. Among the endogenous factors, the hereditary factor is most important. Among exogenous - the most important are gestosis of pregnancy, birth trauma, infectious diseases.

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