

PECULIARITIES OF THE CLINICAL PICTURE OF VEGETATIVE DYSTONIA IN ADOLESCENTS OF ADDITIONAL AGE 15-17 YEARS DEPENDING ON HARMONY PHYSICAL DEVELOPMENT

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✓ **Resume**

Objective of the study: to identify the main patterns of clinical and functional manifestations of vegetative dystonia in adolescents 15-17 years old with disharmonious physical development.

Material and methods. The work was carried out based on the results of a comprehensive examination of young men-pre-conscripts and conscripts of the city of Andijan aged 15 to 17 years, called up for registration in the Armed Forces in 2019 - 2021 (n = 571 teenagers). The following clinical and instrumental research methods were used: questioning, clinical examination, assessment of neuropsychic development, assessment of sexual development, somatometry, assessment of the level of physical development and the degree of its harmony, somatoscopy.

Results and Discussions. The data we obtained clearly showed not only the putative clinical polymorphism inherent in autonomic dysfunction, but - and this is the main thing - already formed systemic syndromes, somatoform and psychovegetative, which speak of the permanence of autonomic imbalance and its significant severity.

Conclusion Thus, the somatoform manifestations of autonomic dystonia (VD) had significant differences between boys and girls with VD, both with the harmony of physical development (GFR) and the pre-prescription harmony of the physical development of DHFR.

Key words: vegetative dystonia, physical development, pre-prescription age, adolescence.

ОСОБЕННОСТИ КЛИНИЧЕСКОЙ КАРТИНЫ ВЕГЕТАТИВНОЙ ДИСТОНИИ У ПОДРОСТКОВ ДОПРИЗЫВНОГО ВОЗРАСТА 15-17 ЛЕТ В ЗАВИСИМОСТИ ОТ ГАРМОНИЧНОСТИ ФИЗИЧЕСКОГО РАЗВИТИЯ

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✓ **Резюме**

Цель исследования: выявить основные закономерности клинко- функциональных проявлений вегетативной дистонии у подростков 15-17 лет с дисгармоничным физическим развитием.

Материал и методы. Работа выполнена по результатам комплексного обследования юношей-допризывников и призывников г. Андижана в возрасте от 15 до 17 лет, призванных для приписки в Вооруженные Силы в 2019 - 2021 году (n=571 подростка). Были использованы следующие клинические и инструментальные методы исследований: анкетирование, клинический осмотр, оценка нервно-психического развития, оценка полового развития, соматометрия, оценка уровня физического развития и степени его гармоничности, соматоскопия.

Результаты и обсуждения. Полученные нами данные отчетливо показали не только предполагаемый клинический полиморфизм, свойственный вегетативной дисфункции, но - и это главное - уже сформировавшиеся системные синдромы, соматоформный и психовегетативный, говорящие о перманентности вегетативного дисбаланса и значительной его выраженности.

Вывод. Таким образом, соматоформные проявления вегетативной дистонии (ВД) имели достоверные различия между мальчиками и девочками с ВД как с гармоничности физического развития (ГФР), так и допризывного гармоничности физического развития ДГФР.

Ключевые слова: вегетативная дистония, физическая развития, допризывный возраст, подростковый возраст.

CHAQIRUV YOSHIGACHA BO'LGAN 15-17 YOSHLI O'SMIRLARNING JISMONIY RIVOJLANISHINI MUTANOSOBILIGIGA KO'RA VEGETATIV DISTONIYANI KLINIK KO'RINISHI XUSUSIYATLARI

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✓ Rezyume

Tekshiruv maqsadi: chaqiruv yoshigacha bo'lgan 15-17 yoshli o'smirlarning jismoniy rivojlanishini barkamolligiga ko'ra vegetativ distoniyani asosiy klinik-funksional xususiyatlarini aniqlash.

Material i usullar. 2019 – 2021 yillar davomida Andijon shahridagi 15-17 (n=571 o'smir) yoshli chaqiruv yoshigacha bo'lgan o'smirlar va chaqiriluvchilarni Qurolli kuchlar safiga ro'yxatga olishda kompleks tekshiruvi natijaliriga asoslanib ish bajarilgan. Quyidagi klinik va instrumental tekshiru usullaridan foydalanildi: anketa so'rovnomasi, klinik ko'ruv, asab ruhiy rivojlanishini baholash, jinsiy rivojlanishigi baholash, somatometriya, jismoniy rivojlanishi va uni mutanosibligiga baxo berish, somatoskopiya.

Olingan natijalar va muxokama. Olingan natijalar shuni ko'rsatadiki, vegetativ distoniyaga nafakat klinik polimorfizm xos, balki, eng asosiysi, allakachon shakllangan tizimli sindromlar, ruhiy, somatoform va vegetativ o'zgarishlar vegetativ disbalansning turli tumanligi va yaqqol namoyonligi bilan xarakterlanadi.

Xulosa. Shunday qilib, vegetativ distoniya (VD) ning somatoform namoyon bo'lishi jismoniy rivojlanish (JRU) va чақирувгача жисмоний ривожланиш ўғунлиги (ChJRU) uyg'unligida VD bo'lgan o'g'il va qiz bolalar o'rtasida sezilarli farqlarga ega bo'ldi.

Relevance

Protecting the health of adolescent children is one of the priority areas for maintaining and strengthening the health of the population. It is adolescents who will determine the demographic and labor potential of the country. It is especially important that it is during adolescence that the foundations of reproductive health, vocational guidance, family creation, and fitness for military service are laid (1, 2, 3).

Particular attention in scientific research devoted to the health of adolescents is paid to physical development, in particular, disharmony as a risk factor that negatively affects the formation of functional systems of the child's body (4).

Objective of the study: to identify the main patterns of clinical and functional manifestations of vegetative dystonia in adolescents 15-17 years old with disharmonious physical development.

Material and methods

The work was carried out based on the results of a comprehensive examination of young men-pre-conscripts and conscripts of Andijan aged 15 to 17 years, called up to enroll in the Armed

Forces in 2019 - 2021 (n = 571). The main group consisted of 384 adolescents with IC (192 boys and 192 girls). Control group - children without VD (healthy children I and II and in health group) - 187 children of the same age (94 boys and 93 girls).

Result and discussion

The data we obtained clearly showed not only the putative clinical polymorphism inherent in autonomic dysfunction, but - and this is the main thing - already formed systemic syndromes, somatoform and psychovegetative, which speak of the permanence of autonomic imbalance and its significant severity. The fact of periodic manifestation of the process was established, dictating the need for treatment of a teenager in a hospital and at the outpatient stage of providing him with medical care and, finally, rehabilitation in a sanatorium. Vegetative imbalance in most of them does not have a pathological coloration and is only a manifestation of an adaptive - compensatory reaction - vegetative dysfunction, which is usually based on biological, genetic and social - environmental factors, such as negative

stereotypes of behavior, violation of the foundations of a healthy lifestyle and others [3,4].

The clinical signs of various somatomorphic manifestations of VD, identified in children with VD, depending on the harmony of physical development, were very diverse. The study of the clinical features of the course of autonomic dystonia in adolescents with ID and DHFR revealed a number of features in a number of somatoform manifestations in comparison with children with ID and DHF, both boys and girls. In children with VD and DHFR, significant gender differences ($p < 0.05$) were revealed in the frequency of clinical symptoms; in girls compared with boys, the following were more frequent: nausea - (by 41.6%), orthostatic syndrome - (by 27.5%). %, cephalalgia - (by 24.7%), vegetalgia - (by 23.3%), abdominal pain - (by 23.1%), neurogenic bladder - (by 22.5%), constipation - (by 21.9%). In the group of children with VD and HFR, there were no significant gender differences in the frequency of clinical symptoms. Significantly more often ($p < 0.05$) somatoform signs of VD were detected in boys with DHFR compared with boys with HFD: ossalgia - (by 41.4%), dizziness - (by 27.3%); girls with DHFR in comparison with girls with HFR significantly more often ($p < 0.05$) had somatoform signs: ossalgia - (by 63.9%), flatulence - (by 53.7%), constipation - (by 41.9%), nausea - (by 40.0%), orthostatic syndrome - (by 32.9%), dizziness - (by 25.5%), abdominal pain - (by 24.5%), cephalalgia - (by 23, five %). As it turned out, the most frequent (more than 2/3 of all groups surveyed and almost all girls with a disharmonious type of physical development) and manifestations of various clinical coloration, at least of a subjective nature, were vegetalgias in children. They formed the basis of the symptom, not only masking organ pathology - cardiac, abdominal and cerebral pain sensations - but also determining a rather pronounced background of autonomic maladjustment, objective confirmation of which could be identified both due to irradiation along neurogenic zones, and due to painful palpation of exit sites individual nerve bundles - trigeminal and facial nerves, paravertebral, neurovascular.

It should be noted that vegetalgias, like other manifestations of autonomic imbalance, were more often and most intensively presented in girls than in boys. At the same time, they were more pronounced in girls with DHFR. The frequency of clinical symptoms, calculated for the 1st examined adolescent, had a significant difference in children of 13-15 years old with varying degrees of harmony. Thus, clinical signs in children with DHFR were 1.5 times more common than in adolescents with HFR.

Conclusion

Thus, the somatoform manifestations of VD had significant differences between boys and girls with VD with both HFR and DHFR. Significant differences were determined between boys with HFR and DHFR and between girls with HFR and DHFR. It was found that in girls with DHFR, clinical manifestations of VD were observed more often and had a more pronounced and intense coloration compared to girls with HFR.

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