

CLINICAL AND NEUROLOGICAL PECULIARITIES OF FIBRILE CONSUSIONS IN CHILDREN

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✓ *Resume*

The article presents the results of a comparative study of children with febrile and afebrile seizures. It has been established that febrile seizures develop during hyperthermia due to a somatic illness and are accompanied by microorganic diffuse symptoms that do not affect the cognitive development of the child.

Key words: febrile seizures, afebrile seizures, children

КЛИНИКО-НЕВРОЛОГИЧЕСКИЕ ОСОБЕННОСТИ ФЕБРИЛЬНЫХ СУДОРОГ У ДЕТЕЙ

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✓ *Резюме*

В статье приводятся результаты исследования детей с фебрильными и афебрильными судорогами в сравнительном аспекте. Установлено, что фебрильные судороги развиваются при гипертермии по причине соматического заболевания и сопровождаются микроорганической рассеянной симптоматикой, не влияющей на когнитивное развитие ребенка.

Ключевые слова: фебрильные судороги, афебрильные судороги, дети.

BOLALARDA FIBRILE KONSYUSSİYALARINING KLINIK VA NEYROLOGIK XUSUSIYATLARI

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Buxoro davlat tibbiyot instituti

✓ *Rezyume*

Maqolada tutqanoqli va afebril tutqanoqli bolalarni qiyosiy o'rganish natijalari keltirilgan. Isitma xurujlari gipertermiya paytida badandagi kasallik tufayli rivojlanib, bolaning kognitiv rivojlanishiga ta'sir qilmaydigan mikroorganik diffuz simptomlar bilan kechishi aniqlandi.

Kalit so'zlar: febril tutqanoqlar, afebril tutishlar, bolalar

Relevance

Convulsive syndrome is one of the most pressing problems in pediatric neurology. The incidence of epilepsy in the population is 0.5- 0.75% of the child population, and the incidence of febrile seizures (FS) is up to 5%. About half of all seizures occur before the age of 15 years, of which the greatest number of seizures occurs between the ages of 1 and 9 years. The frequent development of seizures in childhood is explained both by the peculiarities of the child's nervous system and by the variety of reasons that cause them [1-6].

Febrile seizures (English - febrileseizures) are paroxysms of varying duration, occurring mainly in the form of tonic or tonic-clonic seizures in the limbs, arising in infants, young children and preschool children at a body temperature of at least 37.8-38.5 ° C (for excluding seizures induced by CNS infections), with possible transformation later into afebrile seizures and epilepsy [3-5,7]. The previous history of afebrile seizures in children does not allow considering the episodes of seizures occurring against the background of

hyperthermia as febrile [8-11]. Febrile seizures (AF), the most common paroxysmal conditions among children aged 6 months and older. up to 5-7 years old, belong to a group of diseases that do not require a mandatory diagnosis of epilepsy. The very term febrile seizures in 2001 was replaced by febrile seizures, since in the clinical picture of this condition, not only convulsive, but also non-convulsive paroxysms can be observed [1-2].

The aim of our study was to study the clinical and neurological manifestations of febrile seizures in children.

Material and methods

The study group included 26 children with simple febrile seizures, the second group included 24 children with afebrile seizures that developed after an episode of fibril seizures. The control group consisted of 20 healthy children matched by sex and age. All children underwent targeted clinical, neurological, laboratory and instrumental examinations. The diagnosis was established on the basis of the results of clinical and neurophysiological (EEG, computed and magnetic resonance imaging) studies.

Result and discussion

The examined children were found to have concomitant diseases in the form of pathology of ENT organs: tonsillitis (25%), rhinosinusitis (19%), pathology of the nasopharynx - 10.8%, pathology of the hepatobiliary system: biliary dyskinesia (59.2%), cholecystitis (18.3%), gastrointestinal tract: colitis (19.2%), anemia (32.5%), as a result of anamnesis, the following diseases were identified: viral hepatitis A (11.7%), childhood infections (76.7%). The subjects had frequent acute respiratory viral infections (98.3%) and colds, the number of episodes during the cold period was 3 times or more, which indicates a sufficient decrease in the immune status, these children belonged to the group of frequently ill children.

During the examination of the neurological status in febrile seizures, diffuse small focal symptoms were determined, in the form of revitalization of tendon reflexes in 10 children (38%), autonomic dysfunction in the form of hyperhidrosis of the palms and feet and marbling of the skin in 8 children (31%), hemihypoplasia in 6 children. (23%). Whereas with afebrile seizures, the signs of deviations were more pronounced: increased tendon reflexes in 23 children (96%), pathological reflexes in 8 children (23%), impaired coordination of

movements in 5 children (21%), central paresis of 7 couples in 18 children (75%), facial asymmetry in 15 children (63%), oculomotor disorders and strabismus in 11 children (46%). One of the typical disorders for children with afebrile seizures is a lag in psycho-speech development in 10 children (42%). Signs of somatoform ANS disorder were typical for children in the group with febrile seizures, while in the group with afebrile seizures were observed in 31% of children.

The group of children with febrile seizures was characterized by: the first onset of seizures was noted after 1 year, the cause of the seizures was hyperthermia, the seizure was of a generalized clonic-tonic nature, the duration of convulsive paroxysm was up to 5-10 minutes. After seizures of focal symptoms, soporous state, stunnedness, prolonged post-convulsive sleep, involuntary defecation and urination were not observed. Convulsions were observed in severe hyperthermia caused by a viral infection of the upper respiratory tract, exacerbation of chronic tonsillitis, and intestinal infections.

It should be noted that there was no visible difference in the behavior of children after simple febrile seizures; moodiness and tearfulness were more associated with somatic illness, especially patients hospitalized in somatic departments. Children with febrile seizures did not show any organic signs. One of the manifestations was dysfunction of the ANS, which manifested itself as hyperhidrosis of the palms and feet, marbling of the skin. According to V.I. Guzeva. the pathogenesis of FS is based on dysfunction of thermoregulatory centers, due to defective structures of the limbic-reticular complex (sleep disturbance and vegetative-visceral disorders).

In the group of children with afebrile seizures, atypical seizures were observed, as a rule, focal, more often hemiclonic in 12 children (50%), in 5 children (21%) were in the nature of absences, in 7 children (29%) there were secondary generalized seizures. A seizure attack was noted more at low-grade fever (63%). At the same time, a duration of more than 5 minutes was noted, the predominance of seizures on one side, asymmetry in the movements of the right and left extremities, the act of urination was noted in 3 children, complete switching off of consciousness in 4 children, and soporosis in 3 children. It should be noted that most of these children were hospitalized in the intensive care unit, 2 children developed status epilepticus, and 8 children had repeated convulsions of the same nature during the day. After an attack of atypical

febrile seizures, 11 children (46%) of this group, who debuted before 1 year, developed afebrile seizures after 4 years, and were subsequently hospitalized in the neurological department with a diagnosis of symptomatic epilepsy. Parents later noted the addition of organic symptoms and the formation of intellectual deficits in these children. Later, in 50% of these children, the parents confirmed the hereditary burden in these children, although at the beginning of the disease they denied it.

Output

Febrile seizures develop with hyperthermia due to a somatic illness and are accompanied by diffuse microorganic symptoms that do not affect the cognitive development of the child.

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