



New Day in Medicine
Новый День в Медицине

NDM



TIBBIYOTDA YANGI KUN

Ilmiy referativ, marifiy-ma'naviy jurnal



AVICENNA-MED.UZ



ISSN 2181-712X.
EiSSN 2181-2187

7 (69) 2024

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**ТИББИЁТДА ЯНГИ КУН
НОВЫЙ ДЕНЬ В МЕДИЦИНЕ**

NEW DAY IN MEDICINE

*Илмий-рефератив, маънавий-маърифий журнал
Научно-реферативный,
духовно-просветительский журнал*

УЧРЕДИТЕЛИ:

**БУХАРСКИЙ ГОСУДАРСТВЕННЫЙ
МЕДИЦИНСКИЙ ИНСТИТУТ
ООО «ТИББИЁТДА ЯНГИ КУН»**

Национальный медицинский
исследовательский центр хирургии имени
А.В. Вишневского является генеральным
научно-практическим
консультантом редакции

Журнал был включен в список журнальных
изданий, рецензируемых Высшей
Аттестационной Комиссией
Республики Узбекистан
(Протокол № 201/03 от 30.12.2013 г.)

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7 (69)

2024

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Received: 20.06.2024, Accepted: 02.07.2024, Published: 10.07.2024

UDC 616.155.194.8

METHODS OF MODERN PREVENTION OF IRON DEFICIENCY ANEMIA IN CHILDREN

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✓ **Resume**

The article presents the features of physiological processes and pathological conditions in children of the first year of life, predisposing to the development of iron deficiency anemia (IDA). The main methods of preventing iron deficiency conditions are described, as well as the principles of choosing an iron preparation and its dose for the treatment of IDA in children of this age category. Particular attention is paid to the prevention and treatment of IDA in premature babies; foreign and domestic recommendations on this issue are presented. A practicing pediatrician for the timely identification and selection of the right tactics for the treatment of IDA in children of the first 12 months of life needs knowledge about the features of the development and treatment of pathology due to differences in the physiological state against the background of high intensity of metabolic processes and immaturity of the anatomical structures in small patients.

Key words: infants, premature infants, iron deficiency conditions, iron deficiency anemia, pregnant women, iron sulfate, iron (III) based on the polymaltose hydroxide complex.

БОЛАЛАРДА ТЕМИР ТАНҚИСЛИК АНЕМИЯСИНИ ЗАМОНАВИЙ ПРОФИЛАКТИКА УСУЛЛАРИ

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✓ **Резюме**

Мақолада ҳаётнинг биринчи йилидаги болаларда темир танқислиги камқонлигининг (TTK) ривожланишига олиб келадиган физиологик жараёнлар ва патологик шароитларнинг хусусиятлари келтирилган. Темир танқислиги ҳолатларининг олдини олишининг асосий усуллари, шунингдек уибу ёйдаги болалардаги темир танқислиги камқонлигини даволаши учун темир воситалари ва унинг дозасини танлаши асослари тавсифланган. Эрта тугилган чақалоқларда TTK касаллигининг олдини олиши ва даволашига алоҳида эътибор қаратилган, бу борада хорижий ва маҳаллий тавсиялар келтирилган. Ҳаётнинг дастлабки 12 ойидаги болаларда TTK касаллигини даволашнинг тўғри тактикасини ўз вақтида аниқлаши ва танлаши учун амалиётчи педиатр, кичик беморларда метаболик жараёнларнинг юқори интенсивлиги ва анатомик тузилмаларнинг етишмовчилиги фонида физиологик ҳолатдаги фарқ туфайли патологиянинг ривожланиши ва даволаши хусусиятлари тўғрисида маълумотлар келтирилган.

Калим сўзлар: чақалоқлар, эрта тугилган чақалоқлар, темир танқислиги ҳолатлари, темир танқислиги камқонлиги, ҳомиладор аёллар, темир сульфат, полималтоза гидроксид комплексига асосланган темир (III) воситалари.

МЕТОДЫ СОВРЕМЕННОЙ ПРОФИЛАКТИКИ ЖЕЛЕЗОДЕФИЦИТНОЙ АНЕМИИ У ДЕТЕЙ

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✓ Резюме

В статье представлены особенности физиологических процессов и патологических состояний у детей первого года жизни, предрасполагающих к развитию железодефицитной анемии (ЖДА). Описаны основные методы профилактики железодефицитных состояний, а также принципы выбора препарата железа и его дозы для лечения ЖДА у детей данной возрастной категории. Особое внимание уделено профилактике и лечению ЖДА у недоношенных детей; Представлены зарубежные и отечественные рекомендации по данному вопросу. Практикующему педиатру для своевременного выявления и выбора правильной тактики лечения ЖДА у детей первых 12 месяцев жизни необходимы знания об особенностях развития и лечения патологии, обусловленной различиями физиологического состояния на фоне высокой интенсивности обменных процессов и незрелости анатомических структур у маленьких пациентов.

Ключевые слова: дети грудного возраста, недоношенные дети, железодефицитные состояния, железодефицитная анемия, беременные, сульфат железа, железа (III) на основе комплекса полимальтозидроксид.

Relevance

An important part of the prevention of iron deficiency anemia in children is - regular examinations with a doctor and blood tests. Lack of iron is easily detected even at the earliest stages, when it is easiest to eliminate. Special attention is required for children born premature or with deficiency of body weight, and also children of mothers who suffered from anemia during pregnancy.

In order to avoid the development of anemia, you need to strictly monitor the child's diet, including in the menu iron-containing products, and also fruits and vegetables. The more varied the diet, the less chances that a child will experience a deficiency in that or other vitamin or mineral.

Have your children faced such a problem as anemia or no, in any case, for the full development of the child must be encouraged active games physical exercise,

even if for the sake of this you will have to be strict and limit the baby's access to TV, game consoles and the Internet .

For many parents, cartoons or video games seem like an easy way to keep their children occupied, but thanks to the development of technology, about 30% of modern children lead a sedentary lifestyle. This is fraught not only with anemia, but also with excess weight gain, slower physical development, problems with the spine, vision and blood circulation.

The purpose of the study is to optimize tactics for the treatment of IDA in children and adolescents using selection based on evidence-based medicine methods of the most effective therapeutic plan.

Materials and methods

Under supervision there were 94 children with IDA at ages from 5 months to 17 years, including: up to 1 years - 16 children (17.0%), 1-3 years - 64 child (68.1%), 4-12 years - 4 person (4.3%) and over 12 years old - 10 teenagers (10.6%).

Result and discussions

During the analysis of the ante and ingranic causes of the development of IDA in the observed children it was revealed that hyposiderosis pregnant and gestosis were observed in 51.6 and 59.4% respectively, threat of termination of pregnancy

- in 48.4%, caesarean section - in 31.3%, heavy menstruation - in 23.4%, the mother had more than 5 pregnancies - 14.1%, break between pregnancies n - diseases less than 3 years - 20.3%, sports - 12.5%, chronic infections - 10.9%, a lot - fetal pregnancy 6.3%, vegetarianism -6.3% and donation - in 6.3%.

31.0% of children were born prematurely, who subsequently experienced excessive weight gain, leading to an increased need for iron in the body. 24.1% of children had large birth weights. Nutritional iron deficiency as a result of unbalanced nutrition (early artificial feeding, including unadapted milk formulas, late introduction or absence of meat products in the diet) was detected in 39.1% of children. More than 1/3 of the children were from prosperous families with low material income. Menstrual cycle disorders were detected in 100% of girls.

Intensive growth was noted in 4 0% of adolescents kov, exercise classes orth - in 20%, nutritional factor torus in 20 % In all patients in genesis IDA a combination of several of the reasons indicated was observed.

The conducted research indicates that IDA in young children is caused by a complex of reasons, including an unfavorable course of pregnancy and childbirth, aggravated obstetric-gynecological and social history, as well as nutritional factor and the child's increased needs for iron during periods of intensive growth.

Feeding defects were noted in less than half of children, which allows us to join the opinion of many domestic researchers about the more significant role of maternal health, pathological pregnancy and anemia in pregnant women in development of IDA in infants and young children than nutritional insufficiency. In adolescents the causes of development of IDA are high rates of growth, sports, as well as menstrual disorders cycle for girls.

Analysis of the clinical manifestations of IDA showed that in children there are a variety of anemic and sideropenic symptoms, the frequency and severity of which depend on age patients, degree severity and duration anemia. The only symptom observed by us in the clinical picture of all examined children was pallor of the skin and mucous membranes. Another symptom found in most patients was lethargy or weakness. The indicated anemic symptoms are associated with insufficient provision of tissues with oxygen. Disturbance sleep and emotional lability occurred in approximately half of the children, regardless of age. The child's brain is very sensitive to iron deficiency and the identified behavioral disorders are caused by primarily sideropenia. Physical development below average was in 10 children.

Typical manifestations of sideropenia in children of the first three years of life were decreased and/or perverted appetite, tachycardia and functional systolic murmur, intestinal dyspepsia, muscle hypotension, including hypotonia of the abdominal wall and diaphragm muscles. The latter led to a relatively low position of the liver and spleen and in some cases created a false impression of their enlargement. Hepatomegaly and splenomegaly, which we identified in more than half of the children, were characteristic signs of this age group.

half of patients experienced dry skin, hair, fragility and hair loss, and less often - angular stomatitis and glossitis. Trophic changes from the side of the gastrointestinal tract, skin, its appendages, and also muscle weakness, including myocardial, is caused by tissue iron deficiency, leading to metabolic disorders in cells.

Conclusions

The leading importance of the nutritional factor was noted in less than half of children. In adolescents, the reasons for the development of IDA are high growth rates, playing sports, as well as disorders of the menstrual cycle in girls.

In young children in modern conditions, the maternal health status, pathological course of pregnancy, anemia during pregnancy and a burdened social history play an important role as risk factors for the development of IDA.

In young children with IDA, the concentration of zinc in the blood serum was normal (in 46.7%) or increased (in 50.0%). The content of copper in the blood serum in 70.0% of patients did not differ from the indicators of healthy children, was significantly reduced in 16.7% and increased in 13.3% patients.

No found significant difference in content of zinc and copper in children with mild and moderate anemia.

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Entered 20.06.2024