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**ТИББИЁТДА ЯНГИ КУН
НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE**

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MODERN APPROACHES TO THE ORGANIZATION OF SURGICAL CARE FOR CHILDREN WITH CONGENITAL ANOMALIES OF THE GASTROINTESTINAL TRACT

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✓ Resume

The development and improvement of prenatal diagnosis has made it possible not only to determine congenital malformations intrauterine, but also to carry out the tactics of management of pregnant women, prognosis, and determine the places of birth taking into account the possible verified malformation in the fetus. Currently, the methodology for evaluating the organization of surgical care for infants with congenital malformations of the digestive tract requiring emergency surgical intervention is not sufficiently covered.

Keywords: organisation, surgical care, children, congenital malformations, gastrointestinal tract

СОВРЕМЕННЫЕ ПОДХОДЫ К ОРГАНИЗАЦИИ ХИРУРГИЧЕСКОЙ ПОМОЩИ ДЕТЯМ С ВРОЖДЕННЫМИ АНОМАЛИЯМИ ЖЕЛУДОЧНО-КИШЕЧНОГО ТРАКТА

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✓ Резюме

Развитие и совершенствование пренатальной диагностики позволило не только определять врожденные пороки развития внутриутробно, но также осуществлять тактику ведения беременных, прогноз, определять места рождения с учетом возможного верифицированного порока у плода. В настоящее время методика оценки организации хирургической помощи младенцам с врожденными пороками развития пищеварительного тракта, требующие неотложного оперативного вмешательства, освещены недостаточно.

Ключевые слова: Организация, хирургическая помощь, дети, врожденные пороки, желудочно-кишечный тракт

ЗАМОНАВИЙ ШАРОИТДА ИЧКИ ИЧАК ТИЗИМИ БИЛАН ТУҒМА НУҚСОНЛАРИ БЎЛГАН БОЛАЛАРГА ЖАРРОҲЛИК ЁРДАМИНИ ТАШКИЛ ЭТИШ

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✓ Резюме

Пренатал диагностикасини ривожлантириши ва такомиллаштириши нафақат туғма нуқсонларни ичида аниқлаш имконини берди, балки ҳомиладорликни ёндашуви усулини, прогнозни амалга ошириши, ҳамда ҳомилада бўлиши мумкин бўлган нуқсонларни инobatга олган ҳолда туғилиши жойини аниқлаш имконини яратди. Ҳозирги вақтда ошқозон-ичак тизимида туғма нуқсонлари бўлган чақалоқларга фавқулодда жарроҳлик аралашуви талаб қилинган ҳолларда хирургик ёрдам ташкил этиши бўйича методика яхши ёритилмаган.

Калит сўзлар: Ташкилот, жарроҳлик ёрдами, болалар, туғма нуқсонлар, ошқозон-ичак тракти

Relevance

Congenital malformations are one of the main causes of perinatal and early infant mortality, causing serious medical and social problems in society [1]. According to WHO, also according to population studies conducted in various countries, the incidence of congenital malformations averages from 3 to 6%, and this leads to mortality in 30-40% of cases, and also serves as the main cause of infant mortality (up to 25%) and disability (up to 50%).

The literature also does not adequately reflect the optimal timing of transporting infants to specialized surgical hospitals, providing adequate respiratory support, correcting hemodynamic disorders, and maintaining a temperature regime. Publications on diagnostic and tactical errors at the stages of admission of newborns with congenital malformations of the digestive tract to specialized surgical hospitals are rare. There are only isolated reports on this issue [4].

Along with the prevalence of congenital malformations of the digestive tract, the diagnosis of these malformations in newborns in maternity hospitals presents certain difficulties. This is evidenced by the late arrival of children in surgical hospitals. Only 30% -35.2% of children arrive on time[5]. The high mortality rates of children with GI tract disorders require finding ways to improve the organization of surgical care. A lot of attention is paid to optimizing the methods of diagnosis and treatment of HPV, but the system of organizing surgical care for children requires further improvement. In this regard, there is a need to improve not only medical and diagnostic, but also organizational measures aimed at ensuring the continuity and continuity of medical care for congenital gastrointestinal defects.

Because of research on improving the quality of medical care for children with congenital malformations of the gastrointestinal tract, a methodology has been developed to assess the quality and effectiveness of healthcare from both a clinical and economic point of view (Institute for Quality and Efficiency in Health Care, Germany). In recent years, the development of medical technologies could not but affect the success in surgery of newborn children (National Institute for Health and Welfare (Finland)).

Materials and methods

However, despite significant progress in surgery and neonatal intensive care, the results of treatment of infants with surgical diseases such as atresia, stenosis, and fixation disorders of various sections of the intestinal tube remain disappointing. The negative results of treatment are explained by the lack of unified effective treatment schemes and algorithms, the problem of optimizing the timing of surgical benefits remains unresolved, and there is no single point of view on the methods of management of the preoperative and postoperative period. In addition, in more than 80% of cases, surgical diseases are combined with severe somatic neonatal pathology: prematurity, intrauterine infection, respiratory disorders syndrome, perinatal damage to the central nervous system, etc. In some cases, these pathological conditions mask the presence of congenital anomalies and determine the severity of the child's condition in early life.

A catamnestic study of neonatal surgery patients conducted by V.I. Gordeev and E.V. Ulrich (2017) revealed that the quality of life of children under 14 years of age depends on the severity of their condition during the newborn period. The authors consider early, preschool and primary school age up to and including 10 years old to be critical age periods for the dynamics of the quality of life of operated children. Similar data were obtained by H.S. Shaidkhanova (2017): the quality of life of neonatal surgery and intensive care convalescents is lower than that of their peers in the control group: according to self—assessment data, on average by 11%, according to expert assessment - by 24%. The lowest quality of life indicators were noted in the group of surgical resuscitation convalescents operated on for congenital malformations of the intestine (on average 31% below normal). The quality of life of neonatal surgery and intensive care convalescents depends on the severity of the condition in the acute period: patients in critical condition have indicators on average 33% lower than normal. Neonatal surgery and intensive care convalescents have a reduced level of school maturity (89% of the norm), which makes it difficult to adapt to school programs and creates prerequisites for poor academic performance.

The number of children with surgical pathology of the newborn period is constantly increasing and has no tendency to decrease [8]. The maximum incidence of birth defects (up to 80-85%) is observed in the early stages of intrauterine development, which was revealed during the study of spontaneous abortion materials. According to WHO, 4-6% of children with HPV are born in the world every year, with a mortality rate of 30-40%. Among newborns, the frequency of HPV detected immediately after

birth ranges from 2.5 to 4.5%, and taking into account disorders detected during the first year of life, reaches 5%.

Congenital malformations are also leading in the structure of causes of perinatal mortality. According to (2007) [16], E.N. Whitby et al. (2003) [7], the influence of congenital anomalies on the overall structure of infant mortality is increasing. Studies conducted in different countries have shown that 25-30% of all perinatal losses are due to anatomical defects of organs. Among stillbirths, HPV is detected in 15-20% of cases. During the 1st year of life, 25% of all deaths of children are caused by congenital malformations [10]. One of the main organizational issues is the definition of the type of defect at the prenatal stage, the provision of highly qualified care in a specialized institution and the solution of issues of transporting newborns to specialized hospitals. So far, the issues of transportation of infants with congenital malformations of the digestive tract have not been sufficiently covered. The literature also does not fully reflect the optimal timing of transporting infants to specialized surgical hospitals and maintaining a temperature regime [2,6]. There are rare publications on diagnostic and tactical errors at the stages of admission of newborns with gastrointestinal tract disorders to specialized surgical hospitals. There are only isolated reports on this issue [9]. This issue requires further scientific research to determine the optimal conditions and adopt regulatory documentation.

Various factors influence the effectiveness of the treatment of newborns with gastrointestinal tract disorders. The high mortality rate of children with GI tract infection is often due to both chromosomal pathology and concomitant non-surgical diseases, which often determines the outcome and success of surgical treatment [7].

Results and discussions

Studies on congenital malformations of the gastrointestinal tract indicate that it is impossible to completely solve this problem only based on the organization of surgical care, it is also necessary to optimize timely diagnosis, identify the main clinical factors influencing the results of treatment. The identification of all congenital malformations after birth, an understanding of the morphology of the defect, the clinical picture, and the patterns of the frequency of abnormalities determine surgical tactics, features of nursing children with congenital malformations of the digestive tract and determine the outcome of the disease [15]. The development of these organizational issues will improve the results of treatment of newborns with congenital malformations [5].

The choice of malformations of the digestive tract as an object of scientific research is due to their high population frequency among all congenital malformations of newborns and continuing unsatisfactory treatment results [2].

In the structure of congenital malformations, the proportion of pathology of the gastrointestinal tract ranges from 21.7% to 25%. In 33% of cases, these malformations are manifested by congenital intestinal obstruction. The mortality rate in this group of defects remains high, despite the improvement of surgical methods of treatment and resuscitation and anesthesiological aids [1].

Despite the centuries-old history of studying congenital malformations of the gastrointestinal tract, the results of treatment today cannot be considered satisfactory, many organizational issues have not been resolved both the diagnosis of these diseases and their treatment.

In the Republic of Uzbekistan, the incidence of congenital malformations is comparable with data from neighboring countries (CIS countries) and has no tendency to decrease. There is an increase in the morbidity of newborns against the background of an increase in the frequency of premature births and children with reduced body weight [9].

The following classes of diseases are leading in infant mortality: in the first place – individual conditions that occur in the perinatal period, in the second place – congenital malformations and chromosomal abnormalities, in the third place - respiratory diseases. The increase in the proportion of developmental abnormalities in the structure of neonatal and infant mortality both in Kazakhstan and in other countries of the world is due to a relative decrease in newborn mortality from infections and birth injuries [5]. The hospital mortality rate of children under 1 year of age with HPV is 7.6%; among children of the first year of life who died in hospital, CVD is the cause of death in 24.6% of cases [51,52,53].

Congenital malformations occur in 5% of infants, but their contribution to the structure of infant mortality reaches 20% and higher, while about 30% of patients have multiple abnormalities. More than 5.5% of children with HPV are born in the world, while the mortality rate is about 30-40% [7]. At the

same time, among the causes of neonatal mortality, VPR is 7%. In the Republic of Uzbekistan, in recent years, IDP has occupied a leading place among the causes of infant mortality, amounting to 22.6-22.8%.

Many of the surviving children become disabled from childhood and their upbringing not only places a heavy burden on the shoulders of their parents, but also requires significant material costs from the state. One of the main directions of modern neonatology is the study of surgical pathology of newborns, in particular, congenital malformations of the gastrointestinal tract [8].

There are very few Newborn surgery Centers in our country, and therefore children of the first year of life, including newborns, are treated in general surgical departments, which leads to significant mortality, with some types of defects reaching up to 100%. The mortality rate of newborns diagnosed with GI tract infection ranges from 25% to 57% [9].

Conclusion

Thus, the identification of all congenital malformations after birth, an understanding of the morphology of the defect, the clinical picture, and the patterns of the frequency of abnormalities determine surgical tactics, especially the care of children with congenital malformations of the digestive tract. The development of these issues will improve the results of the treatment of newborns with these congenital malformations. The high mortality rates of children with GI tract disorders require finding ways to improve the organization of surgical care and develop new approaches to determining the place of birth, taking into account the verified defect in the fetus. The analysis of the organization of surgical care for congenital malformations of the gastrointestinal tract revealed the diversity and the need for further development of this problem.

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