

FEATURES OF THE COURSE OF SEVERE PNEUMONIA IN CHILDREN AT AN EARLY AGE ON THE BACKGROUND OF PIERRE ROBIN'S DISEASE.

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The purpose of the study: *to study the features of the course of pneumonia in young children against the background of Pierre Robin's disease.*

Materials and methods: *45 children with community-acquired pneumonia were examined against the background of Pierre Robin's disease, and clinical and anamnestic data were determined by analyzing the child's life history and course of the disease.*

Results: *It was revealed that the severity of the condition of the examined children was due to a burdened maternal history, premorbid background, artificial feeding and the factor of prematurity itself, as well as the conditions of the microflora of the gastrointestinal tract.*

Key words: *pneumonia, Pierre Robin's disease, young children, clinic, X-ray.*

Relevance: *acute pneumonia in young children remains a significant cause of morbidity and mortality despite the introduction of highly effective broad-spectrum antimicrobials, the availability of comprehensive supportive treatment regimens and preventive measures (2;5).*

An unfavorable background for the course of pneumonia is rickets, protein and energy deficiency, anemia, dysbiosis, atopic dermatitis, etc(6).

Patients with congenital anomalies of tissues and organs of the maxillofacial region occupy a special place. Of great interest is the assessment of the clinical course of acute pneumonia in these premature infants, however, despite this, there is little information in the literature that has theoretical or applied significance for the treatment of this group of patients, treatment is particularly difficult and requires the participation of highly qualified specialists, proper consistency and is comprehensive (3).

For a long time, the origin of Pierre Robin's disease (BPR) has been attributed to a certain role of external factors, a disease of mother during pregnancy (infectious disease, uterine disease, artificial or spontaneous miscarriages), mental trauma, eating disorders, and others(4).

BPR is a severe malformation that entails serious consequences since the birth of the child, there have been pronounced violations of the function of the lip and palate. The act of sucking, swallowing, and subsequently the act of chewing is disrupted, which in turn leads to developmental abnormalities and sometimes death for the first time in a week of life. With BPR, the child's nutrition, swallowing and breathing are sharply disrupted. This can

lead to aspiration of the contents of the oral cavity and various complications from the respiratory tract and lungs (1;4).

The above data dictate the need to study the clinical and anamnestic features of the manifestations of acute pneumonia against the background of BPR in young children.

The purpose of the study: was to study the clinical and anamnestic features of acute pneumonia in young children with Pierre-Robin disease.

Materials and methods. We analyzed 45 archived medical histories of children with acute severe pneumonia with BPR disease and 18 premature infants with body weight from 1500 to 1800 g and age from 3 to 11 days of birth.

The results and their discussion. The age of the mothers ranged from 19 to 49 years, 5% of them under 20 years old, 23% aged 20-25 years, 51% from 1 pregnancy. The outcome of previous pregnancies in 3% of cases was unfavorable (miscarriage, miscarriage, premature birth). Protein and energy deficiency of the fetus was common-17%. 11% of mothers suffered from gynecological diseases.

24.6% of women suffered from chronic infections and diseases such as pyelonephritis and glomerulonephritis, rheumatism, diabetes mellitus, obesity, acute and chronic bronchitis. ARVI with high fever in the first half of pregnancy was suffered by 16.2% of women, and in the second half by 6%. This pregnancy was often accompanied by complications, early toxicosis in 32.6% of cases; gestosis of varying severity in 27%; the threat of miscarriage in 18%; chronic intrauterine hypoxia occurred in 8% of cases; infectious diseases in 20%. Deliveries were timely in 67.15%, premature or delayed in 33.0%. Among the complications, the most common were: premature discharge of amniotic fluid (12%), anhydrous interval from 6 to 12 hours was 11%. Labor anomalies were observed in 4% of women, which required some kind of stimulation in 2% of mothers. At birth, 7% of newborns had an Apgar score of 7-8 points, 25% 4-5 points, 5% 3-4 points.

All the examined premature infants with BPR were clinically diagnosed with pneumonia, which occurred with respiratory distress syndrome, cyanosis(2), from the moment of admission or after 2-3 days. Intestinal syndrome developed from the onset of the disease or 2-3 days after admission and was leading throughout the acute period. The diagnosis of pneumonia was confirmed radiologically: focal shadows were found in 14 children during lung X-rays, and even drainage in three children.

Conclusions. The data obtained by us indicate that the severity of the condition of the examined children was due to a burdened maternal history, premorbid background, artificial feeding and the very fact of prematurity. A child with low body weight and with various forms of immunodeficiency conditions has intestinal flora, which becomes pathogenic, provoking an inflammatory process both in the intestine and in the lungs.

The effectiveness of therapy depends on the individual choice of it, taking into account the etiology of the disease, the course and phase of the pathological process, the age of the patient, the degree of extrapulmonary lesions of the body.

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