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DAMAGE TO THE CENTRAL NERVOUS SYSTEM IN COMMUNITY ACQUISITED PNEUMONIA IN CHILDREN

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Abstract.

Relevance. Community-acquired pneumonia (CAP) with complications is typical for respiratory diseases and occurs in up to 20% of children. In addition to respiratory failure, children with CAP often experience complications from the central nervous system (CNS). Such complications include toxic-metabolic syndrome, convulsive syndrome, hypoxic encephalopathy. **Purpose of the study.** Early diagnosis, prevention of complications and optimization of treatment of children with CAP with central nervous system and heart damage. **Methods and research.** Under observation were 48 children with CAP who were being treated at a multidisciplinary clinic of the Tashkent Medical Academy; 14 (29.16%) children had toxic-metabolic syndrome, 12 (25.00%) had pathological changes in the cardiovascular system. The levels of respiratory failure and saturation indicator were determined, an ultrasound examination of the brain, an ECG and general clinical and laboratory tests were performed. **Research results.** In 15 (31.25%) sick children, a severe course of VP, symptoms of III degree DN, saturation index ≤85.0%, 16.6% signs of hypoxia during an UTT study of the brain were revealed. 14 (29.16%) treated children had symptoms of damage to the nervous system 18 (37.5%), had pathological changes in the cardiovascular system 17 (35.41%) (decrease in the QRS complex 15 (31.25%), partial block of the right branch of the Hiss bundle 7 (14.58%) and 4 (8.33%) had a partial block of the left branch of the bundle Gissa. **Conclusions.** To optimize the early diagnosis and treatment of the acute phase of CAP, central nervous system and heart damage, it is necessary to conduct symptomatology of DN, radiography, ultrasonography, MSCT and ECG of the lungs, determine and correct the O2 saturation index, and consult a pediatric neurologist and cardiologist.

Key words: community-acquired pneumonia, children, central nervous system damage, hospital treatment, oxygen therapy.

Bolalarni shifoxona sharoitida davolanishga olib keluvchi kasalliklar ichida nafas tizimi kasalliklari birinchi o‘rinda turadi. Nafas tizimi kasalliklaridan shifoxonadan tashqari pnevmoniya(ShTP) asoratlar bilan kechish xos bulib bolalar orasida 20%gacha uchraydi. Bundan tashqari ShTP bolalarda o‘limga olib keluvchi asosiy sabablardan biri xisoblanadi, va kasallikni erta tashxislash va samarali davolash muximligini tasdiqlaydi. [1, 2, 4].

ShTP bilan og‘rigan bolalarda nafas yetishmovchiligidan tashqari, markaziy asab tizimida (MAT) aniqlanadigan asoratlar ham tez-tez kuzatilib turadi. Bu asoratlar: toksik – metabolik sindrom, talvasa sindromi, gipoksik ensefalopatiyalar kabidir. Bu asoratlarni ShTPda uchrashi bolalarni shifoxona sharoitida uzoq vaqt davomida davolanishiga olib keladi va bolalarning xayot sifatiga salbiy ta’sir ko‘rsatadi.[3, 5, 6].

ShTP (J18.0) – o‘pkaning o‘tkir nospetsifik infeksion yallig‘lanish kasalligi hisoblanib, respirator bo‘limning o‘choqli zararlanishi hamda alveolalar ichiga ekssudat yig‘ilishi bilan kechadi. Kasallik chaqiruvchilari ko‘p hollarda turli xil bakteriyalar, viruslar va kam hollarda zamburug‘lar hisoblanadi. Qo‘shma virusli va bakterial qo‘zg‘atuvchilar tomonidan xam ShTPlar chaqiriladi [7, 8, 11b 12].

Turli yoshdagi bolalarda ShTP o‘z kechish xususiyatlariga ega. Erta yoshdagi bolalarda ShTP etiologiyasida ko‘proq Str.pneumoniae uchrasa, kichik va katta yoshdagi bolalarda Str.pneumoniae bilan birga mikoplazma, xlamidiyalar xam uchraydi. Bolalar orasida ShTP asosan 5 yoshgacha bo‘lgan davrda ko‘proq uchraydi, va bu xolatlarda kasallikni asoratlar bilan og‘ir kechishi kuzatiladi

[7, 8, 9]. ShTPni davolashda keng antibakterial preparatlardan foydananiladi, jumladan amoksitsillin, amoksitsillin klavulanat, makrolidlar, sefalosporinlar va xok.. Asoratsiz kechadigan ShTPda antibibakterial preparatlar ogʻiz orqali qabul qilinadi. Ogʻir kechadigan ShTPda antibiotiklar parenteral ravishda qoʻllaniladi va bemorni axvoli yaxshilanganidan keyin qadamma-qadam ogʻiz orqali qabulga oʻtiladi [8, 9, 10].

Oxirgi yillarda ShTPning asoratlangan turlari koʻpayib borishini inobatga olib va davolash samarasini oshirish yoʻllarini izlab mazkur ilmiy tadqiqot ishini maqsad kilib qoʻydik.

Tekshiruv maqsadi.

ShTPni bolalarda MAT va yurak zararlanishi bilan kechganda erta tashxislash, asoratlarni oldini olish va davolashni optimallashtirishdan iborat

Tekshiruv obʼekti va usullari.

Tekshiruvlar Toshkent tibbiyot akademiyasining koʻp tarmoqli klinikasining bolalar boʻlimida olib borildi. Qoʻyilgan maqsad va vazifalarni bajarish uchun ShTP tashxisi qoʻyilgan va shifoxonada davolanayotgan 1-3 yoshli 48 nafar bemor bolalar kuzatuvga olindi. Pnevmoniya tashxisi anamnestik, klinik, fizikal tekshiruvlar (palpatsiya, perkussiya, auskultatsiya), instrumental (oʻpka UTT, koʻkrak qafasi rentgenogrammasi, koʻkrak qafasi MSKT/KT, saturatsiya koʻrsatkichi, EKG, miya UTT), laborator tekshiruvlar (umumiy qon, qon bioximik tahlili, peshob va axlat tahlili) koʻrsatkichlari natijalari asosida, 10 Xalqaro Kasalliklar Tasnifi va Geppe N.A. va xamm., (2010) tavsiyalari boʻyicha qoʻyildi. Bemorlarni davolashda standart davolash usullaridan foydalanilgan holda antibiotikaterapiya, oksigenoterapiya, vitaminoterapiya va simptomatik terapiya olib borildi.

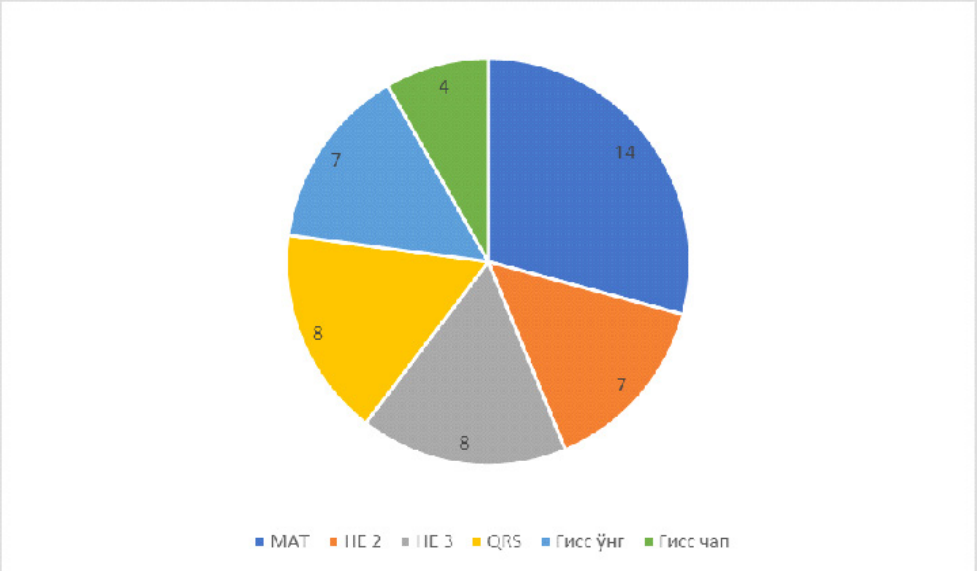
Natijalar.

Kasallik klinikasi oʻrganilganda - bemorlarda yoʻtal 48 (100%), hansirash 35(72,91%), akrotsianoz 20 (41,66%), isitma 40 (83,33%), taxikardiya 15 (31,25%), saturatsiya koʻrsatkichining pasayishi 38 (79,16%), injiqlik 18 (37,5%), uyquning buzilishi 17 (35,41%), rentgenografik tekshiruvlarda oʻpka toʻqimasida soyalanishlar 48 (100%) aniqlandi. Laborator tekshiruvlardan leykotsitoz 16(33,33%) nafar bolalarda kuzatilgan, limfotsitoz 12(25,0%) nafar bolalarda, S-reaktiv oqsil 25(56,25%) nafar bolalarda yuqori boʻlgan, va umumiy oqsil 23(47,91%) nafar bolalarda referent koʻrsatkichlardan kam boʻlganligi aniqlangan.

Kuzatilgan bemorlarning 14 (29,16%) nafarida MAT zararlanishi toksik – metabolik sindrom koʻrinishida kuzatildi. Toksik – metabolik sindrom belgilari: umumiy holsizlik, kuchli bezovtalik, uyquning buzilishi, injiqlik, ishtaxasizlik, va boshqalar kiradi. Toksik – metabolik sindrom kuzatilgan bemorlarga antibiotik bilan terapiyaga qoʻshimcha ravishda dezintkoskatsion davo oʻtkazildi.

Diagramma-1

ShTP bilan kasallangan bemor bolalarda asoratlarni uchrashi



Bemorlarning 15 (31,25%) nafarda ogʻir axvol kuzatildi, shu bemorlar klinik koʻrsatmaga binoan reanimatsiya boʻlmiga oʻtqazildi. Reanimatsiyaga oʻtqazilgan bemorlarning 8 (16,66%) nafarida III

darajali nafas yetishmovchiligi kuzatildi. Kasallik og‘ir shaklda kechganida, kuzatilgan bemorlarning 38 (79,16%) nafarida saturatsiya ko‘rsatkichi 90% dan past bo‘ldi, reanimatsiya bo‘limiga o‘tqazilgan bemorlarda saturatsiya ko‘rsatkichi 85%dan kam bo‘ldi, mos ravishda bu bemorlarda II - III darajali nafas yetishmovchiliklari aniqlandi. Toksik – metabolik sindrom ko‘rinishda MAT zararlanishi kuzatilgan bemorlarning 8(16,66%) nafarida neyrosonografiyada gipoksiya belgilari aniqlandi.

Bolalarning jonlantirish va intensiv davolash bo‘limlarida davolangan 15(31,25%) nafar bemorlarda EKG tekshiruvi o‘tkazilganida barcha bemorlarda QRS kompleksining pasayishi, 7(14,58%) nafarida Giss tutami o‘ng oyog‘i, 4(8,33%) nafarida Gis tutami chap oyog‘i qisman blokadasi kuzatildi. Kasallik toksik-metabolik sindrom va yurakdagi o‘zgarishlar bilan xamroxlikda kechganida, asoratlar kuzatilmagan guruxga nisbatan og‘irroq kechdi.

Davolash muddatlari asoratlanmagan ShTPda 5-7 kun davom etgan bo‘lsa, asoratlangan ShTPda 8-10 kunni tashkil qildi.

Xulosa.

1. ShTPda toksik – metabolik sindrom 14(29,16%) bolalarda uchrashi aniqlandi.

2. Bemor bolalarning 15 (31,25%) nafarida ShTPning og‘ir kechishi aniqlanib (III darajali Ne belgilari, saturatsiya ko‘rsatkichi ≤85,0%, bosh miyada UTTtekshiruvida 16,6% gipoksiya belgilari) ular jonlantirish bo‘limida davolandi.

3. Jonlantirish va intensiv davolash bo‘limda davolangan bemor bolalarda yurak qon – tomir tizimi tomonidan patologik o‘zgarishlar aniqlandi(QRS kompleksining pasayishi15(31,25%), Giss tutamining o‘ng oyoqchasi 7(14,58%) va chap oyoqchasi 4(8,33%) nafarida qisman blokadasi kuzatildi. Bu o‘zgarishlar pnevmoniyaning asoratlanmagan shakli bilan og‘rigan bemorlarda kuzatilmadi.

4. ShTP davolashni optimallashtirish uchun kasallik asoratlar bilan kechishi jarayonida tor mutuxassislardan bolalar nevropatologi va kardiologi maslaxatlarini, o‘pkaning rentgen, UTT, MSKT hamda EKGlarni o‘tkazish, oksigenoterapiyalardan foydalanish lozim.

5. Bolalarda ShTPda MAT va yurak shikastlanganida shifoxonada davolanish muddati 2-3 kunga uzayadi va bu davolashni o‘z vaktida korreksiya qilishni taqozo etadi.

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