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## **SPECIFICITY OF RESPIRATORY DISTRESS SYNDROME IN CHILDREN**

*Summary.* The authors for the assessment of the severity of the syndrome of respiratory disorders in the newborn is recommended to use the scale of Silverman-Andersen modification A. Y. Ryndin, which takes into account indicators of HR, BH, respiration, apnea, movement and voice activity of the child, the presence of stem and spinal unconditioned reflexes, which helps to define indications for artificial lung ventilation (ALV) and oxygen under high pressure (SPAP)

*Key words:* newbor, syndrome of respiratory.

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## **СПЕЦИФИКА РЕСПИРАТОРНОГО ДИСТРЕСС-СИНДРОМА У ДЕТЕЙ**

**Резюме.** Акторы для оценки степени тяжести синдрома дыхательных расстройств у новорожденных рекомендуют использовать шкалу Сильвермана-Андерсена в модификации А.Ю.Рындина, где учитываются показателн чсс, ЧД, характер дыхания, апно двигательная и голосовая активность ребенка, наличие стволовых и спинальных безусловных рефлексов, которая помогает определить показания к искусственной вентиляции легких (ИВЛ) и кислородотерапии под повышенным давлением (SPAP).

**Ключевые слова:** новорожденные, ЧСС, ЧД, апноэ

**Relevance.** Respiratory distress syndrome type 1 (RDS 1) in the Anglo-Saxon literature is referred to as a synonym (term) <<hyaline membrane disease (HM)" and "respiratory distress syndrome (RDS)". To assess the severity of the condition of sick newborns with SDR - type I B, the practice of a neonatologist uses the Dowens and Silverman-Andersen scale (Evtyukov G.M., Ivanov D.O., 2007, Shabalov N.P., 2004, 2009, INans TT, 2001 ). However, these scales have certain disadvantages, i.e. the Dowens scale does not take into account paradoxical breathing (participation of the chest), motor voice activity and reactions, unconditioned reflexes (stem, spinal), etc., and the Silverman-Andersen scale does not take into account such important symptoms as heart rate, heart rate and frequency respiration - respiratory rate, cyanosis, etc. (Antonov A.G., Volodin

N.A., Grebenshchikov V.A., 2005, Ivanov D.O., 2009, Robinson ST, 1998). In connection with THIS, the search for optimal scales for assessing the severity of SDR - type 1 in newborns is relevant (Kassil V.L., Zolotokrylina E.S., 2003).

**Purpose of the study.** There was an assessment of the severity of SDR - type I in premature babies using the scale of A.Yu. Ryndin (1993).

**Material and research methods.** We examined 20 premature babies (10 boys and girls each) with gestational age < 37 weeks, body weight (1900.0 97.9 g), body length (42.8±0.38 cm), head circumference (30.0 ±0.36 cm) and chest (26.8±0.47 cm), and mass-growth index - MCI (44.3±1.07 units). In assessing the severity of SDR - type 1 in the examined newborns, we used the scale of A.Yu. Moro I, symptom of "cat's eyes") of unconditioned reflexes, in points in descending order of severity (2, 1, 0).

**Results of the study and their discussion.** Analysis of the material showed that 6 premature (30.0%) children had I degree SDR (13.6±0.08 points), in 11 (55.0%) I degree (11.6±0.19 points) and in 3 (15%) - III degree of SDR severity (8.4±0.83 points). Clinic of I degree of severity SDR in children was characterized by heart rate (2100 or <160 bpm), respiratory rate (30-60), short periods of apnea (10-15"), some decrease in motor activity, a decrease in crying, preservation of stem and spinal reflexes. In newborns with II degree of SDR, tension of the wings of the nose and chest was found, there is motor activity, but the cry of the child is weak, there is no swallowing reflex, in the presence of a sucking, a symptom of "cat's eyes", the presence of rare forms of seizures (myoclonic, rubral tremor), with an increase (2160 beats / min) or a decrease (< 100 beats / min) of heart rate, respiration (< 30 or ≥60), the presence of apnea (20-30 "), Children with III degree of severity of SDR tachypnea (270-80<sup>1</sup>), an increase in small ones was characterized by severe bradycardia (HR <60 beats/min) and tachycardia (180 beats/min). duration of apnea (230"), in the absence of stem and spinal unconditioned reflexes, the presence of muscle rigidity (hyperflexion of the limbs, opisthotonus), convulsions (frequent, large).

**Conclusion.** The scale more objectively reflects the severity of SDR-I in preterm infants. The advantage of this scale is that according to the severity of the condition of newborns (I, II and III degrees), it is possible to determine the indications for artificial lung ventilation (ALV) and oxygen therapy under high pressure (SPAP). Our further work aims to determine the specificity and sensitivity of the symptoms of this scale and their correlation with radiological signs of SDR in newborns.

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