

КЛИНИКО-НЕВРОЛОГИЧЕСКИЕ ОСОБЕННОСТИ ИШЕМИЧЕСКОГО ИНСУЛЬТА У ДЕТЕЙ

Г.Т.Назарова

*Старший преподаватель Андijanского государственного
медицинского института. Андijan, Узбекистан*

Ф.М.Холмирзаев

*Магистр Андijanского государственного медицинского
института*

Андijan, Узбекистан

CLINICAL AND NEUROLOGICAL FEATURES OF ISCHEMIC STROKE IN CHILDREN

G.T.Nazarova

*Senior Lecturer of Andijan State Medical Institute. Andijan,
Uzbekistan*

F.M.Xolmirzayev

Master of the Andijan State Medical Institute. Andijan, Uzbekistan

Annotation. In this article, traumatic brain injury in school-age children or adolescents is probably the most common pathology. Acute neonatal cerebral ischemia (stroke in young children) in children and the work that needs to be done to diagnose it are described.

Аннотация. В этой статье черепно-мозговая травма у детей школьного возраста или подростков, вероятно, является наиболее распространенной патологией. Описана острая церебральная ишемия новорожденных (инсульт у детей раннего возраста) у детей и работа, которую необходимо провести для ее диагностики.

Key words: Stroke, ischemic disease, angina, metabolic, diabetes, patient complaints, percussion, auscultation.

Ключевые слова: инсульт, ишемическая болезнь, стенокардия, обмен веществ, сахарный диабет, жалобы больного, перкуссия, аускультация.

Thus, the bleeding rate among children of normal weight is 10%, children weighing less than one and a half kilograms have a risk of brain

damage in 35-40% of cases. The greatest risk is premature babies weighing less than 1 kg, in which stroke occurs in 100% of cases. In addition, it is a juvenile stroke that is considered the most common cause of death in premature infants.

- Intrauterine growth head trauma.
- Compression of some arteries (hence cerebral ischemia often develops in newborns).
- Prenatal infections.
- Excessive blood circulation can also lead to a brain hemorrhage in the newborn.
- Formation of aneurysms of large vessels.
- Heart defects.
- Developmental disorders of brain structures. Transposition of large vessels in newborns characterized by misalignment of veins and arteries.
- Ischemia in newborns may be due to neuroinfection.
- Neoplastic processes in the brain. First, tumors in the newborn, choroid plexus cysts. They cause compression and infiltration of brain tissue. Cysts of the choroid plexus of the brain have been reported with a frequency of 1–3% of all observations in neurology.
- Development of malformations (vascular and vascular fusion).
- Hypoxia. Intrauterine oxygen starvation does not lead to children (hypertension, blood pressure in children is 60/40 mm Hg). Babies have brittle blood vessels and low tones, so bleeding in the brain often occurs in newborns.

Hypoxic-ischemic brain injury in newborns does not always lead to stroke, but increases the risk of its occurrence in the future.

- Lack of blood clotting.
- Hypothermia.
- Low blood sugar.
- Hydrocephalus (intracranial pressure in children often occurs as a result of increased production of cerebrospinal fluid).

- Medical errors (incorrect delivery).
- Difficult complications.

Cerebral ischemia in newborns is in addition to endocrine pathologies (diabetes mellitus, hypothalamic syndrome), toxic vascular injury and others. The most common in children is hemorrhagic stroke (about 70%). The remaining 30% is due to ischemic stroke.

All hemorrhages can be divided depending on the localization of the pathological process.

- Bleeding in the ventricles of the brain. IVH is more common in newborns. In this case, the main risk group is premature babies. Blood in this case is pumped directly to the brain tissue. If a rupture of a blood vessel occurs where the brain is filled with spinal fluid, blood will flow to the ventricles of the brain.

- Epidural hemorrhage. If abdominal bleeding in newborns affects deep-seated brain structures, then the blood vessels located between the skull and the outer regions of the brain are affected. This is caused by a traumatic brain injury.

- Subarachnoid hemorrhage. It develops between internal brain structures and brain substances. Aneurysm rupture, TBI, here are just a few possible causes such bleeding in the newborn.

- Subdural blood vessels in children. Bleeding occurs between the soft and hard membranes of the brain. It is caused by difficult complications and hypoxia.

Diseases such as cerebral ischemia occur before a stroke. In children, it is aggressive and develops rapidly. There are three stages of the pathological process:

- **Cerebral ischemia grade 1.** Compensated stage. It is characterized by recurrent vascular changes. At this stage, narrowing of the blood vessels and arteries of the brain occurs.

- **Grade 2 ischemia in the newborn.** Stenosis of large vessels is constant and obvious.

- **Stage 3 ischemia.** This stage is characterized by the development of multiple micro hemorrhages (microsurgery). The third stage precedes a complete stroke.

If cerebral circulatory disorders in children are caused by injuries, infectious diseases, rupture of the aneurysm, we are talking about hemorrhagic stroke. During rehabilitation, ischemia does not develop or acts as a secondary symptom (complication).

There are other focal symptoms than the speech apparatus, muscular system, organs of the excretory system, and so on. In many ways, vascular and microstroke symptoms in newborns are similar to cerebral infarction in adult patients. In addition to neurological symptoms, brain symptoms are also noted:

- Nausea.
- Vomiting.
- Vertigo (the child's head is spinning).
- Headache.

If we need to talk about the development of the disease in the baby, the subjective feelings of the baby can be identified by a number of appearances:

- Great face.
- Constant crying.
- Change the intensity of the sound, the volume.
- A vivid, clear reaction to minimal external stimuli (sound, light, smell).
- Overexertion of occipital muscles.
- Pale skin.
- Apnea.

- Lethargy of the child, drowsiness.
- Frequent regurgitation.

The clinical picture is similar to that of a microstroke, except that the duration of the difference is from one minute to one day. Complete acute cerebral ischemia is characterized by a duration of more than 24 hours.

The first three hours after the onset of vascular-like symptoms in children is the time when medical care and treatment are most effective. Parents need to keep this in mind as they act quickly and on time. Here are a few simple steps to help identify a stroke:

1. Pay attention to the smile - is it symmetrical, does it look natural. If the baby smiles with only half of his face, it is the first sign of a possible stroke.

2. Ask the child to raise his hands: if one of the limbs is weak, he is unable to make this movement - this is the second sign

3. Ask them to repeat the sentence and pronounce it. At the same time, pay attention to whether the baby repeats exactly what he heard, whether there is a speech disorder, uncertainty. If he is unable to complete the task or has difficulty pronouncing, this is probably the third sign of a stroke.

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