

*УДК: 616.155.194.8-053.2-07-084-085*

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**METHODS OF PREVENTION AND TREATMENT OF IRON  
DEFICIENCY ANEMIA IN CHILDREN**

**Resume:** Anemia in children can be caused by many reasons. Pediatricians of the world face this disease every day. This group of diseases includes those associated with a decrease in the content of hemoglobin and / or red blood cells per unit volume of blood, which negatively affects the oxygen supply of body tissues.

Iron deficiency anemia is the most common of all anemia - it accounts for 80% of the number of all cases. In our country and Europe, the prevalence of iron deficiency anemia in young children is approximately 50%, and in older children - 20% or more.

**Keywords:** prevention, iron deficiency anemia, treatment, children's age.

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**МЕТОДЫ ПРОФИЛАКТИКИ И ЛЕЧЕНИЯ  
ЖЕЛЕЗОДЕФИЦИТНОЙ АНЕМИИ У ДЕТЕЙ**

**Резюме:** Анемия у детей может быть вызвана множеством причин. С этим заболеванием сталкиваются педиатры мира ежедневно. В эту группу заболеваний входят те, что связаны с уменьшением содержания гемоглобина и/или эритроцитов в единице объема крови, что негативно сказывается на питании кислородом тканей организма.

Железодефицитная анемия является самой распространенной из всех анемий – составляет 80% от количества всех случаев. В нашей стране и Европе распространенность железодефицитной анемии у детей младшего возраста составляет приблизительно 50%, а у детей старшего возраста – 20% и более.

**Ключевые слова:** профилактика, железодефицитная анемия, лечения, детской возраст.

**Introduction.** Prevention and treatment of iron deficiency conditions in children are urgent problems of pediatrics due to their high prevalence [5]. The lack of attention of pediatricians to this problem contributes to the fact that the persistent iron deficiency leads to a violation of the growth, development and health of the child[6]. With the right tactics of treatment and prevention, it is possible to avoid the negative consequences of iron deficiency for the child's health. The relevance of the discussion of this topic is very great, since anemia is a fairly common disease associated with a lot of different causes. Iron ions perform a very important function in the human body. They are part of the proteins that carry out the transfer of oxygen, cytochromes and iron-seroproteins, iron-containing enzymes. Therefore, the lack of iron in the body leads to many negative consequences[2,6]. Excessive iron content in the body is also dangerous. It leads to the development of toxicosis, a pathological increase in the level of reactive oxygen species.

Anemia occurs in all periods of a person's life, not only with various diseases, but also with certain physiological conditions, for example, during pregnancy, during increased growth, lactation. The problem of anemia in young children is of great social importance, since anemia at this age can lead to disorders of physical development and iron metabolism[3,5].

Special attention is required for children born prematurely or with a body weight deficit, as well as children of mothers who suffered from anemia during pregnancy. To avoid the development of anemia, you need to strictly monitor

the nutrition of the child, including iron-containing products, as well as fruits and vegetables in the menu. The more diverse the diet, the less likely it is that the child will lack a particular vitamin or mineral[3,5,6]. Whether your children are faced with such a problem as anemia or not, in any case, for the full development of the child, it is necessary to encourage active games and physical activity, even if for this you have to be strict and restrict the baby's access to TV, game consoles and the Internet. For many parents, cartoons or video games seem to be an easy way to keep a child busy, but thanks to the development of technology, about 30% of modern children lead a sedentary lifestyle. This is fraught not only with anemia, but also with gaining excess weight, slowing down physical development, problems with the spine, vision and blood circulation[1,2,4].

**The purpose of the study.** To study and analyze the modern approach to the treatment of iron deficiency anemia.

**Materials and methods of the study:** 94 children with IDA aged from 5 months to 17 years were under observation, including: 16 children (17.0%) under 1 year, 64 children (68.1%) 1-3 years, 4 people (4.3%) 4-12 years and 10 teenagers (10.6%) older than 12 years.

**The results of the study.** The analysis of ante and intranatal causes of IDA development in the observed children revealed that hyposiderosis of the pregnant woman and gestosis were observed in 51.6 and 59.4%, respectively, the threat of termination of pregnancy - in 48.4%, cesarean section - in 31.3%, heavy menstruation - in 23.4%, the presence of more than 5 pregnancies in the mother -14.1 %, the break between pregnancies less than 3 years-20.3%, sports - 12.5%, chronic infections - 10.9%, multiple pregnancy 6.3%, vegetarianism - 6.3% and donation - 6.3%.

31.0% of children were born prematurely, who subsequently had excessive weight gain leading to an increased body need for iron, 24.1% of children had a large birth weight, Alimentary iron deficiency as a result of an

unbalanced diet (early artificial feeding, including unadapted milk formulas, late introduction or absence of meat products in the diet) was detected in 39.1% of children. More than 1/3 of the children were from well-off families with low material income, menstrual cycle disorders were detected in 100% of girls.

Intensive growth was noted in 40% of adolescents, sports-in 20%, alimentary factor in 20% In all patients in the genesis of IDA, a combination of several of the above reasons was observed.

The conducted study testifies that IDA in young children is caused by a complex of reasons, including both an unfavorable course of pregnancy and childbirth, a burdened obstetric-gynecological and social history, and an alimentary factor and increased needs of the child for iron during periods of intensive growth.

Feeding defects were noted in less than half of children, which allows us to join the opinion of many domestic researchers about the more significant role of the state of maternal health, the pathological course of pregnancy and anemia of pregnant women in the development of IDA in infants and young children than alimentary insufficiency. In adolescents, the causes of the development of IDA are high growth rates, sports, as well as menstrual cycle disorders in girls.

An analysis of the clinical manifestations of IDA showed that children have a variety of anemic and sydsropenic symptoms, the frequency and severity of which depends on the age of patients, the severity and duration of anemia.

The only symptom we observed in the clinical picture of all the examined children was pallor of the skin and mucous membranes. Another symptom identified in most patients was lethargy or weakness. These anemic symptoms are associated with insufficient oxygen supply to the tissues, sleep disorders and emotional lability were found in about half of the children, regardless of age. The child's brain is very sensitive to iron deficiency and the identified behavioral disorders are primarily due to sideropenia, 10 children had below average physical development.

Typical manifestations of sideropenia in children of the first three years of life were a decrease and / or perversion of appetite, tachycardia and functional systolic noise, intestinal dyspepsia, muscle hypotension, including hypotension of the abdominal muscles and diaphragm. The latter led to a relatively low location of the liver and spleen and in some cases created a false impression of their increase. Hepatomegaly and splenomegaly, which we detected in more than half of the children, were characteristic signs of this age group.

Half of the patients had dry skin, hair, their fragility and loss, less often-angular stomatitis and glossitis. Trophic changes from the gastrointestinal tract, skin, its appendages, as well as muscle weakness, including myocardium, are caused by tissue iron deficiency, leading to metabolic disorders in cells.

Conclusions. Iron deficiency anemia is a clinical and hematological syndrome characterized by a violation of hemoglobin synthesis as a result of iron deficiency, developing against the background of various pathological (physiological) processes, and manifested by signs of anemia and sideropenia.

To prevent iron deficiency in infants, liquid dosage forms are used: these can be solutions or drops for oral administration containing iron sulfate (Actiferrin), iron (III)-hydroxide polymaltosate (Maltofer, Ferrum Lek), iron, manganese, copper gluconate (Totem), (Ferlatum); the same drugs are available in the form of syrups (Actiferrin, Maltofer, Ferrum Lek). Parenteral ferropreparations are not used for the prevention of iron deficiency.

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