

EARLY CORRECTION OF NEUROLOGICAL DISORDERS IN CHILDREN WITH DOWN SYNDROME BORN WITH HEART DEFICIENCY

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РАННЯЯ КОРРЕКЦИЯ НЕВРОЛОГИЧЕСКИХ НАРУШЕНИЙ У ДЕТЕЙ С СИНДРОМОМ ДАУНА, РОЖДЕННЫХ С СЕРДЕЧНОЙ НЕДОСТАТОЧНОСТЬЮ

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Annotation. This article discusses the early correction of neurological disorders in children with Down syndrome born with heart failure. It has also been reported that the development of children with Down syndrome is similar to that of normal developing children, but in the same order, but slower, slower in terms of knowledge, language and personal social development.

Key words: heart failure, congenital disease, genetic factor, Down syndrome, neurological disorders, defects, diabetes, valve.

Every year, millions of children are born with anatomical anomalies of the heart and blood vessels. There are more than 200 types of congenital heart defects, some of which are mild and others that are life-threatening. The most common anomalies include atrial and interventricular septal defects, open arterial canal, and valve pathology. In severe forms of the disease, if not treated properly, 70-80% of babies die in the first months. However, if the diagnosis is made in time, modern diagnostics can completely cure the child with the latest methods of treatment. The main cause of

pathological changes in the heart of a child is a genetic factor. If one of the parents has severe heart disease, the newborn may have the same disease.

But only genetics can cause disease. Children with congenital heart disease are born to diabetics, women with severe viral infections during pregnancy, smokers, alcohol and certain drug users, and some women exposed to X-rays. Risk factors include women over 35 years of age, ECO, and children with chromosomal abnormalities such as Down syndrome.

Heart disease can develop during any pregnancy, but 6-8 weeks is the most dangerous. During this time, the heart and valves form and any adverse factors can affect them.

There are clear signs that the child has a congenital heart defect. Professor Tayyar Sarioglu outlines the most important symptoms that occur in every third child in the first month of a baby born with this disease and should be taken into account. These include:

- bruising of the skin on the lips, ears and under the nails;
- rapid breathing, tightness of the ribs during respiration;
- fatigue, chest fluid;
- low appetite, slow weight gain;
- fatigue;
- Susceptibility to respiratory infections.

These symptoms usually appear later, and most often during adolescence. Children with congenital heart disease may experience shortness of breath, chest pain and palpitations and fatigue.

Using modern technology, it is possible to treat very complex heart defects today. In some cases, only small incisions are made to access the heart, which shortens the length of hospital stay, making it easier to recover quickly. If the baby's breasts are well developed, robotic surgery can be used to prevent injuries.

Interventional cardiology involves the repair of openings in the heart when a catheter is used instead of the classical surgical method, the removal of valves and

stenosis, the closure of vascular openings and the correction of abnormal vessels, as well as the replacement of heart valve prostheses used to put.

Modern diagnostic methods allow ultrasound examination of the heart of the fetus in the 16 th week of pregnancy. If changes are identified, parents can not only prepare psychologically, but also plan future treatment with a doctor.

Used at Acıbadem Hospital, oxygen saturation is an auxiliary diagnosis that can help detect abnormalities in the first month of a child's life. Within 24 to 48 hours after birth, a small sample is used to determine if the baby's fingers or toes are saturated with oxygen. If a problem is identified, an echocardiogram is performed and a definitive diagnosis is made.

Professor Tayyar Sarioglu, who has healed the hearts of many children and saved their lives, says so. Sudden heart attacks can occur during adolescence or during sports that require strenuous exercise. Often, these conditions are caused by narrowing of the aorta (main artery) or abnormalities in the coronary arteries. All these shortcomings can be easily eliminated.

Echocardiography, stress ECG, and possibly computed tomography and magnetic resonance imaging are recommended for athletes to avoid fatalities.

Children with Down syndrome show backwardness on all foreheads than children with normal development. Early childhood, the development of children with Down syndrome is similar to that of normally developing children, but in the same order, but slower. Children with Down syndrome are impaired in areas of knowledge, language, and personal social development. Such a delay is less noticeable in the early stages of life. But as a child grows, it becomes clearer and the gap between peers and children widens.

Deficiencies in the neurological systems of children with Down syndrome affect mental processes, negatively affecting many developmental processes such as children's movement, perception of the environment, communication with others, learning, voice, coordination and speech can show. People with Down syndrome may be more passive, lethargic, indifferent, silent, or overly upset than babies with normal

development, but most of them are no different from other babies in the first months of life.

Although the cognitive development of infants with Down syndrome is in the same order as that of children with normal development, their developmental rate is slower and slower than that of their peers. Although this delay is less common in some children, it can be very severe in some children. At birth, she suffers from malnutrition, thyroid or growth hormone deficiency, severe heart problems and the like. A baby with Down syndrome also has slower physical development (stretching, weight gain, etc.) than expected. This slow growth negatively affects the developmental process of a child with Down syndrome. Circumstances such as the onset and late onset of vision and hearing problems in a child, and delays in the child's treatment, lead to disability in the learning process.

Speech and language development in infants with Down syndrome is generally delayed from the first years of life. This delay can be the result of hearing loss, hypotension (muscle weakness) in the muscles of the mouth and tongue, and retardation in a child's cognitive development. Studies have shown that a child with Down syndrome returns mainly to the language area and that backwardness in this area is associated with language-related features of the environment. As children develop normally, by the end of the second year, they begin to understand the relationship of words to each other. Children with Down syndrome later. In infants with normal development 3 or after 4 months, their voices increase and then they focus on the environment and the speakers, not the speakers. Babies with Down syndrome then begin to make noise because they do not listen and do not pay attention to things around them. Muscle deficiency can affect a child's nutrition as well as their ability to speak. Because the same muscles (face, mouth, shoulder, and trunk muscles) are used in speech and eating, relaxation in the muscles makes it difficult to form words and turn food into mouth. Lack of trunk muscles can also lead to difficulties in providing the necessary support for breathing during speech.

The baby's first contact with the people around him is to cry. Studies show that the crying of a baby with Down syndrome varies in quality and quantity, they

develop more than usual, cry more, and make less noise. Children with Down Syndrome This can be called good babies because they usually cry less by the sixth month, which causes the baby to have less contact with adults. Although they are late in their performances, they respond with a smile or voice when talking to children with Down syndrome, just as they do in normal development, showing a desire to hug, like funny games, and the e-learning environment. they shout to attract his attention. Studies have shown that heart disease and muscle weakness in children with Down syndrome negatively affect their ability to acquire self-care skills. When given the opportunity and relevant information, it was observed that they had independent living skills and lived less dependent. Children with Down syndrome are known to be more social, happy, caring and smiling in the group of the mentally handicapped.

Although children with Down syndrome are generally defined as children who are cheerful, kind, loving, social, lively, happy, and well-adjusted to the environment, these children also have emotional and behavioral problems can be. It appears that these problems are more common than problems associated with normative development, whereas they are less common in groups diagnosed with mental retardation for other reasons. In Down syndrome, attention is focused on certain promler behaviors, such as hyperactivity, deficiencies associated with problem solving, such as stereotypes (repetition of behaviors). In order to prevent or minimize such behavior, it is appropriate for parents to have an appropriate childhood or childhood period.

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