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**CLINICAL AND ANAMNESTIC FEATURES OF THE COURSE OF
SEVERE PNEUMONIA IN EARLY AGE CHILDREN WITH
CONGENITAL ANOMALIES OF CLEFT LIP AND PALATE.**

Annotation: In this study, clinical and anamnestic features of the course of severe pneumonia in early age children with congenital anomalies of the cleft lip and palate of 45 children were observed with analysing of life history and current condition of the children. Research methods are analysis, clinical observations, x-ray studies. Clinical and anamnestic features of the course of severe pneumonia in early age children with congenital anomalies of the cleft lip and palate were determined. It was revealed that the severity of the condition of examined children was due to a burdened maternal history, premorbid background, artificial feeding and prematurity factor itself and such conditions of the microflora of the gastrointestinal tract.

Key words: pneumonia, congenital anomalies of cleft lip and palate, young children, clinic, X-ray studies.

Abbreviation: CCLP – congenital anomalies of cleft lip and palate

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Клинико-анамнестические особенности течения тяжелых пневмоний у детей раннего возраста на фоне с врожденными аномалиями расщелины верхней губы и нёба.

Аннотация: Был обследован 45 детей с внебольничной пневмонией на фоне с врожденными аномалиями расщелины верхней губы и неба и определено клинико-анамнестические данные с помощью анализа история жизни и течение данного заболевания ребенка. Выявлены, что тяжесть состояния обследованных детей была обусловлена отягощенным материнским

анамнезом, преморбидным фоном, искусственным вскармливанием и самим фактором недоношенности, а также состояний микрофлоры желудочно-кишечного тракта.

Ключевые слова: пневмония, врожденные аномалии расщелины верхней губы и нёба, дети раннего возраста, клиника, рентгенологические исследования.

Actuality: Acute pneumonia in young children remains a significant cause of morbidity and mortality, despite the introduction of potent broad-spectrum antimicrobials, the availability of complex supportive treatment regimens and preventive measures (1).

An unfavorable background for pneumonic dysbacteriosis is the cause of reinfection with pneumonia in a child, the duration of their course, a tendency to exacerbations, recurrence and complications (2).

Patients with congenital anomalies of tissues and organs of the maxillofacial region occupy an important place. Despite great interest in evaluation of clinical course of acute pneumonia in these premature infants, there are few works in the literature of any information that have theoretical or applied significance, and treatment of this group of patients is fraught with particular difficulties, requires high qualified specialists, complex events and due sequence.

For a long time, in the origin of congenital anomalies of cleft lip and palate (CCLP), a certain role has been assigned to the influence of external factors, illness of the mother during pregnancy (infectious disease, uterine disease, artificial or spontaneous miscarriages), mental trauma, malnutrition, and others (3).

CCLP is a severe malformation that entails serious consequences, since the birth of a child, dysfunction of the lip and palate is pronounced. The act of sucking, swallowing, and subsequently the act of chewing is violated, which in turn leads to a deviation in the development of the child and sometimes to death in the first week of life. Children with CCLP have disturbance in nutrition, act of swallowing

and breathing. This can lead to aspiration of oral contents and various airway and lung complications. (4;3)

The above data dictates the necessity of studying clinical and anamnestic features of the manifestations of acute pneumonia with the background of CCLP in young children.

Purpose of the study: to analyze the features of the clinical and anamnestic course of acute pneumonia in young children with congenital anomalies of the cleft lip and palate.

Materials and methods. 45 case histories of children with acute severe pneumonia with congenital anomalies of cleft lip and palate and 18 premature babies weighing from 1500g to 1800g and aged from 3 to 11 days of birth were analyzed.

Results and its discussion. The age of mothers was from 19 to 49 years old: 5% of them under 20 years old, 23% at the age of 20-25 years, 51% from 26-30 years old, 17% from 30-35 years old. 28% of children were born from first pregnancy. The outcome of previous pregnancies in 3% of cases was unfavorable (miscarriage, stillbirth, premature birth). Fetal protein-energy deficiency was common - 17%. 11% of mothers suffered from gynecological diseases.

Chronic infections and diseases such as pyelonephritis and glomerulonephritis, rheumatism, diabetes mellitus, obesity, acute and chronic bronchitis were affected in 24.6% of women. ARVI with a high temperature in the first half of pregnancy was transferred by 16.2% of women, and in the second half by 6%. This pregnancy was often accompanied by complications, early toxicosis in 32.6% of cases; preeclampsia of varying severity 27%; the threat of termination of pregnancy in 18%; chronic intrauterine hypoxia occurred in 8% of cases; infectious disease 20%. Delivery was timely in 67.1%, premature or late in 33.0%. Among the complications, the most common were: premature rupture of amniotic fluid 12%, anhydrous interval from 6 to 12 hours was 11%. Anomalies of labor activity were observed in 4% of women, which required a kind of stimulation in 2% of mothers.

At birth, 7% of newborns had an Apgar score of 7-8 points, 25% - 4-5 points, 5% - 3-4 points.

Study of the clinical course showed that in most children (12) the temperature was normal throughout the disease, in 4 children subfebrile temperature was detected, and only in 4 cases the disease proceeded with high temperature - 39°C. All examined premature infants with CCLP were clinically diagnosed with pneumonia, which proceeded with a syndrome of respiratory disorders, cyanosis (2), acrocyanosis (6), observed weakened breathing in the lungs, bloating (13) from the moment of admission or after 2-3 days. Intestinal syndrome developed from the onset of the disease or 2-3 days after admission and was leading throughout the acute period. The diagnosis of pneumonia was confirmed radiographically: in 14 children, lung radiography revealed focal shadows, and in three children even a confluent character.

Conclusion. The data obtained by us indicates that the severity of the condition of examined children was due to a burdened maternal history, pre-morbid background, artificial feeding and prematurity. A child with low body weight and with various forms of immunodeficiency has an intestinal flora that becomes pathogenic, provoking an inflammatory process, both in the intestines and in the lungs. The effectiveness of therapy depends on the individual choice of it, taking into account the etiology of the disease, the course and phase of the pathological process, age of the patient, degree of extrapulmonary lesions of the body etc.

Competing interests

Authors have declared that no competing interests exist.

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