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TREATMENT TACTICS AND PROGNOSIS OF CONVULSIVE SYNDROME AND EPILEPSY IN CHILDREN

Resume: The problem of convulsive states in young children is one of the important problems of modern neurology, pediatrics and psychiatry.

The prevalence of convulsive states among children is 5.0 -10.0%. Convulsive states are the main source of epilepsy in adults, so preventing their occurrence in children is the key to preventing epilepsy. Especially important in this aspect is the study of convulsive states in early childhood (up to 3 years).

Keywords: convulsive states, epilepsy, risk factors, child's age, prevention, absences.

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ТАКТИКА ЛЕЧЕНИЯ И ПРОГНОЗ СУДОРОЖНОГО СИНДРОМА И ЭПИЛЕПСИИ У ДЕТЕЙ

Резюме: Проблема судорожных состояний у детей раннего возраста – одна из важных проблем современной неврологии, педиатрии и психиатрии.

Распространённость судорожных состояний среди детей составляет 5,0 -10,0%. Судорожные состояния являются основным источником эпилепсии у взрослых, поэтому предупреждение их возникновения у детей – ключ к профилактике заболевания эпилепсией. Особенно важным в этом аспекте является изучение судорожных состояний в раннем детском возрасте (до 3 лет).

Ключевые слова: судорожная состояния, эпилепсия, факторы риска, детской возраст, профилактика, абсансы.

Relevance. The problem of convulsive states in young children is one of the important problems of modern neurology, pediatrics and psychiatry [3,7].

Population studies have shown that every year 2540 thousand children in the USA suffer one unprovoked convulsive seizure[6.10]. According to the definition of the National Antiepileptic League, we are talking about multiple seizures over a 24-hour period with the child returning to a normal level of consciousness between episodes [1,4,8].

Many children who have suffered the first convulsive seizure, subsequently never tolerate the second one. However, seizures can be the beginning of more serious diseases, including epilepsy.

Epilepsy is a condition in which a child has a history of two or more episodes of seizures that are not associated with any provoking factor[2,5,9].

In young children, the causes of convulsive states can be studied in more detail than in adults, because parents and relatives of a sick child can tell the doctor accurate information about the course of pregnancy and childbirth in the mother, the postpartum period, about changes in the behavior and character of the child.

The purpose of the study. The purpose of this study was to study the role of risk factors and hereditary burden in the occurrence of convulsive states in early childhood.

Material and methods. To solve the tasks, a clinical and epidemiological examination of 60 young children with convulsive disorders was conducted. Of these, 40 boys (66.7%), 20 girls (33.3%).

Results. Accurate information about the time of the onset of seizures was obtained for all patients. In the first days after birth, convulsive states first appeared in 8 children (13.5%), (boys -7, girls -1), during the first month – in 6 (10.2%) children, (boys -3, girls -3), up to 6 months of age – in 23 (39.0%)

children, (boys -14, girls - 9), up to 1 year – 16 (25.4%) children, (boys - 13, girls – 3), up to 2 years – 4 (6.8%) children, (boys - 2, girls - 2), up to 3 years – 3 (5.1%) children, (boys – 1, girls - 2).

From the data obtained, it can be seen that convulsive states occur more often in young children for the first time up to 6 months.

The importance of hereditary factors in the occurrence of convulsive states is not denied, but is considered by most authors only as predisposing. In our patients, hereditary burden was detected in 18.0% of cases, including epilepsy in relatives in 3.4% of cases, in one of the parents – in 7.7% of cases. Other mental illnesses among relatives of the first degree of kinship were noted in 6.9% of cases.

Many authors note that heredity is a factor that lowers the convulsive threshold of a child's brain. Seizures appear only when epileptic harmfulness joins this predisposing factor.

Among the prenatal hazards that can further provoke the occurrence of convulsive states include chronic fetal hypoxia, gestosis, infections and intoxication of the pregnant mother. Birth trauma, prolonged labor, delivery with obstetric forceps, vacuum extractor, rapid labor, prolonged asphyxia are one of the frequent perinatal causes of convulsive states. In children suffering from convulsive conditions, asphyxia and gestosis in the mother during pregnancy are often detected in the anamnesis.

According to the clinical examination, the presence of prenatal hazards was detected in 43 (73%) cases, perinatal hazards were detected in all children examined by us (100%).

In the postnatal period, convulsive states can cause numerous and diverse factors: brain infections, traumatic brain injuries, various somatic diseases. Acute infections are of great importance in the development of convulsive states. Among the patients studied by us, in 24 (40.6%) cases there are indications of past infections. We observed a direct connection of infection with

convulsive states in 14 (23.7%) patients. In 2 (3.4%) patients, convulsive states appeared for the first time after DPT vaccination.

Conclusions. From the above data, it can be seen that in the examined group of patients with convulsive states, the ratio of boys and girls was 2:1. The frequency of convulsive states among boys is twice as high as among girls, that is, boys are more susceptible to the occurrence of convulsive states. Convulsive states occur under the influence of the combined effects of endo- and exogenous factors. Among the endogenous factors, the hereditary factor is the most important. Among the exogenous ones, gestosis of pregnancy, birth injuries, and infectious diseases are of the greatest importance.

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