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RISK FACTORS AND FREQUENCY OF MYOCARDITIS IN CHILDREN AFTER ACUTE BRONCHIAL OBSTRUCTION

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ANNOTATION

For the period from 2020 to 2021, 60 children aged 6 months to 7 years with bronchial obstruction were under observation, which were divided into groups II: Group I (main) consisted of 30 children with acute obstructive bronchitis, occurring with a violation of the cardiovascular system (CCC), and group II (control) - 30 children with obstructive bronchitis without CCC disorders, in which, along with clinical and laboratory data, a genealogical history was also studied. It has been shown that prognostically significant risk factors for the development of myocarditis in acute bronchial obstruction in children are: complicated course of pregnancy and childbirth, burdened by bronchopulmonary pathology and cardiovascular diseases, age of children under one year old, a history of acute respiratory tract diseases in the neonatal period, respiratory failure with oxygen saturation below 90%, repeated episodes of bronchial obstruction, "frequently ill children", a self-medication factor and belated parents seeking medical help.

Key words: bronchial obstruction, risk factors, children, bronchitis, myocarditis, "frequently ill children".

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ФАКТОРЫ РИСКА И ЧАСТОТА ФОРМИРОВАНИЯ МИОКАРДИТА У ДЕТЕЙ ПОСЛЕ ПЕРЕНЕСЕННОЙ ОСТРОЙ БРОНХИАЛЬНОЙ ОБСТРУКЦИИ

АННОТАЦИЯ

За период с 2020 по 2021 годы под наблюдением находились 60 детей в возрасте от 6 месяцев до 7 лет с бронхиальной обструкцией, которые разделены на II группы: I группу (основная) составили 30 детей с острым обструктивным бронхитом, протекавший с нарушением сердечно-сосудистой системы (ССС), и II группу (контрольная) – 30 детей обструктивным бронхитом без нарушения СССР, у которых наряду с клинико-лабораторными данными, был также изучен генеалогический анамнез. Показано, что прогностически значимыми факторами риска развития миокардита при острой бронхиальной обструкции у детей являются: осложненное течение беременности и родов, отягощенность по бронхолегочной патологии и по заболеваниям СССР, возраст детей до года, наличие в анамнезе острых заболеваний респираторного тракта в периоде новорожденности, дыхательная недостаточность с сатурацией кислорода ниже 90%, повторные эпизоды бронхиальной обструкции, «часто болеющие дети», фактор самолечения и запоздалое обращение родителей за медицинской помощью.

Ключевые слова: бронхиальная обструкция, факторы риска, дети, бронхит, миокардит, «часто болеющие дети».

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O'TKIR BRONXIAL OBSTRUKTSIYADAN SO'NG BOLALARDA MIOKARDITNI KELTIRIB CHIQRUVCHI XAVF OMILLARI

ANNOTATSIIYA

2020 yildan 2021 yilgacha bo'lgan davrda bronxial obstruksiya bilan og'riqan 6 oylikdan 7 yoshgacha bo'lgan 60 nafar bola kuzatuv ostida bo'lib, ular II guruhga bo'lingan: I guruh (asosiy) - 30 nafar o'tkir obstruktiv bronxit bilan og'riqan bolalar. Yurak-qon tomir tizimi (YuQTT) va II guruh (nazorat) - YuQTT kasalliklari bo'lmagan obstruktiv bronxit bilan og'riqan 30 nafar bolalar, ularda klinik va laboratoriya ma'lumotlari bilan bir qatorda genealogiyasi ham o'rganilgan. Bolalarda o'tkir bronxial obstruksiyada miokardit rivojlanishining prognostik ahamiyatga ega xavf omillari quyidagilardir: homiladorlik davrida bronxopulmonal patologiya va yurak-qon tomir kasalliklari bilan og'riqan ayollarda va tug'ishning murakkab kechishi, bir yoshgacha bo'lgan bolalarning yoshi, bolaning neonatal davrda o'tkir respirator kasalliklar kasalliklari bilan kasallanishi, kislorod bilan to'yinganligi 90% dan past bo'lishi, bronxial obstruksiyaning qaytalanib kechishi, "tez-tez kasal bo'lgan bolalar".

Kalit so'zlar: bronxial obstruksiya, xavf omillari, bolalar, bronxit, miokardit, "tez-tez kasal bo'lgan bolalar".
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Relevance. Broncho-obstructive syndrome (BOS) of viral-bacterial or viral etiology has the highest frequency of occurrence in childhood [1]. According to Tatchenko V.K. [6] in every fourth child with acute respiratory diseases, the inflammatory process involves the bronchi with a long-term broncho-obstructive syndrome. Respiratory disorders in broncho-obstructive syndrome have varying degrees of severity and are accompanied by metabolic acidosis [2,8]. In scientific works of domestic and foreign researchers, it was shown that it is the combination of a viral infection and acute hypoxia that occurs with bronchial obstruction in young children that underlies multiple organ lesions, including also the cardiovascular system [1,3]. Numerous studies have proven the high cardiotropism of influenza viruses and enteroviruses, which contribute to the development of acute myocardial damage in children. Recently, chlamydial and mycoplasmal infections have played a significant role in the development of damage to the cardiovascular system [4,10]. The nature and severity of changes in the cardiovascular system and their prognostic value in bronchial obstruction in young children have not been sufficiently studied. It has been proven that hypoxic damage in the perinatal period in 40-70% of children is accompanied by the development of the syndrome of disadaptation (DS) of the cardiovascular system (CVS) in the neonatal period [5,7,11].

Against the background of a continuous increase in the number of children with cardiovascular pathology, it has been shown that late diagnosis of diseases of the cardiovascular system and inadequate assessment of their prognosis in children underlie the formation of chronic forms of the disease, high morbidity and mortality in older age groups [3,5,9].

Thus, the state of the cardiovascular system in young children with bronchial obstruction has not been practically studied, risk factors for the formation of pathological changes and their prognostic value have not been identified, differentiated approaches to the treatment and prevention of the pathology of the cardiovascular system have not been developed, which determined the goal and objectives of this study.

Purpose of the study: To establish risk factors for the development of myocarditis in acute bronchial obstruction in children to optimize therapy and prevention.

To solve the problem, the studies were carried out on the basis of the department of pediatric intensive care and I, II emergency pediatrics of the Samarkand branch of the Republican Scientific Center for Emergency Medical Care, which is the clinical base of the Department of Pediatrics No. 1 and neonatology of the Samarkand State Medical University.

For the period from 2020 to 2021, 60 children aged 6 months to 7 years with bronchial obstruction were under observation, which were divided into groups II: Group I (main) consisted of 30 children with acute obstructive bronchitis, occurring with a violation of the cardiovascular system (CVS), and group II (control) - 30 children with obstructive bronchitis, in whom, along with clinical and laboratory data, a genealogical history was also studied. Patients underwent anamnestic, follow-up, clinical, general laboratory, radiological and functional (ECG, EchoCG) research methods.

Among the examined boys there were 41 (68.33%), girls 19 (31.66%); aged 6 months to 1 year - 27 (45.0%) children, 1-2 years old - 21 (35.0%) patients and older than 2 years - 12 (20.0%) children. Of all patients admitted, 27 (45%) were hospitalized within 3 days, 18 (30%) - on days 3-5, and the remaining 15 (25%) patients - after 5 days from the onset of the disease. Late treatment of patients for medical care

(on the 3rd day and later from the onset of the disease) was much more common in patients of group I, and probably caused a complicated course of the disease.

Upon admission to the hospital, all patients had typical clinical symptoms. The clinical characteristics of the observed patients were based on the study of the characteristics of the premorbid state of children, the severity of the course and the dynamics of the disease. In each clinical case, at the beginning of the disease, there was a violation of the general condition of the patient, fever, cough, shortness of breath, lack of appetite.

Research results. Studies have shown that out of patients of group I - 19 (31.66) were admitted with moderate severity of the disease, 11 (18.33) with severe, and in group II 25 (41.66) and 5 (8.33), respectively. An increase in body temperature up to 38.0C in group I was observed in 8 (13.33) patients, 38.0-39.0C - in 15 (25), above 39.0C - in 7 (11.66) children, and in group II 17 (28.33) , 9 (15), 4 (6.66), respectively.

Mothers of children often complained of a significant (almost paroxysmal) increase in dyspnea at rest, which caused certain difficulties in the differential diagnosis of the disease.

We evaluated a number of social (health status of parents, obstetric history of the mother), demographic (gender, age), clinical and anamnestic indicators. The general clinical examination of patients included: a detailed collection and analysis of anamnestic data, the results of a physical examination, objective and laboratory and instrumental data. When analyzing the anamnestic data, attention was also paid to the social status of patients, the presence of background pathology, and the duration of hospitalization.

An analysis of risk factors showed that 37.5% of mothers had a complicated pregnancy. According to a comparative analysis of groups of patients, the frequency of pregnancy complications occurred 1.5 times more often in mothers of group I. Pregnancy proceeded with anemia in 91.3% of mothers. The problem of anemia in pregnant women is relevant due to the significant impact of this pathology on the course of pregnancy and the health of the newborn. We also noted the difference between the groups of observed patients. Children born to mothers with severe anemia were 1.8 times more likely to develop acute bronchitis complicated by myocarditis. We found that at the time of pregnancy and childbirth, 27.5% of mothers had chronic diseases (chronic tonsillitis, sinusitis, chronic pyelonephritis), which could aggravate both the antenatal and postnatal periods of the child's development.

Genealogical analysis showed that 45.0% of patients with broncho-obstructive syndrome had heredity burdened by bronchopulmonary pathology, which can also determine the risk of developing these diseases in children. A comparative analysis by groups showed that aggravated heredity for respiratory pathology was 2.3 times more common in group I than in group II.

In patients of group I, a history of acute diseases of the respiratory tract in the neonatal period in every third child (33.75%), while in group II in 13.75% of cases.

Of the total number of patients, respiratory insufficiency (RI) of degree I was detected in 24 (40.0%) children, degree II - in 30 (50.0%) and degree III - in 6 (10.0%), who were hospitalized in the department pediatric resuscitation. Oxygen saturation is 91-94% in 22 (36.66%) children, 86-90% in 34 (56.66%) and 85 or less in 4 (6.66%). The high

incidence of RI in children is due to the insufficient maturity of neuroregulatory mechanisms and structural features of the lungs.

It was found that during the year, episodes of obstruction in group I were observed 2.4 times more often than in group II (30.0% vs. 12.5%) as a result of the addition of acute respiratory viral infection (55.0%) and inflammation (11, 25%).

In the anamnesis of patients "frequently ill children" in group I was significantly more (37.5%) than in group II (20.0%). In group I, there was a significant predominance of frequently ill children 1.8 times more often than in group II. Parents treated the child on their own until hospitalization in 20.65% of cases in group I and in 4.45% of cases in group II.

The greatest influence on the severity of the disease was exerted by the factor of self-treatment and the belated appeal of parents for medical help.

Conclusions: It has been shown that prognostically significant risk factors for the development of myocarditis in acute bronchial obstruction in children are: complicated course of pregnancy and childbirth, burdened by bronchopulmonary pathology and cardiovascular diseases, age of children under one year, a history of acute respiratory tract diseases in the neonatal period, respiratory failure with oxygen saturation below 90%, repeated episodes of bronchial obstruction, "frequently ill children", a self-medication factor and belated parents seeking medical help.

Thus, the use of a complex of knowledge about the risk factors for the development of myocarditis in acute obstructive bronchitis in children makes it possible to make timely adjustments to the therapy of the disease and carry out preventive measures.

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