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Clinical Options of Syndromes that Occur after Asphysics of Newborn Infants

Fayzullaeva Khilola Bakhronovna, Nazarova Makhbuba Erkin Qizi, Kim Oksana Vladislavovna

Assistents, Samarkand State Medical University, Samarkand, Uzbekistan

Abstract It is known that post-asphyxia syndrome is manifested in the early neonatal period and is later observed as late complications. The early neonatal period, starting from the time of birth, we can observe postasphyxia changes in a number of functional systems. In the MNS, neurological symptoms, damage to the cardiovascular system, pathologies of the respiratory system, gastrointestinal system, excretory system, hemostasis, and the immune system.

Keywords Newborn, Hypoxia, Asphyxia, Gestational period, Post-asphyxia syndrome

1. Introduction

The research was carried out among 120 babies who were born in the 1st maternity complex of Samarkand city at 38-40 weeks of gestation, by physiological delivery and by caesarean section, and had various degrees of asphyxia during childbirth. 3 groups were formed, each observation group was divided into 2 subgroups, i.e. a and b, according to the specificity of the clinical signs observed in babies born with asphyxia (a- asphyxia of medium severity, b- asphyxia of severe degree).

In the formation of clinical options, neurological symptoms are dominated by convulsions and agitation syndrome in high-weight babies with signs of risk of cerebral hemorrhage, hypoxic-ischemic encephalopathy with periodic convulsions and signs of alternating symptoms in low-weight infants, and extinction syndrome of convulsion syndrome and agitation syndrome in normal-weight infants It prevailed that the sequence is almost the same. Meconium aspiration by respiratory organs, asphyxia and pneumonia were observed in infants of all groups regardless of body weight, and these indicators were clearly manifested in severe asphyxia. Symptoms of hypovolemia prevailed in the group of infants of normal weight, and symptoms of arrhythmia prevailed in infants of high weight, cyanosis appeared in both low-weight and high-weight infants, together with the risk of hemorrhagic syndrome and DVS syndrome. It was in them that the signs of bleeding in the brain were observed.

2. Methods

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Vomiting and regurgitation syndrome was observed in patients of group II and III, but signs of intestinal paresis and NEC were detected in the group of low-weight and normal-weight infants.

Perinatal pathology is one of the main problems of modern pediatrics, mainly observed in the postnatal development of babies [1,6]. It is known that the post-asphyxia syndrome is manifested in the early neonatal period, and later it is observed as late complications. The early neonatal period, starting from the time of birth, we can observe postasphyxia changes in a number of functional systems. MNS includes neurological symptoms, damage to the cardiovascular system, pathologies of the respiratory system, digestive system, digestive system, hemostasis, and the immune system [2,3]. All babies who underwent intrauterine hypoxia had a complicated early postnatal adaptation period. Intrauterine hypoxia caused the development of a number of pathological conditions in newborns [4,5].

Severity of neurological disorders in babies born with asphyxia-Encephalopathy of Infants was assessed according to Amiel-Tyson & Ellison and Sarnat & Sarnat classification. According to him, mild level, i.e. Sarnat level 1 - hyperexcitability, wide opening of eyes with lack of sleep, hyperesthesia showed a high rate among those in the group of knocking IIgr, i.e., in babies born with a body weight suitable for gestational age, with severe asphyxia (30%, 65%, 20%) [6,9]. A decrease in the tone of the muscles of the trunk, legs, and body, a decrease in the reflexes of the cranial nerves (pupils, sucking, swallowing), clinically diagnosed convulsions, moderate, i.e. Sarnat 2nd degree, among those in the knocking group, Igurukh, i.e., with severe asphyxia of babies born with low weight for gestational age at birth and in group III, i.e. babies born with a large weight compared to the gestation period, showed a high rate of severe asphyxia (70%, 35%, 68%). Severe, Sarnat 3 degree - coma, loss of

breath/apnea, lack of reaction to effects, plegia in legs and feet, atony of body muscles, absence or extinction of cerebral reflexes (blinking, sucking, swallowing), extinction of complex reflexes with 30%, 32% indicators I and III comparisons were shown in groups [11,12].

3. Results

The result of the evaluation of the neurological condition showed that in children who underwent intrauterine hypoxia, regardless of the course of delivery, compared to healthy children, the frequency of arousal syndrome was higher in IIIg (40%, 55%, 70%), and extinction syndrome was higher in Iguruh (60%, 45%, At 30%, convulsion syndrome was manifested in high rates in group III (78%, 75%, 80%). According to the analysis of the neurological status, the neurological symptoms were clearly manifested in group III, mainly in the form of agitation syndrome and hemorrhage.

In the neonatal period, the severity of the general condition of these children was mainly cardiovascular and respiratory failure. Clinical assessment of the severity of asthma was performed according to the Downes scale for the observed infants. According to him, among children who underwent intrauterine hypoxia, cases without respiratory disorders had a lower rate in group III.

Meconium aspiration syndrome was observed in 33%, 31%, 40% of infants in the comparison group. Fetal pneumonia occurred in almost a quarter of the groups of infants who experienced hypoxia (36%, 26%, 38%). Respiratory distress syndrome was observed in 46%, 20%, 28% of the comparison groups mainly in children who developed asphyxia against the background of long-term intrauterine infection. The changes by the respiratory organs are almost the same, but according to Downes, 7-10 bb is mainly slightly higher in III gr.

According to the analysis of the status of the cardiovascular system, hypovolemic shock is cyanosis that does not pass during oxygen therapy, arterial hypotension (systolic pressure 50 ml/sm.ust), abdominal rest, depression of the anterior abdominal wall, hypotonia and low crying, and hematocrit 0 in the general blood analysis. 4 l/l, hemoglobin more than 150 g/l, erythrocyte count in capillary blood less than 4.5 x1012/l, manifested by laboratory parameters, observed in 5% of cases in group I, 10% in group II, and 5% in group III.

4. Discussion

According to the status of the elimination system, oliguria was observed in 60%, 65%, 55% of the observation group. Complications by the subtraction system were almost the same in all three groups. According to the status of the gastrointestinal system, vomiting was observed in almost all of the groups of infants who underwent hypoxia, intestinal paresis in 27% of group I, 20% of group II, 10% of group III, and necrotic enterocolitis was higher in infants in group I than in other groups (40%, 30%, 15%). Pathological changes in the gastrointestinal system were observed in children of all groups, NEC and intestinal paresis were observed mainly in children of the I group, but it was related to low weight. if this condition is related to low weight, low weight is important in the development of this pathology in premature babies.

5. Conclusions

Thus, in the formation of clinical options, neurological symptoms are dominated by convulsions, agitation syndrome in high-weight babies with signs of risk of cerebral hemorrhage, hypoxic-ischemic encephalopathy with periodic convulsions and alternating symptoms in low-weight babies, and fading syndrome of convulsion syndrome in normal-weight babies. , it prevailed that the sequence with agitation syndrome is almost the same.

Meconium aspiration by respiratory organs, asphyxia and pneumonia were observed in infants of all groups regardless of body weight, and these indicators were clearly manifested in severe asphyxia. Respiratory symptoms predominate in babies born operatively, which cannot negate the data on the specificity of the dynamics of fetal lung fluid during cesarean section in this group of babies.

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