

DIFFERENTIATED APPROACH TO TREATMENT CONVENIENCE IN EARLY CHILDREN

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ABSTRACT

Rickets is a fairly common pathology in children 1 year of age, against which a secondary infection of the respiratory and gastrointestinal tract easily joins. The simplest method of vitamin D prevention not only contributes to the normal growth and development of a child, but also prevents the development of severe forms of rickets, as well as an unfavorable outcome of somatic diseases. The developed program for the prevention of rickets ensures reliable delivery of the drug to the patient.

KEYWORDS: *Young Children, Rickets, Convulsions.*

INTRODUCTION

Convulsions are one of the main neurological syndromes of the neonatal period. Their frequency ranges from 1.1 to 16 per 1000 newborns [1].

One of the main causes of seizures in children is rickets, in which there is a violation of the formation of cholecalciferol in the skin, the formation of active metabolites of vitamin D in the liver, kidneys, as well as insufficient intake of vitamin D with food [2].

Rickets is a social problem in pediatrics and is a disease of a growing organism. But in modern conditions, a real deficiency of vitamin D, due to insufficient intake or formation of it in the body, is possible only in early childhood, in most cases in the first year of life, which is objectively related to the dietary habits and lifestyle of the child in this age period [3].

Immunity disorders revealed in rickets (decreased synthesis of interleukins 1 and 2, phagocytosis, interferon production) and muscle hypotension predispose to frequent respiratory diseases. Among the serious consequences of rickets are osteoporosis, osteomalacia, poor posture, multiple dental caries, myelofibrosis, anemia, and autonomic dysfunction. As a result of a decrease in the absorption of Ca, P, Mg, the consequences of rickets are impaired motility of the gastrointestinal tract in the form of constipation, dyskinesia of the biliary tract and duodenum [4].

Disorders of phosphorus-calcium metabolism can be observed with recurrent acute respiratory viral, intestinal infections, taking medications (glucocorticoids, anticonvulsants, etc.). [5]

Purpose of the work: to carry out a differentiated approach in the treatment of convulsive conditions in children with signs of rickets.

Materials and research methods. In the city children's hospital No. 1, we examined 65 children who were admitted to the intensive care unit for convulsions. Among them there were 38 boys and 27 girls. The age of the children ranged from 5 months to 10 months. Children underwent a general blood test, determined the level of Ca and P in the blood, as well as EEG.

Research results : 48 children had a Ca decrease to 1.7 mmol / L, and 17 children had an average Ca level of 2.06 mmol / L. Often the first symptoms of rickets in these children were autonomic disorders. Symptoms such as sleep disturbance, irritability, tearfulness, and excessive sweating were noted. Due to the presence of an acidotic shift in the body and the acidic nature of the sweat, skin irritation was noted. The most common complaint was severe sweating of the face, especially the scalp. This, in turn, led to baldness of the occiput in the majority of children. The urine acquired a sour smell, irritated the child's skin, diaper rash, pyoderma appeared. Compliance of the bones forming the edges of the large fontanelle was noted in 18 children, curvature of the legs in 13 children, severe muscular hypotension in 10 children.

From the above, we can conclude that these children did not receive rickets prophylaxis in the pediatric area.

Upon admission to the hospital, all children were treated with vitamin D in a therapeutic dose of 20,000-25,000 IU per day for 30-45 days, which gave a good therapeutic effect.

5 children had repeated convulsions within 2 days. These were children whose blood Ca levels were below 1.5 mmol /, and the EEG showed signs of intracranial hypertension. The inclusion of

magnesium sulfate in the complex of treatment contributed to the elimination of seizures in this contingent of children. The conducted observations showed that in children who received a residual prophylactic dose of vitamin D, even in the presence of intracranial hypertension, convulsions did not recur. All of the above was the basis for revising the methods of preventing rickets.

The staff of the Department of Pediatrics has developed and implemented a new scheme for the prevention of rickets: Vigantol, 6 caps. or Devaron 6 tab. (4000 IU) 1 time per week from one month of age to the end of 1 year of life. Our observations have shown that about 5% of parents have a negative attitude to the introduction of any drugs to healthy children, about the same number of parents are eager to "do something" to improve the growth and development of the child, and the bulk of parents are positive, but do not understand the importance of the principles prevention and often do not clearly follow the recommendations of the pediatrician. Considering that in our republic there is a system of patronage supervision of children of the 1st year of life, we recommend that the drugs prescribed for prophylactic purposes be given to the child with his own hand, once a week in the above dose during patronage.

This technique does not increase the workload of the nursing staff and, along with it, the doctor is convinced that the child will indeed receive these drugs.

The results of recent observations showed that in children hospitalized for somatic diseases, despite the presence of hyperthermia, convulsions were not observed, which was associated with the timely implementation of the specified prophylaxis scheme. Whereas the number of children admitted to the intensive care unit of the GBD No. 1 for convulsions caused by rickets, i. E. those who did not receive vitamin D in the indicated scheme did not tend to decrease.

The results obtained and their discussion. Thus, the problem of convulsive states in children caused by rickets does not lose its relevance at the present time. Timely and correctly carried out prevention of rickets is of particular importance. A big mistake is the refusal to prevent rickets with vitamin D, which leads to the development of the disease and, accordingly, to a deterioration in the quality of life of the child: a decrease in physical activity, a violation of the correct formation of the skeletal system, a decrease in immune defense, and an aggravation of the course of bronchopulmonary diseases. The scheme developed by us guarantees the obligatory receipt of vitamin D by the child and, hence, a significant reduction in the convulsive state in children.

CONCLUSIONS

only comprehensive prevention, including the use of vitamin D and a differentiated approach to the treatment of convulsive conditions, will significantly reduce the number of children suffering from convulsive syndrome.

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