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NEUROLOGICAL MANIFESTATIONS OF UNDERWEIGHT CHILDREN IN THE FIRST YEAR OF LIFE

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Introduction: Neurological manifestations in underweight children can include a wide range of symptoms and conditions that require careful monitoring and treatment. Such manifestations include anxiety, sleep disorders, difficulty swallowing, temporary loss of consciousness and unwillingness to lie on your stomach. It is important to conduct a regular neurological examination to assess the neurological status of the child and identify any abnormalities in a timely manner. The method of examination and assessment of the neurological status in children should take into account the peculiarities of their development and age characteristics. In case of detection of neurological disorders, such as seizures or delayed speech development, it is necessary to immediately contact a specialist for diagnosis and determination of appropriate treatment. Understanding and paying attention to these manifestations can significantly improve a child's quality of life and development.

Keywords: neurological manifestations, underweight children, symptoms, treatment, anxiety, sleep disorders, difficulty swallowing, temporary loss of consciousness, seizures, delayed speech development, diagnosis.

Low-weight children are newborns and infants whose birth weight is below the established norms for their age and gender. This condition can be associated with various factors, including genetic characteristics, conditions of intrauterine development, as well as socio-economic conditions. It is important to note that low weight in children is not always an indicator of the presence of diseases or pathologies; however, it may be accompanied by certain risks to the health and development of the child.

Relevance. Over the past half century, a significant reduction in perinatal and infant mortality rates has been achieved in most countries of the world. The improvement of these indicators in economically developed countries occurs primarily due to an increase in the quality of medical care for children with extremely low and very low body weights [2, 3]. However, such impressive indicators of the level of care are accompanied by alarming information about a very unfavorable long-term prognosis of the health of children born with very low body weight. In the current situation. Due to the unfavorable demographic situation and the significant deterioration of the health status of women of fertile age, the preservation of the life and health of each born child is of particular relevance [4]. Underweight children are the object of close attention, because they are a high-risk group in terms of morbidity and mortality. First of all, this applies to children with a body weight of 1,500 g or less and, especially, to children with a body weight of less than 1,000 g. They are prone to developing diseases and complications that can be fatal for them. They are characterized by a violation the state of health, physical and neuropsychiatric development in subsequent periods. 8-

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10% of surviving children develop cerebral palsy; 5-8% - mental retardation; in 3-5% - decompensated hydrocephalus; in 2-3% - epilepsy; in 3% are blind; 1% have hearing loss. Almost every fifth child born with a body weight of less than 1,500 g has one or more causes of early disability since childhood [1, 5]. In many countries of the world, as well as in our country In the country, the distribution of small children is carried out by body weight at birth. Thus, children with a body weight from 2,500 to 1,500 g are considered newborns with low body weight (LBW), from 1,499 to 1,000 g are children with very low body weight (VLMW), and children with a body weight from 999 to 500 g were included in the extremely low body weight group (ELBW). The last two groups of children are considered to be deeply premature babies.

The purpose of the study. To study the quality of life of small children in the first year of life, based on body weight at birth. Research materials and methods. Us a catamnestic study was conducted on 25 children under 1 year old who were born with low body weight. They were divided into 3 groups, where 13 children with LBW (grade I), 10 children with VLMW (grade II) and with ELBW (III gr.) - 2 children.

The results and their discussion. Analyzing the structure of morbidity in small children in the first year of life, it was found that the pathology of the respiratory system dominated, the second place belonged to disorders of the nervous system. Diseases of the blood, digestive organs and infectious diseases occupied the third, fourth and fifth places.

The comparative characteristics of the weight category from birth showed a directly proportional dependence of the incidence rate and a decrease in the level of psychomotor development up to disability from the body mass group. Thus, frequent viral diseases (ARVI) up to 8-10 times a year were characteristic of deeply premature infants weighing 1,500 g and below (II and III gr.), and children weighing more than 1,500 g (I gr.) suffered ARVI only 4 times a year. Complications in the form of pneumonia and sepsis were noted in 50% of children Groups II and III, compared with I, where this figure was only 16% (3 children). Neurological disorders in the form of encephalopathy with hypertension, convulsive syndromes and motor disorders in the form of decreased motor functions up to disability were more characteristic for groups II and III, than for I.

The catamnestic results showed that 70% of all underweight children studied had neurological disorders. Thus, in group I of children weighing more than 1,500 g, 62% had encephalopathy with intracranial hypertension syndrome, 12% had convulsive and hydrocephalic syndromes, dyscirculatory encephalopathy in the form of tetra- and monoparesis were noted in 3% of children. The detectability of these disorders increased with a decrease in body weight at birth, and was also confirmed by the presence of peri- and intraventricular hemorrhages of III-IV degrees and periventricular leukomalacia. Mental and speech disorders were noted in 30% of the children studied. The types of life disorders in deeply premature infants (II and III years) in the first year were as follows: motor disorders in the form of paresis and paralysis amounted to 30% (1/3 of the study group); convulsive and hydrocephalic syndromes were noted in 42%; visual organ damage was detected in 14.4% of children (2 children); mental and speech disorders were noted in 82% (II gy) of children.

The level of physical development is the main indicator of a child's health. In small children, there is a delay in weight and growth indicators in the first year of life. A comparative assessment of the physical development (body weight, height, head circumference) of small children in the first year of

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life by groups revealed that children with LBW (weights of more than 1,500 g at birth) lagged less in weight and height indicators than children of groups II and III. All children of groups II and III (100%) in the process of growth by the first year had a body weight below the norm according to the centile charts, and in I Only 38% of the group lagged behind in weight indicators; 62% corresponded to their age indicators. Anemia and rickets of premature infants were complications of all deeply premature infants, compared with group I, where the percentage with this pathology was 22%. Diseases of the digestive system were typical for all small children of the study group, the manifestation of which there was intestinal dysbiosis, necrotic enterocolitis in 3 children from the group of deeply premature infants.

Conclusion. Thus, the analysis of the studied data revealed a correlation between morbidity and decrease adaptive capacity depends on body weight at birth. Underweight children with complications in the neonatal period in the process of ontogenesis constitute a high-risk group for disability in childhood. Therefore, the quality of later life and the level of assistance provided to them in the rehabilitation of this group of children are one of the urgent and modern problems of pediatrics.

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