ЎЗБЕКИСТОН РЕСПУБЛИКАСИ
ОЛИЙ ВА ЎРТА МАХСУС ТАЪЛИМ ВАЗИРЛИГИ
СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ
ИННОВАЦИОН РИВОЖЛАНИШ ВАЗИРЛИГИ
АНДИЖОН ДАВЛАТ ТИББИЁТ ИНСТИТУТИ

“ТИББИЁТНИНГ ДОЛЗАРБ МУАММОЛАРИ”

мавзусидаги Республика ёш олимлар ва иқтидорли талабаларнинг илмий-амалий видеоконференция МАТЕРИАЛЛАРИ

ДЕПРЕССИВНЫЕ РАССТРОЙСТВА ОСТРОГО ИНФАРКТА МИОКАРДА

Выполнил: Абдилхаева З ассистент кафедры ВОП 2, Муминов Р.К., старший преподаватель кафедры психиатрии и наркологии
Научные руководители: М.Л.Аграновский, заведующей кафедрой психиатрии и наркологии, д.м.н.: профессор,
Андижанский государственный медицинский институт

Введение. Острый инфаркт миокарда (ОИМ) - это некроз сердечной мышцы, обусловленный острым нарушением коронарного кровообращения в результате несоответствия между потребностью сердечной мышцы в кислороде и его доставкой к сердцу. Острый инфаркт миокарда, наряду с нестабильной стенокардией (НС) входит в понятие острый коронарный синдром (ОКС), который, в свою очередь, является одним из вариантов течения ишемиче-ской болезни сердца (ИБС).

CLINICAL SYNDROMES IN NEWBORN CHILDREN WITH DOWN SYNDROME

Imamova A.O.
Scientific teachers: Gulyamova M.A., Lutfullaeva K.A.
TashPMI, Department of Neonatology and Foreign Languages.

Actuality. According to recent studies, congenital malformations are found in 4.0-6.0% of newborns, and their share in the structure of infant mortality is more than 20.0% (Bochkov N.P., 2017). Down Syndrome (DM), a socially significant disease that is not amenable to treatment
or postnatal correction, is a big problem for the family and society as a whole [R.J. McGrath. 2016).

Aim: to study the incidence of clinical syndromes in newborns with Down syndrome. Conduct a clinical and anamnestic study in newborns with Down syndrome.

Materials and research methods. We observed 12 newborns with a diagnosis of Down Syndrome. An anamnestic data analysis and clinical examinations of newborns were performed.

The results of the study. The diagnosis of Down syndrome was established on the basis of anamnesis, clinical data and genetic research. We found that in 5 children (41.6%) a hereditary variant was detected, and in 7 (58.4%) children a non-hereditary version of Down syndrome
From the history of the mother, risk factors that could provoke this disease were identified: mother's age over 35 years was observed in 5 (41.6%) mothers of the examined newborn children, 3 (25%) mothers had bad habits, one had chronic diseases (8.3 %) mothers, the presence of hereditary diseases was detected in 3 (25%) mothers. These births were the first in 3 (25%) mothers, the second in 4 (33.3%), the third in 3 (25%), the fourth in 2 (16.6%), the fifth in 1 (8.3%), and the sixth in 1 (8.3%)) mothers Among the examined newborns with gestational age of 22-28 weeks - 7 (58.3%) were born, in 35 - 36 weeks - 5 (41.6%).
External signs and congenital malformations were determined. Of these, 6 (50%) of the children had CHD, among which 4 (33.3%) of children with congenital malformations, and 2 (16.6%) of children with congenital malformations. In 2 (16.6%) children, stenosis and atresia of the duodenum were noted, in 3 (25%) children brachycephaly was detected. Among the external signs, there were epicanthus in 10 (83.3%) children, joint hypermobility in 8 (66.6%) children, muscle hypotension in 8 (66.6%) children, flat occiput in 9 (75%) children, short limbs in 11 (91.6%) of children, brachymesophalangia in 11 (91.6%) children.

Conclusions. Thus, the results showed that in children, Down syndrome was most often found among the external signs: short limbs (91.6%), brachimesophalangia (91.6%), epicanthus (83.3%), flat occiput (75%) joint hypermobility (66.6%) , muscular hypotension (66.6%), and are also associated with diseases such as CHD, as well as congenital anomalies of the gastrointestinal tract.