



EARLY INTERVENTION TECHNOLOGIES AND MEDICAL SKILLS IN CHILDREN WITH PERINATAL ENCEPHALOPATHY.

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Article history:	Abstract:
Received: 10 th November 2022 Accepted: 11 th December 2022 Published: 11 th January 2023	This article provides information on early intervention technologies and medical skills in children with perinatal encephalopathy
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Perinatal encephalopathy is a pathological condition of the brain formed in a child during perinatal development. Modern medicine successfully fights this disease. However, the negative effects of neurological diseases significantly affect the child's development. It can be mitral brain and heart damage or serious damage to the central nervous system (epilepsy, cerebral mucosa). It is important to start treatment immediately. Encephalopathy in newborns should be strictly monitored by a doctor. Depending on the type of disease and symptoms, the therapeutic course and treatment methods are selected.

Pathological reasons.

Encephalopathy in infections can be associated with various factors. The main one is intrauterine hypoxia of the fetus, which is often the result of a difficult pregnancy. In this case, the child's mother and pathology affect the child:

infectious diseases in acute form, as well as chronic diseases aggravated during childbirth, genetically determined pathologies, is a wife's improperly organized meal abnormalities during delivery, injured during birth, frequent toxicosis, the innocence of the future mother's body from her youth, premature and congenital malformations of the child, abuse of bad habits from parents, bad environment.

Future parents should carefully take care of the child's health before birth. An important step is pregnancy planning.

The effect of perinatal encephalopathy can be in the following cases:

Delayed psychomotor development of various types of violence. If you look at a photo of a person who does

not have such a degree of delay, it does not limit their ability to live a fully independent life.

Hydrocephalus.

Osteochondrosis at a young age.

Hyperactivity and attention deficit syndrome.

Violation of visual function.

Hypertension.

Epileptic seizures and seizures.[1]

Insomnia and other diseases of the night, a disorder of the nervous system with constant mood, behavior and aggression.

Many complications of perinatal encephalopathy can be treated. It is necessary to consult a doctor to prescribe the appropriate course.

To reduce the risk of the disease, it is necessary to eliminate all negative factors during pregnancy. Even if the manifestation of the pathology is small and does not cause special harm to the child, it is very important to start treatment in the first week after childbirth. Temporary help can save you from future problems.[2]

Perinatal encephalopathy (PEP) is a brain dysfunction caused by hypoxic, traumatic, infectious, toxic and metabolic effects on the central nervous system of fetuses and newborns. The use of the collective term "perinatal encephalopathy" in pediatric neurology and pediatrics is due to the similarity of the clinical picture that develops with different mechanisms of brain damage. Therefore, strictly speaking, the formula "perinatal encephalopathy" is not a diagnosis and requires further syndromological analysis. More than 60% of perinatal encephalopathy is part of the pathology of the nervous system of childhood. The results of perinatal encephalopathy in children can vary from minimal brain dysfunction and vegetative-vascular dystonia to hydrocephalus, cerebral palsy and epilepsy. Intrauterine hypoxia is the main cause of brain damage to the fetus and newborns in the perinatal period. Thus, perinatal encephalopathy can



be caused by a somatic heavy burden in pregnant women (heart disease, diabetes, pyelonephritis, asthma, hypertension, etc.) unfavorable pregnancy (risk of miscarriage, fetal infections, fetal hemolytic disease, preeclampsia, placento-fetal disorder) and birth (narrow pelvis, premature birth, prolonged or rapid delivery, labor weakness, etc.). Harmful habits of a pregnant woman (smoking, alcohol and drugs), introduction of potentially dangerous drugs to the fetus, occupational diseases and environmental problems can harm the fetus.[3]

In addition, perinatal hypoxic encephalopathy can develop in the first days after birth, for example, respiratory distress syndrome, congenital heart defects, neonatal sepsis, etc. Regardless of the cause of the phenomenon, irritation in all hypoxic CNS injuries lack of oxygen. Other dysmetabolic diseases (acidosis, hypoglycemia, hypo- / hypernatremia, hypo- / hypermagnesemia, hypocalcemia) are usually caused by hypoxic damage to the central nervous system. As a cause of perinatal encephalopathy, intracranial congenital injuries are mainly associated with mechanical effects - traumatic fetus hepatitar benefits, birth in the pelvis, wrong insertion of the head, pulling on the head, etc. Early signs of perinatal encephalopathy are detected by a neonatologist immediately after birth. Among them are weak or delayed newborn, long-term cyanosis, lack of vaccination reflex, changes in motor movements, etc. A mild form of perinatal encephalopathy is characterized by spontaneous motor activity of newborns, difficulty falling asleep, superficial insomnia. includes sleepiness, frequent crying, muscle dystonia, tremors of the jaw and legs. This disorder is usually repeated and regresses during the first month of life. [5]The syndrome of CNS depression with moderate perinatal encephalopathy occurs with lethargy, hyporeflexia, hypodynamia, and diffuse muscle hypotension. The presence of focal neurological diseases is typical: anisocoria, ptosis, convergent strabismus, nystagmus, impaired sucking and swallowing, asymmetry of nasolabial folds, asymmetry of tendon-periosteal reflexes. Hypertensive-hydroxyfial syndrome is expressed by a wide range of tension and density, divergence of the seam, growth around the head, sleep disorders, increased screams. In moderate perinatal encephalopathy, neurological disorders are partially delayed. In severe perinatal encephalopathy, adynamia, muscle hypotonia up to atony, lack of congenital reflexes, painful stimuli, horizontal and vertical nystagmus, irregular breathing and heartbeat, bradycardia , arterial hypotension, seizures are

observed.[4] The severe condition of the child can last from several weeks to 2 months. The result of severe perinatal encephalopathy is usually one or more types of neurological pathology. In the early and late periods of perinatal encephalopathy, the following syndromes are observed: cerebrastronic (asthenoneurotic), motor disorder, convulsive, vegetative-visceral, hypertensive-hydroxyphal. The syndrome of severe diseases is muscle hypo -, hypertonic or dystonic, may show hyperkinesis, paresis and paralysis. Insomnia, emotional distress and motor restlessness in the child are consistent with the asthenoneurotic syndrome. During the recovery period of perinatal encephalopathy, the convulsion syndrome can be expressed not directly by convulsions, but by small-amplitude tremors, automatic chewing movements, short-term cessation of breathing, spasm of eyeballs, etc. In perinatal encephalopathy Vegeto-visceral dysfunction is manifested by microwave disorders (skin mucus and irritation, temporary acrocyanosis, cold extremities), gastrointestinal dyskinesia (regurgitation, dyspepsia, intestinal cramps, etc.), heart failure and heart failure. arrhythmia) and others. The result of perinatal encephalopathy in children can be recovery, low level of development (CRA), minimal brain damage, attention deficit hyperactivity disorder (ADHD) and gross organic lesions of the CNS (CP, epilepsy, oligophrenia, progressive hydroxyphalus). Perinatal signs of encephalopathy are usually detected by a pediatrician or a pediatric neurologist during an examination and medical examination of a child. It is important to take into account information about the condition of the child during pregnancy, childbirth, after birth. At the same time, additional laboratory and instrumental studies are required to determine the nature of brain damage and assess the severity of perinatal encephalopathy. Analysis of CBS and blood gas composition, glucose level, electrolytes, cerebrospinal fluid composition to study metabolic indicators. The first diagnostic information that allows to indirectly check the presence of perinatal encephalopathy is obtained by large-source ultrasound examination of the anatomical structures of the brain-neurosonography. To clarify the hypoxic-ischemic changes in the brain tissue found in the NSG, a CT or brain scan is performed in the child. An MRI is performed. Doppler sonography of the child's neck vessels and bilateral scanning of the arteries of the head are performed to assess the cerebral blood supply. The EEG level of a child with convulsive syndrome is of great importance in perinatal encephalopathy. If necessary, the examination of the



child can be supplemented with echoEG, REG, electrononeuromyography, x-ray of the cervical spine. A child with perinatal encephalopathy needs an eye study with a fundus examination. When the development of thinking and speech is delayed, the consultation of a child psychologist and a speech therapist is indicated.[6]

Treatment of a child with perinatal encephalopathy in the acute period is carried out in the department of neonatal pathology. The child is given a soothing regimen, oxygen therapy, and tube feeding if necessary. Drug therapy is prescribed taking into account the main syndrome of perinatal encephalopathy. Dehydration therapy (mannitol), corticosteroids (prednisone, dexamethasone, etc.) are used to reduce intracranial hypertension, and therapeutic spinal pancreatectomy is performed. Glucose, potassium, calcium, ascorbic acid are used to normalize the metabolism of nervous tissue and increase its resistance to hypoxia. solution, the use of magnesium preparations, etc., is carried out by infusion therapy. As part of the therapy of perinatal encephalopathy, it is used to fight with tube, phenobarbital, diazepam, etc. The purpose of drugs that improve blood circulation and brain metabolism (Vinpocetine, Piracetam, Cortexin, blood in the blood disturbed by deproteinized hemodynamics, etc.). or treated in a day hospital. Rehabilitation courses with nootropic drugs and angioprotectors, physical therapy, swimming, massage, physiotherapy (amplipulse therapy, electrophoresis), homeopathic therapy, herbalism, and osteopathy are held.

CONCLUSION:

In cases of speech disorders - corrective disorders, allal and dysarthria syndromes, corrective speech therapy sessions are indicated. Determining the cause of residual encephalopathy is not always easy, because symptoms can appear years later, and various negative factors can occur at the same time in a person's life. can move in itself - trauma, intoxication and vascular diseases. In addition, the phenomena of cerebral dysfunction are enhanced by the combination of atherosclerosis of the cerebral vessels, against the background of hypertension, which corresponds to the concept of dyscirculatory encephalopathy, so the patient forgets or does not know what happened, ignoring the fact that he was injured decades ago. possible In the formation of structural changes in the brain of a newborn, it is also important that the expectant mother's lifestyle, bad habits, age and innate genetic strength are given.

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