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PREDICTION OF THE DEVELOPMENT OF CARDIAC PATHOLOGY IN PNEUMONIA IN YOUNG CHILDREN

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Relevance. Respiratory pathology in children to this day remains the most common cause of childhood morbidity and mortality. One of the main problems of children with respiratory pathology is an adequate and timely assessment of the state of the cardiovascular system, identification of possible risk factors for the development of life-threatening situations (Volodin N.N. et al., 2005).

The prognosis and outcome of pneumonia is determined not so much by the etiological cause as by the severity of hypoxia and the timeliness of medical care. The influence of the most significant antenatal and intranatal factors and complications on the development of cardiac pathology in young children with pneumonia remains poorly understood. Timely and objective assessment of the severity of the condition is an urgent and unresolved problem, the underestimation of which inevitably leads to medical and tactical errors, which worsens the prognosis and treatment results. Thus, the study of the influence of perinatal factors and their prognostic value on the development and course of cardiac syndrome, the search for ways to predict and prevent cardiac and respiratory failure determined the purpose of the study.

Purpose of the study. To determine the most significant risk factors for the development of cardiac insufficiency in pneumonia based on the study of perinatal risk factors in sick young children.

Material and research methods. The results of the clinical and anamnestic examination of 82 young children with acute pneumonia, who were hospitalized in the children's intensive care units, I and II emergency pediatrics departments of the SF RRCM, were studied. Group I consisted of 40 children with acute pneumonia, group II - 42 children with cardiac pathology in pneumonia. In all patients, an analysis of predisposing factors was carried out - the course of pregnancy and childbirth in the mother, the course of the neonatal period, the nature of feeding, the presence of chronic somatic pathology were specified.

Results. Studies have shown that almost all mothers were pregnant with anemia, and children born to mothers with severe anemia are twice as likely to develop cardiac pathology with pneumonia. Every third mother had a complicated course of pregnancy, and the pathology of the course of pregnancy occurred twice as often in mothers of group II. Chronic diseases (chronic tonsillitis, sinusitis, pyelonephritis), aggravating the perinatal period of a child's development, were present in 29-35.4% of mothers, and they were more common (1.9 times) in children with cardiac pathology in pneumonia (19 -23% and 10-12.2% respectively). The physiological course of labor was observed in 25-30.5% of mothers; childbirth (12-14.6%). The pathological course of childbirth was also twice as common in mothers whose children had cardiac pathology with pneumonia. 8-9.7% of children were born prematurely, and therefore the neonatal

period in them proceeded with complications. Among the comorbidities in young children with pneumonia, rickets of the 1st and 2nd degree (28-34.1%), perinatal CNS damage (22-26.8%), malnutrition (19-23.2%), atopic dermatitis were often detected. (13-15.8%). Anemia of 2-3 degrees of severity was diagnosed in 78-95.1% of sick children. 32-39.0% of children were breastfed, the rest (50-60.9%) were mixed or artificial, and from the anamnesis it was found that at the age of 3 to 6 months they were transferred to mixed and artificial feeding 39 -47.6% of children. Feeding defects such as unilateral nutrition, non-compliance with the timing of the introduction of complementary foods and supplementary feeding were detected in every second patient of group II. Early transfer to mixed and artificial feeding occurred in 11-13.4% of cases, and these were children with cardiac pathology with pneumonia. In the anamnesis of patients of group II in the first month of life, 8-9.7% of children had acute respiratory diseases of viral and bacterial etiology, who were later diagnosed with cardiac pathology with pneumonia.

Conclusions. Thus, perinatal pathology, complicated premorbid background, comorbidity, and a history of frequent colds are of informative value in predicting the development of cardiac pathology in children with pneumonia. Cardiac pathology in pneumonia is three times more likely to be detected in children who are on mixed and artificial feeding.

These risk factors and features of the course of pneumonia in children with cardiac pathology will help practical health care physicians in matters of timely diagnosis, increase the efficiency of dispensary services, including the use of therapeutic preventive and other health measures among frequently ill children.

