

VERTIGO AND DIZZINESS IN PEDIATRIC PATIENTS AND ADOLESCENTS

Kurbanova S., 505 group, Faculty of general medicine

Scientific advisor: Ergashev J.D.

Department of Otorhinolaryngology, pediatric otorhinolaryngology and pediatric dentistry
TashPMI.

Background: Imbalance and vertigo is an uncommon complaint in pediatric patients and adolescents. Studies devoted to the vertigo in adult population have reported a one-year prevalence of 23% for unspecified dizziness and 5% for vestibular vertigo. In contrast, another work of all ICD-9 codes related to vestibular and balance disorders in more than 560000 distinct pediatric patient encounters during a 4-year period revealed prevalence of only 0.4% for unspecific dizziness, 0.03% for peripheral, and 0.02% for central vestibulopathy (Jahn K et al 2015).

Aim of the work: To reveal the prevalence and clinical characteristics of children with dizziness, as well as to establish the importance of the audiological, balance and imaging studies in the diagnosis of pediatric vestibular pathology.

Materials and methods: We report a descriptive, retrospective and non-randomized study performed at the clinical bases otorhinolaryngology department of the Tashkent Pediatric Medical Institute. The study included 62 pediatric patients who visited to hospital due to alterations in their balance over a period of seven years (2012 to 2019); divided into three groups based on age: 0 to 5, 6 to 10, and 11 to 15 years. The patient data gathered in Microsoft Excel 2010 and uploaded into SPSS 22.0 for analysis.

Result: In our series the most frequent was pediatric benign paroxysmal vertigo (62 %), with 35.5 % of patients related with common migraine. In age group ranged between 11-15 the positional vertigo and psychogenic vertigo, was found coincidentally ($p < .05$). Prevalence related with age, gender and audio-vestibular tests, and the results of the imaging studies (computerized tomography of the brain and magnetic resonance of the head) were not related to the presentation of associated migraine nor to the diagnosis ($P > .05$).

Conclusion: Detailed clinical history, otologic and otoneurologic examination are the key elements of the diagnosis of pediatric vestibular pathology. Also, distribution of patients by ages and standardizing age groups is important. Instrumental studies just contribute high diagnostic performance in children presenting neurological symptoms, persistent headache or who have sustained severe cranial trauma. Results of the work may serve as a good tool for guiding clinical suspicion to correct diagnostic assessment in dizzy children.

References:

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