

ECG FEATURES IN CHILDREN WITH RESPIRATORY DIFFICULTY SYNDROME

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Introduction. Acute and chronic nonspecific lung diseases are one of the most important urgent problems of pediatric pulmonology. Dysfunction of the cardiovascular system is often accompanied by complicated pneumonia in children and develops from the first hours; at the same time, circulatory disorders, unlike in adults, from complications of the underlying disease and determine its outcome. These changes are diverse and depend on the severity of the underlying disease, the patient's age, and the premorbid background. According to scientists, carditis in young children, as a complication of acute myocardial infarction, occurs in 4% to 23% of cases. Diagnosis of the disease is difficult due to the lack of clear clinical manifestations, ranging from minimal changes in the ECG to cardiogenic shock and sudden death.

Objective. To study the ECG characteristics of septicemia complicated by respiratory distress syndrome in children.

Material and methods. Our study was conducted on 68 children aged 1 to 10 years with pneumonia complicated by respiratory distress syndrome treated at the 4th Children's Clinical Hospital of Tashkent. In all patients, the medical history was analyzed, spirometry was assessed, chest X-ray, clinical and laboratory and ECG analyses were performed. The diagnosis was made according to the nomenclature of the ICD-10 classification. Statistical processing was carried out using standard methods and modern software (Statistica 6.0). Differences were considered significant at $P < 0.05$.

Results and discussion. According to our results, pathological changes in the ECG were detected in 77% of the examined patients. Of these, 25% had signs of left ventricular hypertrophy, 15% had signs of right ventricular hypertrophy. During the observation, the duration of the disease ranged from 2 to 4 months. Left ventricular hypertrophy formed a strong positive correlation ($r=+0.90$) with the duration of the disease and the state of obstruction. Premature ventricular contractions (prolonged PQ interval) were detected in 22% of children. Ectopic conduction during the transition of the pacemaker from the sinus node to the bundle branch node was detected in 28% of cases. In 16.6% of patients, changes in the Q-T interval were detected, with a short duration of 0.33 ± 0.01 s. and a duration of 0.42 s.

Conclusion. In all children with complicated septicemia with respiratory distress syndrome, due to impaired cardiac conduction, it is necessary to examine the cardiovascular system and recommend correction of treatment.

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MANAGEMENT AND TREATMENT OF PATIENTS WITH BRONCHIAL ASTHMA IN OUTPATIENT SETTINGS

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Introduction. Bronchial asthma is highly prevalent among all age groups and, according to epidemiological studies, occurs in 1–18% of individuals depending on the region of the world. Bronchial asthma (BA) is a global problem of modern health care, which is due to its high prevalence and the significant socio-economic damage caused by this disease. According to epidemiological studies, more than 300 million people in the world suffer from BA, and the prevalence of BA increases annually.

Objective. To study the management and treatment of patients with bronchial asthma in outpatient settings.

Materials and methods. The study was conducted in a family clinic. During the study, a retrospective analysis of outpatient records of patients with bronchial asthma was conducted. Compliance with treatment standards for patients with bronchial asthma at the outpatient stage was studied, as well as the identification of features of dispensary registration of patients diagnosed with bronchial asthma.

Results and discussion. The analysis of the structure of patients with bronchial asthma, the effectiveness of medical examination and compliance of treatment with clinical recommendations and standards of medical care for this disease was carried out. In this group of patients, controlled bronchial asthma was noted in 20 people (40.0%), partially controlled in 6 people (12.0%), uncontrolled in 16 people (32.0%), in 8 patients (16.0%) the level of control in the primary documentation is not indicated. By the severity of bronchial asthma: intermittent — in 4 (8.0%), mild persistent – in 8 (16.0%), moderate persistent – in 18 (36.0%), severe persistent – in 4 (8.0%), in 16 patients (32.0%) the severity is not specified. A burdened allergological anamnesis is observed in 28 people (56.0%). Examination and treatment in a therapeutic hospital were received by 38 (76.0%). Data on consultation with an allergist were noted in 10 (20.0%).

Conclusion. In 20.0% of cases, the analysis of outpatient records revealed a discrepancy between the diagnosis of the disease in the doctor's notes and the formulation of a detailed clinical diagnosis indicating the characteristics of the course of the disease in a particular patient. In patients whose treatment complies with clinical recommendations and standards of medical care, asthma control was achieved in 81.25% of cases. The frequency of dispensary examinations of patients took place in 48 (81.25%) outpatient records. Thus, treatment of asthma exacerbation is an important component of preventing disease progression and development of adverse outcomes.