FEATURES OF THE ADAPTATION PERIOD OF NEWBORN CHILDREN WITH NECROTIZING ENTEROCOLITIS

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Introduction. Necrotizing enterocolitis (NEC) is one of the most serious and widespread pathologies in the neonatal period, characterized by high morbidity and mortality rates among newborns, especially premature ones. Despite existing advances in medicine, including improved survival rates for premature infants and the development of resuscitation technologies, NEC remains one of the leading causes of complications in neonatology.

Objective. To determine the significance of perinatal factors and establish the nature of some maladaptive conditions in newborns with NEC.

Materials and methods. 36 newborns with various clinical and anatomical forms of NEC, who were observed in the neonatal surgery department at the RIPAATM of the Ministry of Health of the Republic of Uzbekistan, were analyzed. Anamnestic data related to the antenatal and intranatal periods were reviewed, and a comprehensive assessment of the somatic status, transient adaptive states, and leading maladaptive processes were carried out. The condition of the children at birth was assessed according to the Apgar scale at 1 and 5 minutes of life. The dynamics of body weight during the neonatal adaptation period was evaluated using generally accepted criteria, including a set of morphometric parameters. Daily weight measurements of the children during the observation period were performed using electronic scales. Instrumental (X-ray, ultrasound) methods, laboratory blood tests, and microbiological stool examinations were also used in the study.

Results and discussion. The vast majority of the mothers of the children had a complicated somatic history. Pathological conditions during the gestational period were frequently recorded in mothers whose children were born in a state of hypoxia. An analysis of the somatic health of the women showed that more than half 22 (61%) 22 (61%) had various extragenital pathologies, with 14 (38.8%) having two diseases and 18 (50%) having three or more. Unfavorable factors had a combined and potentiated effect on the fetus, leading to chronic intrauterine hypoxia and acute asphyxia in the newborns. 22 (61%) of the newborns were born in a severe condition and required primary resuscitation measures. Birth weight and the degree of transient weight loss during NEC showed significant differences. The degree of transient weight loss and the restoration of the initial weight by the end of the first week did not depend on the child's sex, but this indicator was more pronounced among premature infants compared to full-term infants (4.8 ± 0.36 and 5.3 ± 0.31%, respectively).

Intestinal microflora disturbances were observed in all newborns with NEC, which can be attributed to intrauterine infections, maternal illnesses during pregnancy, complications during childbirth, and resuscitation interventions in newborns born in asphyxia. A key mechanism for the development of severe dysbiosis in NEC is the loss due to vomiting, impaired motility of the small intestine leading to stagnation of intestinal contents, which creates favorable conditions for the proliferation of conditionally pathogenic enterobacteria, as well as staphylococci, yeast-like fungi, and molds.

Conclusions. A complicated somatic, obstetric, and gynecological history on the part of the mother exacerbates the course of maladaptive conditions observed in newborns with NEC. Actual birth weight, the degree of transient weight loss, and the timing of its restoration in NEC have their own peculiarities. Intestinal dysbiosis is a constant and complex component in the structure of maladaptive conditions in newborns with NEC.

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ОСОБЕННОСТИ ПЕРИОДА АДАПТАЦИИ НОВОРОЖДЕННЫХ ДЕТЕЙ С НЕКРОТИЧЕСКИМ ЭНТЕРОКОЛИТОМ

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Актуальность. Нарушение микрофлоры кишечника наблюдается у всех новорожденных с некротическим энтероколитом (НЭК), что объясняется внутриутробным инфицированием, при заболеваниях матери во время беременности, осложнениями во время родов, оказанием реанимационных мероприятий новорожденным, родившимися в асфиксии.

Цель. Определить значения перинатальных факторов и установить характер некоторых дезадаптивных состояний при НЭК у новорожденных.

Материалы и методы. У 46 новорождённых детей с различными клиникоанатомическими вариантами НЭК наблюдавшихся в отделении неонатальной хирургии в РИПИАТМ МЗ РУз. Проведен анализ анамнестических данных применительно антенатальному и интранатальному периоду и комплексная оценка соматического статуса, транзиторных, адаптивных состояний и определены ведущие дезадаптивные процессы. Состояние детей при рождении определялось по шкале Апгар на 1-й и на 5-й минутах жизни. Характер динамики массы тела в периоде неонатальной адаптации оценивали по общепринятым критериям, включающим комплекс морфометрических параметров.