

METHODS OF TREATMENT OF CONGENITAL HEART DEFECTS WITHOUT SURGERY

Ro'ziyev Sherzod Ibadullayevich

Doctor of medical sciences, professor Scientific leader

Muydinov Javlonbek Ibrahimovich

Fergana Public Health Medical Institute

Medical field Independent seeker

E-mail: fmioz@mail.ru

Abstract

Inborn heart defects (CHDs) are underlying anomalies of the heart since birth. These imperfections can altogether affect the working of the heart and by and large soundness of a person. While medical procedure is much of the time considered the essential therapy choice for CHDs, there are elective techniques that can be utilized to deal with these circumstances without the requirement for intrusive methods. This article will investigate different non-careful techniques for treating inborn heart surrenders, zeroing in on their adequacy, advantages, and constraints.

Keywords

Heart diseases, severe conditions, diagnose, infants, causes, effects.

Introduction: Inherent heart defects, otherwise called inherent coronary illness, allude to a gathering of conditions that are available upon entering the world in which there are underlying issues with the heart and its capability. These deformities influence the construction of the heart and the manner in which it works, and they can go in seriousness from gentle to extreme.

Aggregately, intrinsic heart absconds are among the most well-known kinds of birth surrenders. Intrinsic heart defects influence around 1% of live births universally every year, which means north of 40,000 babies brought into the world with heart surrenders every year in the US alone. They address the most often happening birth imperfection and a main source of birth deformity related sickness and passing.

The commonness of inborn heart defects has remained moderately stable over the long haul as indicated by epidemiological investigations. Nonetheless, worked on antenatal screening and post pregnancy care have fundamentally decreased death rates related with these circumstances.

The specific reasons for most inherent heart abandons are obscure, however risk variables might incorporate hereditary transformations or disorders, maternal ailments (like diabetes or corpulence), certain meds, viral contaminations, or natural openings during early pregnancy. Some inherent heart defects have been connected to single-quality transformations, while others seem to result from the consolidated impacts of different hereditary and ecological elements.



Surrenders are much of the time delegated either underlying anomalies of the heart chambers and valves or imperfections in how the blood courses through the heart. Models incorporate ventricular septal deformities, atrial septal imperfections, quadruplicate of Fallot, interpretation of the extraordinary supply routes, aspiratory valve stenosis, and patent ductus arteriosus.

Luckily, numerous inherent heart deformities can now be effectively treated or even relieved with cutting edge cardiovascular careful methods and methodology. For less complicated surrenders, for example, an atrial septal deformity, a patent ductus arteriosus, or pneumonic valve stenosis, catheter-based systems, for example, expand angioplasty or gadget conclusion might be choices.

More intricate deformities habitually require open-heart medical procedure during early stages, adolescence, or adulthood. The objective of medical procedure is regularly to fix or "fix" openings in the heart walls or valves, reroute blood stream, or recreate heart chambers or valves. Postoperative consideration centers around checking for difficulties and supporting recuperation. In a few serious cases, heart transplantation might be thought of. Long haul follows up means a lot to screen for any late impacts.

Innate heart deformity, for example cardiovascular pore, is a morphological change of the heart in the initial 3 months of the baby, because of specific outside or interior elements in the improvement of the youngster's heart.

That is, different problems emerge in the improvement of the heart. Consequently, there is plausible that the kid will be brought into the world with an intrinsic heart deformity.

Inherent heart absconds are third in beginning after neurological birth imperfections and bone-muscle framework abandons. It is among the illnesses that cause sudden passing of kids.

The reason for the beginning of an intrinsic heart deformity has not yet been completely examined. Research has shown in excess of 30 foundations for the sickness. In any case is contamination of the youngster after the presence of the baby. That is, the entry of disease from the mother.

What's more, this illness can likewise be brought about by openness to the outer climate, unsafe climate. The neurological state of the pregnant lady can likewise be impacted. One more of the variables that are causing the most these days is the utilization of liquor or tobacco items by a pregnant lady.

Inborn heart deformities can be separated into two huge gatherings:

First gathering: porogs that are joined by a lessening in how much blood course inside the system of a little dissemination. These are additionally called "Blue porogs".

Second gathering: porogs that are joined by an expansion in the sum (pressure) of blood flow inside the structure of a little dissemination. These are designated" white porogs". It is the analysis of white pores, the location of which stays late. The explanation is, these sicknesses are covered up. Thus, generally speaking, time elapses. It is likewise conceivable that we are late for the activity. Once more, numerous normal hearts abscond in cardiology incorporate between ventricular hindrance disappointment, Between ventricular obstruction disappointment, aortic stenosis, aortic coarctation, stenosis of the pneumonic conduit.



Conclusion

While careful intercession stays pivotal for the majority CHD cases, non-careful techniques offer practical options for explicit circumstances. Drugs, catheter-based systems, interventional electrophysiology, and outside steady estimates assume critical parts in overseeing intrinsic heart surrenders without exposing patients to obtrusive medical procedures.

Notwithstanding, the suitable treatment plan ought not to set in stone by a certified medical care proficient, thinking about the particular deformity, in general wellbeing, and individual requirements of every patient. With proceeded with headways in clinical innovation, non-careful medicines are turning out to be progressively viable, working on the results and personal satisfaction for people living with CHDs.

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