CLINICAL FEATURES OF DILATED CARDIOMYOPATHY DEPENDING ON THE DETERMINANTS OF HEALTH

Akhmedova D.I., Ruzmatova D.M., Kodirkhujaeva Sh.J.

Tashkent pediatric medical institute,
Republican Specialized Scientific-practical medical center of Pediatrics, Ministry of Health of the Republic of Uzbekistan, Tashkent city.

Objective. Non-coronary myocardial diseases (NCM) remain one of the most difficult problems in pediatrics. Non-coronary changes in the myocardium are determined in 20-40% of deaths in children who died from sudden death syndrome between the ages of birth and 18 years. Among NCDM in children, a special place is occupied by the dilated form of cardiomyopathy (CMP). Dilated cardiomyopathy (DCMP) is the most common form of CMP. DCMP occupies a leading position in the structure of disability and mortality in children, is the main cause of the formation of chronic heart failure in childhood.

Aim. Based on the foregoing, this scientific study aimed to determine the predisposing factors for the development of cardiomyopathies in children.

Materials and methods. We examined 85 children with CMP under the age of 18, of which 60 children had DCMP, hospitalized in the cardio-rheumatological department of the Republican specialized scientific-practical medical center of pediatrics of the MoH of the Republic of Uzbekistan. The diagnosis was made based on complaints, anamnesis data, functional (ECG, echocardiography, Holter ECG monitoring), biochemical (determination of cardio specific markers - creatine kinase BM, lactate dehydrogenase) and instrumental (chest x-ray, chest multispiral computed tomography) research methods.

Results. To study the role of determinants of health, children with DCMP were distributed depending on their place of residence, biomedical factors (gender, age of the mother, heredity, closely related marriage), and maternal anamnesis**.** The results of DCMP prevails in the ecologically disadvantaged region of the Aral Sea region (Republic of Karakalpakstan, Khorezm, Kashkadarya and Bukhara regions). Thus, the DCMP in children of this region, as a whole, amounted to 50.1%, and half were children living in the Republic of Karakalpakstan (25.0%). The study of biomedical factors showed that DCMP develops more often in boys (63.3%). The development of DCMP was more prevalent in children whose mothers were over 35 years old at the time of birth of this child (38.3%). Other medical and biological factors are of great importance: maternal diseases during pregnancy, complicated pregnancy (37.5%), unfavorable course and outcomes of previous pregnancies (up to 31.3%); closely related marriage (23.3%) and hereditary predisposition (11.6%). An analysis of anamnestic and objective data showed that the prescription of DCMP in children averaged 16.6±3.4 months. The prescription of the disease also causes a lag in the physical and motor development of children. In terms of body length/height relative to age, deviations were found in 25.0% of patients with DCMP (range from -3CO to -2CO).

Conclusion. The development, severity of clinical and functional changes and prognosis of CMR depend on the determinants of health. Echocardiographic indicators all children with DCMP have systolic dysfunction, a decrease in the ejection fraction below 40%, hypokinesia of the LV walls, valvular regurgitation (MC and TC), as well as paradoxical movements on the LV.

Thus, to prevent the development of DCMP in children, it is necessary to carry out preventive methods to prevent late childbirth, ensure safe pregnancy and childbirth, prevent and effectively treat diseases of viral etiology in mothers and children, and early diagnosis and timely initiation of therapy are necessary for a favorable outcome of these diseases.