



CONGENITAL HEART DISEASES IN CHILDREN.

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Abstract: Congenital heart defects, also known as congenital heart anomaly and congenital heart disease, are defects in the structure of the heart or great vessels present at birth. Congenital heart defects are classified as cardiovascular diseases. Signs and symptoms depend on the specific type of defect. Symptoms can be harmless or life-threatening. If present, symptoms may include rapid breathing, bluish skin, low weight, and fatigue. Congenital heart defects do not cause chest pain. Congenital heart defects are often not associated with other diseases. A complication of congenital heart defects is heart failure.

Key words: Newborn, asphyxia, syndrome, pneumotoxic, hypoxia, anamnesis.

One of the relatively common congenital heart diseases is narrowing of the pulmonary artery. Its main symptoms are: the border of the heart expands to the right, the volume of the right ventricle increases excessively, a systolic knocking sound is heard from the left side of the sternum, between the II and III ribs, but it does not reach the veins. The second sound of the pulmonary artery becomes much weaker, general bruising appears, often the last joints of the fingers are enlarged like drumsticks, the nails are sharpened, they look like an hourglass. Most often, it occurs in combination with congenital diseases with a hole in the ventricular wall or an unformed aortic valve. When narrowing of a single pulmonary artery occurs, the child's life is in danger. When Batalov's path is not closed, the following symptoms occur: during percussive examination, a dullness is detected on the left side of the sternum handle, a hard systolic thump passing to the carotid artery and back is heard, and the second sound is heard in the pulmonary artery. A sound like a cat's purring is heard, the cardiac margin is enlarged, and in this case often no bruising is felt. The knocking sound is not transmitted to the vessels, sometimes the expansion of the border of the heart to the right and left is determined. Narrowing, insufficiency of the tricuspid valve, as well as displacement of the great vessels, are relatively rare.

Congenital heart diseases are rarely seen individually, they often occur together. Pathoanatomically, there are many and mixed types of congenital heart disease. Most of these are undetectable in the living and can only be seen when the corpse is dissected. However, at present, the diagnosis of a number of congenital heart diseases during human life

is well studied and developed, for example, it is possible to show a complex heart disease, which was studied in detail by the French clinician Fallo.

1. Triad of Fallo - narrowing of the pulmonary artery, non-closure of the ovoid opening and excessive enlargement of the right ventricle;

2. Tetrad Fallo - narrowing of the pulmonary artery, a hole in the ventricular wall, displacement of the aorta to the right, and an excessive increase in the size of the right ventricle;

3. Pentada Fallo - narrowing of the pulmonary artery, a hole in the walls of the heart ventricle and chamber, displacement of the aorta to the right, and an excessive increase in the size of the right ventricle.

From the first year of a child's life, and sometimes from the first day, hard, rough systolic sounds are heard in the heart. These sounds cannot be called an acquired organic injury of the heart, a functional change. The child's lips, oral mucosa, and limbs are especially bruised. Bruising is especially aggravated when the sick child screams. Children with congenital heart disease usually lag behind in general development. Sometimes the border of the heart expands, especially to the right. Also, the last joints of the fingers are enlarged, the nails are sharpened, and they look like an hourglass. In particular, due to the recent widespread use of surgical treatment of some congenital and acquired heart diseases and anomalies of the development of large vessels, their topical diagnosis has become necessary. For this purpose, in addition to the well-known names of palpation, careful hearing and X-ray detection, recently angiocardiology is used, that is, X-ray imaging of the cavity of the heart and large vessels with the injection of contrast material into the blood vessel. The method of angiocardiography was developed by Castellanos in 1938. The essence of this method is that a contrast agent is injected into the elbow or external jugular vein through a catheter in the amount of 5-8 ml for infants and 25-30 ml for older children, and with this blood flow to the vena cava and then to the right side of the heart, goes into the small blood circulation circle, and then into the left heart compartment. A series of pictures taken quickly in the X-ray machine plays an important role in determining the distribution and supply of contrast agents in the heart cavity and veins. Another correct method is to examine the cavity of the heart with a catheter or probe. This method was proposed by Forsman. After local anesthetization (anesthesia) of the elbow vein, a smooth, elastic cardiac catheter, the thickness and length of which is appropriate for the child's age, is introduced and carefully moved into the vein and sent to the right heart and ventricle.

There is no clear opinion on this issue yet. Some believe that congenital heart disease occurs because a child experiences endocarditis while in the womb. Others believe that it is the result of various harmful factors in the mother's womb, such as poisoning, infection, improper nutrition of the mother during pregnancy, etc. Currently, it has been determined that its development depends on the mother suffering from rubella in the first 3 months of pregnancy. There is also reason to think that viral infection during pregnancy creates favorable conditions for the development of this disease. Two factors can cause a lack of blood circulation - weakness of the heart muscle and zomotor disorder, which causes redistribution of blood, that is, the vessels of the internal organs are filled with blood, and the skin, hands and central nervous system and the amount of blood in the veins is insufficient. This condition is observed in anesthesia, shock, collapse.



A poorly developed digestive system cannot transfer and break down proteins to special transport mechanisms - lymph and blood vessels. Undegraded proteins that have entered the blood vessels go to the kidneys and are broken down into amino acids as a result of filtration and reabsorption mechanisms. Amino acids enter the blood and participate in the growth and development of the whole organism. So, in addition to the formation of urine and maintenance of the internal environment, the kidneys directly participate in the breakdown of proteins during breastfeeding. This mechanism opens a new field of scientific direction in infant digestion. Mother's milk is a general food product for the child's growth and development. This innovation, created by Uzbek scientists, plays an important role in revealing the causes of the development of kidney diseases in artificially fed children.

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