CLINICAL CHARACTERISTICS OF HYPERTENSIVE SYNDROME IN CHILDREN

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Annotation

This article highlights the issues of studying intracranial hypertension in children, since this problem is very relevant at the moment.

Keywords: syndrome, hypertension, intracranial pressure, fundus, diagnosis

Introduction

Intracranial hypertension is a fairly common diagnosis, which is established in patients of various age categories, including in childhood.It is a manifestation of one or another neurological pathology and is not considered as an independent disease.However, the forms of the syndrome of increased intracranial pressure can be extremely polar - from severe cases, ending in death, to an almost asymptomatic course of the pathology.

An increase in intracranial pressure is one of the most common phenomena in the clinic of cerebral lesions.The mechanism of its occurrence is complex.Clinically, hypertensive syndrome is manifested by cerebral and focal symptoms: frequent headaches, which are accompanied by restlessness, nausea, vomiting, changes in the autonomic nervous system, and unpleasant subjective sensations.

In children, this syndrome develops and forms differently than in adults, due to the presence of more extensive cerebrospinal fluid spaces in the cranial cavity, the ability of the skull to increase in size and expand the intracranial space due to the divergence of the sutures.Hypertension syndrome is accompanied by gross changes in the bones of the skull and in the fundus, often forced head position relatively late, but a clear manifestation of hypertension attacks, which are more severe and have a more violent vegetative color.

Materials and methods

The aim of this work was to study intracranial hypertension in children, since this problem is very relevant at the moment.There were 50 patients under observation (31 girls, 19 boys) aged from 7 months to 15 years. All of them were divided into three groups. The younger group included 14 children aged 7 months to 5 years, the middle group included 12 children aged 6 to 10 years, and the older group included 24 children aged 11 to 15 years.

In 24 patients, the first neurological symptoms appeared a month before, in 10 - three months, in 7 - up to a year and in 9 - more than a year before admission to the hospital. At the heart of the hypertension syndrome in 29 patients was an inflammatory process with a vaguely established etiology - arachnoiditis, meningoencephalitis, consequences of a neuroinfection, cerebral meningitis. Two children had a specific process (tuberculosis and rheumatism).

Hypertension syndromes of traumatic etiology in the form of post-traumatic arachnoiditis, epilepsy, concussion with hypertension syndrome were observed in 11 patients. In 4 patients, intoxication was detected (benzonal poisoning, giardiasis, and others), and in 6 patients, the etiology remained unclear.

Clinically, intracranial hypertension was manifested in 30 patients with sharp, persistent headaches that worsened in the morning. In 9 patients with hypertension syndrome, headaches were absent. As a rule, vomiting (in 34 patients) and tachycardia (in 29 patients) were noted at the height of the headache.

Along with cerebral symptoms, transient focal symptoms (hemiparesis, Jacksonian and general convulsions, anisoreflexia, meningeal symptoms, nystagmus, paresis of the mimic muscles of the face) were also observed.

When analyzing the cerebrospinal fluid, 16 out of 20 patients showed an increase in cerebrospinal fluid pressure (from 200 to 300 mm of water column). The liquid was clear, colorless and its composition had no deviations from the norm.

In the fundus of the eye, 26 out of 44 examined patients showed initial signs of edema of the optic discs with veiled contours, the veins were dilated and tortuous.

X-ray examination of the skull in 44 out of 48 patients revealed pathological changes (a pronounced symptom of "finger impressions", expansion of the entrance to the Turkish saddle, thinning of the skull bones).

Attention is drawn to the discrepancy between the severity of the clinical picture of hypertension syndrome and the data of paraclinical examination.For example, there were cases when, in the presence of severe headaches, nausea, vomiting, the CSF pressure was almost normal, and vice versa, with pronounced congestion in the fundus of the eye, pathological changes on the radiographs of the skull, a satisfactory condition of the patient was noted.

Conclusion

Thus, our preliminary data confirm the opinion that in older children, numerous exogenous and endogenous factors (infections, intoxications, etc.) can provoke and exacerbate the study of early manifestations of intracranial hypertension in order to establish criteria for differential diagnosis before the onset of decompensation.

Taking into account the age-related characteristics of hypertension in children is of great importance for rational and timely pathogenetic therapy.

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