

INFLUENCE OF PRENATAL FACTORS ON THE DEVELOPMENT OF PNEUMONIA IN YOUNG CHILDREN.

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The study of bronchopulmonary pathologies, despite intensive research on this issue, continues to be relevant for pediatric pulmonology and medicine in general. This is due to the fact that the resolution of many aspects associated with this pathology has not eliminated its high incidence and prevalence [2, 3, 4]. Despite significant progress in the development of pediatric pulmonology, the problem of bronchopulmonary diseases remains relevant, as evidenced by its active discussion in the pages of renowned medical journals, WHO reports, and annually held representative conferences and congresses.

Objective: To study the influence of premorbid conditions and risk factors on the development of pneumonia in children.

Materials and Methods: The study group included 25 children aged 1 to 3 years with community-acquired pneumonia. The control group included 25 children with practical health problems.

The study was conducted in the pulmonology department of the regional children's multidisciplinary medical center.

Results and discussion. We studied the clinical and anamnestic features of the disease and the main risk factors influencing the development of pneumonia in children, such as antenatal and postnatal factors. The anamnestic history included negative influence of risk factors during pregnancy – gestosis, nephropathy, threatened pregnancy – 2 (8%), extragenital diseases of pregnant women – 9 (36%), such as acute viral infections, acute bronchitis, otitis, pyelonephritis and complicated pregnancy, impaired interplacental circulation (1 (4%)), multiple pregnancies – 2 (8%). In 6 (24%) patients, the mothers had grade 1 iron deficiency anemia, gestational age at birth less than 28 weeks (1 (4%)), late seeking of medical care - 2 (8%), late admission to hospital - 1 (4%), chronic fetal hypoxia, neonatal

asphyxia, atelectasis in premature infants (1 (4%)). Chronic fetal hypoxia as a premorbid background affected normal fetal growth and led to insufficient oxygen supply to the child's body.

Conclusions. The results of studies examining the premorbid background of children with pneumonia offer potential for managing potential complications. Timely identification of risk factors and improved secondary prevention will reduce the incidence of pneumonia and the frequency of complications.