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ЖУРНАЛ ГЕПАТО-ГАСТРОЭНТЕРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

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CHRONIC FETAL HYPOXIA AS A RISK FACTOR FOR THE DEVELOPMENT OF PERINATAL ENCEPHALOPATHY IN NEWBORNS FROM MOTHERS WITH A HISTORY OF OBSTETRIC AND GYNECOLOGICAL PATHOLOGY



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ABSTRACT

90 newborns with perinatal encephalopathy were examined, of which 2 groups were formed: Group I - 50 newborns with perinatal encephalopathy of moderate severity. and group II, 40 newborns with severe perinatal encephalopathy. Analysis of the data obtained showed that in all the compared groups there was a high incidence of anemia in pregnant women, which is the cause of hypoxic fetal damage, and subsequently leads to changes in the state of the central nervous system, in particular, to the occurrence and development of varying degrees of severity of perinatal encephalopathy of newborns.

Keywords: perinatal encephalopathy, anemia, oxidative stress, extragenital pathology, obstetric and gynecological history, neurocirculatory dystonia

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ХРОНИЧЕСКАЯ ГИПОКСИЯ ПЛОДА КАК ФАКТОР РИСКА РАЗВИТИЯ ПЕРИНАТАЛЬНОЙ ЭНЦЕФАЛОПАТИИ НОВОРОЖДЕННЫХ ОТ МАТЕРЕЙ С ПАТОЛОГИЕЙ АКУШЕРСКО-ГИНЕКОЛОГИЧЕСКОГО АНАМНЕЗА

АННОТАЦИЯ

Обследовано 90 новорожденных с перинатальной энцефалопатией, из которых были сформированы 2 группы: I группа 50 новорожденных с перинатальной энцефалопатией средней степенью тяжести. и II группа 40 новорожденных с перинатальной энцефалопатией тяжелой степенью тяжести. Анализ полученных данных показал, что во всех сравниваемых группах наблюдалась высокая частота анемии беременных, что является причиной возникновения гипоксического поражения плода, а в дальнейшем приводит к изменению состояния ЦНС, в частности к возникновению и развитию различной степени тяжести перинатальной энцефалопатии новорожденных.

Ключевые слова: перинатальная энцефалопатия, анемия, оксидативный стресс, экстрагенитальная патология, акушерско-гинекологический анамнез, нейроциркуляторная дистония.

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ОҒИРЛАШГАН АКУШЕРЛИК-ГИНЕКОЛОГИК АНАМНЕЗИ ОНАЛАРДАН ЯНГИ ТУҒИЛГАН ЧАҚАЛОҚЛАРНИНГ ПЕРИНАТАЛ ЭНЦЕФАЛОПАТИЯ РИВОЖЛАНИШИДА ХАВФ ОМИЛИ СИФАТИДА ХОМИЛА ИЧИ ГИПОКСИЯСИ

АННОТАЦИЯ

Перинатал энцефалопатия билан 90 нафар янги туғилган чақалоқлар текширилди, улардан икта гуруҳ ташкил етилди: I гуруҳ - перинатал энцефалопатия ўрта оғир даражаси билан 50та янги туғилган чақалоқлар, ва II гуруҳ - перинатал энцефалопатия оғир даражаси билан 40та янги туғилган чақалоқ. Олинган маълумотларнинг таҳлили шуни кўрсатдики, барча таққосланган гуруҳларда хомиладор аёлларда камқонлик билан касалланиш даражаси юқори бўлган, бу хомиланинг гипоксик зарарланишига сабаб бўлган ва кейинчалик марказий асаб тизимининг ҳолатини ўзгартиришга олиб келган, айниқса янги туғилган чақалоқларнинг турли даражадаги перинатал энцефалопатияси.

Калит сўзлар: перинатал энцефалопатия, анемия, оксидловчи стресс, экстрагенитал патология, акушерлик ва гинекологик анамнез, нейроциркулятор дистония.

Relevance. Perinatal encephalopathy in newborns is associated with a high risk of developing serious neurological disorders, such as epilepsy, memory impairment, hyperactivity, and cerebral palsy (CP). Inadequately treated encephalopathy may manifest later in life (e.g., during school years) as attention deficit hyperactivity disorder (ADHD), memory and learning difficulties, persistent motor and mental impairments, and, in severe cases, fatal outcomes.

Incorrect diagnosis and insufficient treatment during the first year of life can lead to chronic developmental problems and a decrease in the child's quality of life, even if mild forms appear compensated by one year of age. Modern approaches focus on timely detection and comprehensive treatment, as early therapy ensures full recovery in most cases. Despite the development and application of modern preventive and therapeutic measures, perinatal encephalopathy remains a leading cause of neonatal morbidity and subsequent childhood disability, occurring in 5–30% of newborns. Chronic hypoxia leads to reduced circulation and tissue ischemia, impaired cellular respiration, acidosis, and changes in the fetus's electrolyte balance. Oxygen deficiency can cause brain cell death and contribute to intracranial birth injuries. Brain damage can result in perinatal encephalopathy, the consequences of which range from minimal brain dysfunction (behavioral and learning disorders) to more severe conditions such as cerebral palsy and epilepsy. The severity of clinical syndromes and symptoms of perinatal central nervous system (CNS) lesions is clearly dependent on fetal hypoxia in newborns born to mothers with a pathological obstetric history. This influences the child's further development and the formation of various nervous system injuries, leading to disability and mortality in severe cases.

Aim of the study: To reduce disability, morbidity, and infant mortality by studying the relationship between the severity of clinical symptoms and syndromes of perinatal CNS damage and chronic fetal hypoxia as a risk factor for perinatal encephalopathy in newborns born to mothers with pathological obstetric and gynecological histories. This aims to develop timely, effective diagnostic methods and comprehensive treatment for the disease.

Materials and methods: Due to the need for effective diagnostic and treatment methods for perinatal encephalopathy, 90 newborns with this pathology were examined. The subjects were treated in the Neonatal Pathology Department and the Neonatal Intensive Care Unit of the Regional Children's Multidisciplinary Medical Center, which serves as the clinical base for the Department of Pediatrics No. 1 and Neonatology of Samarkand Medical University. The 90 newborns were divided into two groups: Group I included 50 newborns with moderate perinatal encephalopathy, and Group II included 40 newborns with severe perinatal encephalopathy. The mothers of these newborns were also examined in all compared groups.

Results: Hypoxic lesions in newborns are known to result from many factors (maternal disease, placental insufficiency, gestosis, etc.). Research indicates that oxygen deficiency in newborns leads to oxidative stress, disrupting cellular metabolism and function. Chronic hypoxia causes reduced blood flow, tissue ischemia, impaired cellular respiration, acidosis, and electrolyte imbalance in the fetus. Lack of oxygen can lead to brain cell death and facilitate intracranial birth trauma. The reaction of blood cells in pregnant mothers reflects these processes under both normal and pathological conditions.

Our studies confirmed this, showing a high frequency of maternal anemia in all compared groups (Table 1).

The degree of anemia in mothers of newborns of the observed groups

Table 1.

| Degree of anemia | I group n=50 | | II group n=40 | |
|------------------------|--------------|------|---------------|------|
| | Abs. | %. | Abs. | %. |
| 1 st degree | 11 | 22,0 | 13 | 32,5 |
| 2 nd degree | 4 | 8,0 | 9 | 22,5 |
| 3 rd degree | 2 | 4,0 | 11 | 27,5 |
| Total | 17 | 34,0 | 33 | 82,5 |

At the same time, maternal anemia was particularly pronounced in terms of frequency and severity in Group II, observed in 33 cases (82.5%), whereas in Group I, anemia was present in 17 mothers (34.0%). Regarding the severity of maternal anemia in the compared groups, the findings were as follows: Grade 1 anemia was reported in 13 mothers (32.5%) in Group II and 11 mothers (22.0%) in Group I. Grade 2 anemia was found in 4 mothers (8.0%) in Group I and 9 mothers (22.5%) in Group II. Grade 3 anemia was observed in 2 mothers (4.0%) in Group I, while it was present in 11 mothers (27.5%) in Group II. It can be concluded that anemia was nearly twice as frequent among mothers of newborns with severe perinatal encephalopathy compared to mothers of newborns with moderate perinatal encephalopathy. This conclusion confirms that the severity of clinical symptoms and syndromes of perinatal central nervous system (CNS) damage is directly dependent on chronic fetal hypoxia as a risk factor for the development of perinatal encephalopathy in newborns born to mothers with a pathological obstetric and gynecological history. Analysis of the parity of extragenital pathology

revealed that in some women, it was of a combined nature, as shown in Table 2. Chronic extragenital diseases were registered in 16 mothers (32.0%) of children in Group I, including 4 women (8.0%) who exhibited two or more nosological forms simultaneously. The most frequent pathological conditions were neurocirculatory dystonia and pyelonephritis, accounting for 4 (8.0%) and 3 (6.0%) cases in each category, respectively.

Chronic diseases of the digestive system (gastritis, cholecystitis) were also observed in 3 mothers (6.0%), and endocrine pathology (obesity, thyroid diseases) in 3 mothers (6.0%) of Group I. Meanwhile, extragenital pathology among mothers in Group II occurred in only 7 cases (17.5%), manifesting as pyelonephritis in 2 cases (5.0%) and chronic gastrointestinal diseases in 3 cases (7.5%); Grade 1 obesity was observed in 2 mothers (5.0%) of this group. Among the mothers of the compared groups, a relatively higher frequency of TORCH infections was noted in Group II, with a high incidence of herpes and CMV (cytomegalovirus) infections: 3 cases (6.0%) in Group I and 17 cases (42.5%) in Group II.

Frequency of extragenital pathology manifestations in mothers of newborns in the observed groups

Table 2

| Diseases | I group n=50 | | II group n=40 | |
|---------------------------|--------------|-----|---------------|------|
| | Abs. | % | Abs. | % |
| Pyelonephritis | 3 | 6,0 | 2 | 5,0 |
| Neurocirculatory dystonia | 4 | 8,0 | 4 | 10,0 |

| | | | | |
|---|---|-----|----|------|
| Gastritis, cholecystitis, biliary tract dysfunction | 3 | 6,0 | 3 | 7,5 |
| Endocrine pathology (obesity, thyroid diseases) | 3 | 4,0 | 2 | 5,0 |
| Presence of elevated IgG titers (Herpes, CMV) | 3 | 6,0 | 17 | 42,5 |

Conclusions Thus, the studies have shown that chronic fetal hypoxia resulting from severe maternal anemia is the most significant risk factor for the development of perinatal encephalopathy in newborns born to mothers with a pathological obstetric and gynecological history. Analysis of the obtained data revealed that the occurrence and development of moderate and severe perinatal encephalopathy depend on the presence and frequency of a compromised obstetric-gynecological history, as well as the course of pregnancy and labor. This conclusion confirms that the severity of clinical symptoms and syndromes of perinatal central nervous system

(CNS) damage is directly dependent on chronic fetal hypoxia as a primary risk factor in newborns from high-risk maternal groups. Incorrect diagnosis and insufficient treatment of neonatal perinatal encephalopathy may subsequently manifest as attention deficit disorder or memory problems, and can lead to chronic developmental issues and various nervous system injuries, which in severe cases result in disability and mortality. Therefore, the development of timely and effective diagnostic methods and comprehensive treatment strategies for this disease remains essential.

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