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# JOURNAL OF HEPATO-GASTROENTEROLOGY RESEARCH

## ЖУРНАЛ ГЕПАТО-ГАСТРОЭНТЕРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

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### FEATURES OF THE NEONATAL PERIOD IN NEWBORNS WITH PERINATAL ENCEPHALOPATHY DEPENDING ON THEIR FUNCTIONAL STATE

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#### ANNOTATION

A study was conducted on 90 newborns with perinatal encephalopathy, divided into two groups: Group I consisted of 50 newborns with moderate perinatal encephalopathy, and Group II consisted of 40 newborns with severe perinatal encephalopathy. Analysis of the data indicates a direct relationship between the functional state of newborns at the first minute of life (as assessed by the Apgar scale) and the subsequent degree of asphyxia development. This significantly correlates with the development of perinatal encephalopathy, which further influences the course of the neonatal period and the emergence of concomitant pathologies in newborns.

**Keywords:** asphyxia, hypoxia, perinatal encephalopathy, Apgar scale, respiratory distress syndrome, hemolytic disease of the newborn, enterocolitis.

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### ОСОБЕННОСТИ ТЕЧЕНИЯ НЕОНАТАЛЬНОГО ПЕРИОДА У НОВОРОЖДЕННЫХ С ПЕРИНАТАЛЬНОЙ ЭНЦЕФАЛОПАТИЕЙ В ЗАВИСИМОСТИ ОТ ИХ ФУНКЦИОНАЛЬНОГО СОСТОЯНИЯ

#### АННОТАЦИЯ

Обследовано 90 новорожденных с перинатальной энцефалопатией, из которых были сформированы 2 группы: I группа 50 новорожденных с перинатальной энцефалопатией средней степени тяжести. и II группа 40 новорожденных с перинатальной энцефалопатией тяжелой степени тяжести. Анализ полученных данных показал, что полученные результаты указывают на прямую зависимость функционального состояния новорожденных на первой минуте жизни, оцениваемой по шкале Апгар, что в дальнейшем коррелирует со степенью развития асфиксии и без сомнений с развитием перинатальной энцефалопатии, что в дальнейшем воздействует на течение неонатального периода и сопутствующей патологией у новорожденных.

**Ключевые слова:** асфиксия, гипоксия, перинатальная энцефалопатия, шкала Апгар, респираторный дистресс-синдром, гемолитическая болезнь новорожденных, энтероколиты.

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### FUNKSIONAL XOLATIGA ASOSLANIB PERINATAL ENSEFALOPATIYA BILAN YANGI TUG'ILGAN CHAQALOQLARNI NEONATAL DAVRINI KECHISH XUSUSIYATLARI

#### ANNOTATSIIYA

Perinatal ensefalopatiya bilan 90 yangi tug'ilgan chaqaloqlar tekshirildi, ulardan 2 guruh tashkil etildi: I guruh - o'tacha perinatal ensefalopatiya bilan 50 yangi tug'ilgan chaqaloqlar. va II guruh, og'ir perinatal ensefalopatiya bilan 40 yangi tug'ilgan chaqaloq. Olingan ma'lumotlarning tahlili shuni ko'rsatdiki, olingan natijalar Apgar shkalasi bo'yicha baholangan hayotning birinchi daqiqasida yangi tug'ilgan chaqaloqlarning funktsional holatining to'g'ridan-to'g'ri bog'liqligini ko'rsatadi, bu esa asfiksiyaning rivojlanish darajasi va shubhasiz perinatal ensefalopatiyaning rivojlanishi bilan bog'liq bo'lib, bu keyinchalik ta'sir qiladi.

**Kalit so'zlar:** neonatal davr va yangi tug'ilgan chaqaloqlarda komorbid patologiya.n ma'lumotlarning tahlili shuni ko'rsatdiki, olingan natijalar bo'yicha baholangan hayotning birinchi daqiqasida yangi tug'ilgan chaqaloqlarning funktsional holatininggi, enterokolitlar.

**Relevance.** Perinatal encephalopathy in newborns is a pathological, non-inflammatory disorder of the nervous system occurring during pregnancy, labor, or immediately after birth. The relevance of this problem lies in its high prevalence (60–86%) and severe consequences: inadequate treatment can lead to major neurological disorders, visual impairment, headaches, and learning difficulties. The first year of life is a critical window for recovery and early intervention; timely treatment significantly improves the prognosis and prevents irreversible brain damage. It is well-established that the functional state of newborns at the first minute of life, assessed by the Apgar scale, allows for the evaluation of asphyxia severity—a leading cause of neonatal mortality, accounting for 19% of all deaths in the first days of life. This condition inevitably leads to perinatal encephalopathy, affecting the clinical course of the neonatal period and the development of concomitant pathologies. Despite extensive study, the exact mechanisms of hypoxic-ischemic brain damage remain not fully understood, requiring further research. Brain injuries caused by asphyxia result in long-term neurological impairments, affecting quality of life and leading to disability or fatality in severe cases.

**Aim of the Study:** To reduce infant mortality, disability, morbidity, and the long-term formation of nervous system injuries by studying the direct relationship between the functional state of newborns at the first

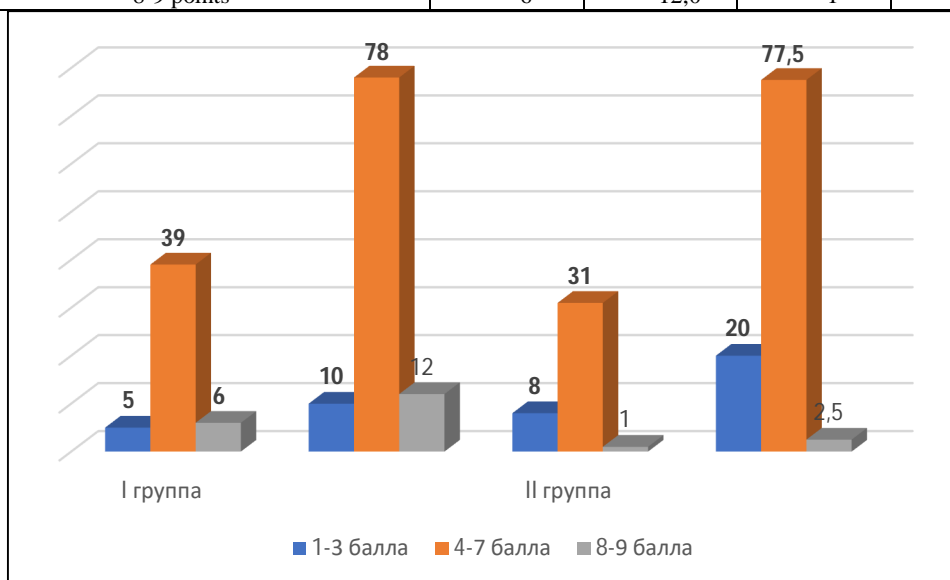
minute of life (Apgar score) and the subsequent correlation with asphyxia severity and perinatal encephalopathy development. The goal is to evaluate their impact on the neonatal period and concomitant pathologies to develop timely, effective diagnostic methods and modern comprehensive treatments.

**Materials and methods:** To develop effective diagnostic, treatment, and prevention methods for perinatal encephalopathy, 90 newborns were examined in the Neonatal Pathology and Neonatal Intensive Care units of the Regional Children's Multidisciplinary Medical Center (the clinical base of the Department of Pediatrics No. 1 and Neonatology of Samarkand State Medical University). The 90 patients 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 newborns were evaluated using the Apgar scale at the first and fifth minutes after birth. This assessment not only determines the severity of asphyxia but also provides diagnostic and prognostic value, reflecting the effectiveness of resuscitation measures. The first-minute Apgar scores for Group I were: 0–3 points in 5 (10.0%) newborns, 4–7 points in 39 (78.0%), and 8–9 points in 6 (12.0%). In Group II, the scores were: 0–3 points in 8 (20.0%) newborns, 4–7 points in 31 (77.5%), and 8–9 points in 1 (2.5%) (Table 1.1, Figure 2.1).

**Apgar score at the first minute in newborns**

Scores	I group n=50		II group n=40	
	Abs.	%	%	Abs.
0-3 points	5	10,0	8	20,0
4-7 points	39	78,0	31	77,5
8-9 points	6	12,0	1	2,5

**Table 1.1.**



As shown in Table 1.1 and Figure 2.1, varying degrees of asphyxia were observed in all newborns across both Group 1 and Group 2. However, a significant difference was identified in the prevalence of severe and moderate forms among Group 2 newborns: 10 (25.0%)

presented with severe asphyxia and 28 (70.0%) with moderate asphyxia, compared to Group 1, which showed 6 (12.0%) and 39 (78.0%) respectively. These findings are visually illustrated in Figures 2.2 and 2.3.

**Assessment of newborns in the compared groups based on the degree of asphyxia in newborns.**

Degree of asphyxia	I group		II group	
	Abs.	%	Abs.	%
Severe asphyxia	6	12,0	10	25,0
Moderately severe asphyxia	39	78,0	28	70,0
Mild asphyxia	5	10,0	2	5,0
Total:	50	100,0	40	100,0

**Table 1.1.**

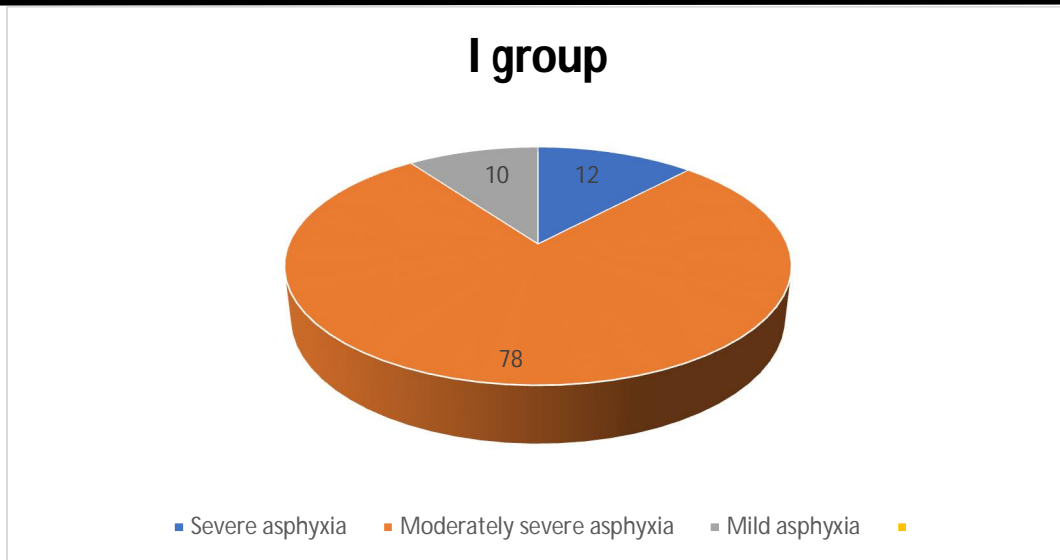


Figure 2.2. Distribution by severity of asphyxia in patients of group I

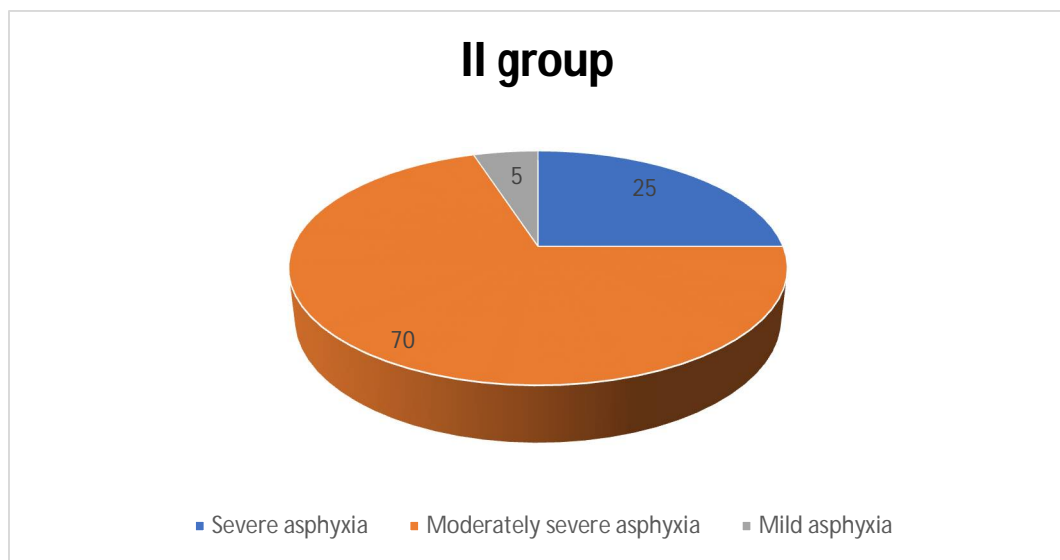


Figure 2.3. Distribution by severity of asphyxia in patients of group II

This pattern suggests that hypoxia plays a leading role in the etiopathogenesis of perinatal encephalopathy in newborns, meaning that the more pronounced the hypoxia, the more likely the development of severe degrees of encephalopathy. Thus, the obtained results indicate a direct dependence of the functional state of newborns in the first minute

of life, assessed using the Apgar score, which subsequently correlates with the degree of asphyxia development and, without doubt, with the development of perinatal encephalopathy in newborns. Features of the course of the neonatal period and concomitant pathology in newborns of the studied groups are presented in Table 1.3.

Table 1.3

Concomitant diseases in newborns of the compared groups

Diseases	I group		II group	
	Abs.	%	Abs.	%
Respiratory distress syndrome	7	14,0	9	22,5
Pneumonia	5	10,0	8	20,0
Intrauterine infections	3	6,0	4	10,0
Hemolytic disease of the newborn	3	6,0	3	7,5
Enterocolitis	2	4,0	3	7,5
Total:	20	40,0	27	67,5

According to the data in the table, the following concomitant diseases were found in newborns with perinatal encephalopathy: respiratory distress syndrome was detected in 7 (14.0%) of group I and 9 (22.5%) of group II; pneumonia was more common in group II than in group I: 8 (20.0%) and 5 (10.0%), respectively; the difference in the

incidence of intrauterine infection in both groups is small — 3 (6.0%) in group I and 4 (10.0%) in group II; the incidence of HDN is the same in the groups: 3 (6.0%) in each group; the difference in the incidence of enterocolitis is also small in the groups: 2 (4.0%) in group I and 3 (7.5%) in group II. This data is also shown in Figure 2.4.

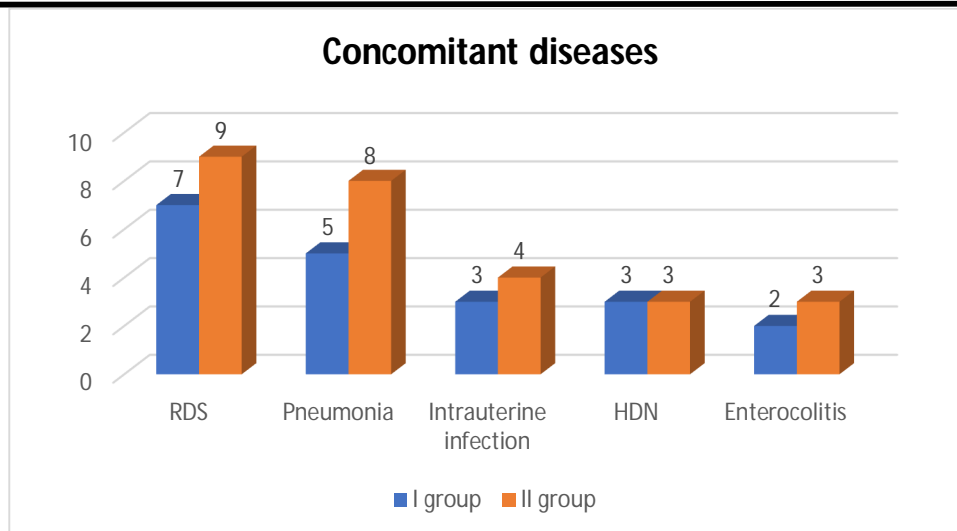


Figure 2.4. Concomitant diseases in newborns of the compared groups

The frequency and structure of clinical syndromes and symptoms of perinatal CNS (central nervous system) damage in newborns are clearly dependent on the functional state of the newborn and the severity of asphyxia. As a result, newborns experience hemorrhagic, metabolic, and hypoxic brain injuries, which are subsequently the primary cause of neurological abnormalities in the neonatal period accompanied by concomitant pathologies. This has a significant impact on the child's further development. The study revealed a high and statistically significant frequency of perinatal CNS damage in the groups of children studied. Specifically, a diagnosis of moderate perinatal encephalopathy was established in 50 children from Group I, while severe perinatal encephalopathy was identified in 40 newborns from Group II.

**Conclusions**

In summary, the results indicate a direct dependence on the functional state of newborns at the first minute of life, as assessed by the Apgar score. This state correlates further with the severity of

asphyxia and, subsequently, the development of perinatal encephalopathy, which leads to various concomitant pathologies during the neonatal period in the studied groups.

The analysis of the data demonstrated that the onset and progression of moderate and severe perinatal encephalopathy are dependent on the newborn's functional state at the first minute of life. The Apgar scale provides a critical opportunity to evaluate the severity of asphyxia early on.

Late diagnosis and insufficient treatment of neonatal perinatal encephalopathy can result in various nervous system injuries and severe neurological disorders in the future, negatively impacting the child's quality of life. In severe cases, this leads to permanent disability and mortality. Therefore, it is essential to develop timely and effective methods for the diagnosis, comprehensive treatment, and prevention of this condition.

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