

**EFFECTIVENESS OF ANTICOAGULATION TREATMENT IN COMPLEX
TREATMENT OF ZOTILJAM'S DISEASE IN CHILDREN OF EARLY AGE OUTSIDE
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Abstract: In the first six months of a child's life, the state of hemostasis changes in accordance with the changes in living conditions, and by six months it acquires the status of a mature organism. The system of hemostasis in early-aged children is different from that of adults, and there are specific characteristics of hemostasis disorders at this age.

Key words: medicine, human, patient, hemostasis, zotiljam.

The urgency of the problem

The foundation of human health is created in early childhood. The first year of a child's life is the defining part of this period, in which the complex process of the organism's transition from the biological stage to the socio-biological stage of development is carried out. In this regard, it is necessary to implement preventive measures aimed at strengthening the child's health during this period.

Early treatment of pathological conditions that determine the severity of the patient's condition is the basis of prevention of DVS syndrome. In the prevention of DVS syndrome, special importance is attached to quickly restoring tissue perfusion, improving the rheological properties of blood and its oxygen-carrying function.

In addition to the general clinical symptoms of intoxication in zotiljam's disease in early-aged children, lung ventilatory function, respiratory failure in the form of a violation of oxygen and carbon dioxide diffusion and perfusion processes through the interalveolar membrane in the lungs, and various aspects of homeostasis are related to the pulmonary process. In the lungs, extra-pulmonary manifestations such as changes in blood gas composition, water-electrolyte balance, and coagulation-anticoagulation system at various levels are observed [14,15, 11,].

A number of main goals of infusion therapy in zotiljam disease with blood coagulation disorders: correction of hemostasis disorders, first of all, plasminogen and its activators, which support the antithrombotic potential of blood, physiological antiaggregants, and components of plasma anti-protease activity, which regulate the blood coagulation process. restoration; It has the purpose of replacing circulating fluid volume, restoring central venous pressure, and replacing blood cells such as erythrocytes and platelets.

In the first six months of a child's life, the state of hemostasis changes in accordance with the changes in living conditions, and by six months it acquires the status of a mature organism. The hemostasis system in early-age children is different from that of adults, and there are specific characteristics of hemostasis disorders at this age.

Thus, severe and severe zotiljam disease in early-aged children leads to disruption of hemostasis joints from hypercoagulation and hypocoagulation to hemorrhagic syndrome. In addition, some aspects of corrective therapy have not been developed for this category of patients

Purpose of work

Features of treatment and prevention of acute zotyljam disease in young children caused by adverse environmental factors

Materials and styles

Data obtained during a comprehensive examination of 165 children admitted to the pulmonology department between the ages of 1 and 3, including 120 children living permanently in the Aral Sea region (Khorazm region) and out-of-hospital zotiljam living in Tashkent (comparison group) 45 children with the disease were included.

Research subject

Blood and blood serum were taken for immunological, biochemical and coagulogram examination.

Research methods.

Clinical, functional, biochemical, immunological, coagulogram, clinical-radiological, UTT and statistical methods were used.

Among examined children living in ecologically unfavorable conditions, it was noted that the frequency of occurrence of complicated forms of out-of-hospital seizures was almost 2 times higher (80.0% vs. 37.8%; $R < 0.05$). At the next stage of the research, we assessed the state of hemostasis depending on the course of zotiljam disease in order to develop treatment and preventive measures.

In the process of studying hemostasis during the period of out-of-hospital zotiljam disease outbreak, we found an increase in the number of platelets ($256.2 \pm 8.5 \times 10^9/l$) in 58 of 96 children of the main group and 17 of the comparison group (45 children) (37.8%), and 27.1% (26 children in the main group and 7 children in the comparison group) had signs of hyperthrombocytosis ($404.38 \pm 25, 5 \times 10^9/l$), which we evaluated as a thrombophilic condition. Clotting of the needle during the injection and clotting of the blood in the test tube after it is taken for analysis or with a preservative confirms this assumption.

However, in 44.4% (40 out of 96 children) of this main group of children, it was observed that the thrombophilic state transitioned to the hypocoagulable stage with symptoms of the II consumptive coagulopathy phase of the DVS syndrome, this state is fibrinogen (1.52 ± 0.16 g/l) and reduction of platelets (123.9 ± 8.5) is confirmed by decrease of PTV (12.5 ± 1.2 sec).

The effect of the above changes was reflected in the results of the microcoagulogram, which is evidenced by the hypocoagulation state detected during the exacerbation of the disease in 17 children with complicated zotiljam disease living in unfavorable conditions.

Hemocoagulation disorders in early-aged children with complicated OZ are associated with changes in the function of hepatocytes involved in the synthesis of blood coagulation and anticoagulation factors of hemostasis.

During the study, hepatomegaly was noted in 56.2% (54 out of 90) of children with complicated acute hypothyroidism living in an unfavorable ecological region. At the same time, we found out that there are pathological changes in the enzyme status indicating functional disorders in the liver in children of this category, in particular, the average amount of AsT in the blood is 0.61 ± 0.02 $\mu\text{mol/l}$, and ALT is 1.32 ± 0 It was 05 $\mu\text{mol/l}$.

Conclusion: Thus, in the acute phase of acute zotiljam disease in children of early age, a significant increase in blood coagulation is observed, which can lead to DVS syndrome and hypocoagulation under certain conditions.

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