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PATHOLOGY OF THE URINARY SYSTEM OF THE URGENT SYSTEM IN FREQUENTLY SICK CHILDREN (ACCORDING TO RETROSPECTIVE ANALYSIS)

Abstract: In the article studied the incidence of mothers of children with OMC pathology during pregnancy. In particular, the pathology of MHI in mothers who suffer from chronic pyelonephritis, glomerulonephritis and chronic cystitis is revealed. On the basis of a retrospective analysis, the author scientifically proved the need for a longer observation of adolescents who suffer from the pathology of compulsory medical insurance, with the obligatory implementation of preventive and anti-relapse treatment and diagnostic measures.

Key words: FIC, adolescents, children, kidney, organism, nephropathy, pathologies of the urinary system, past diseases.

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Introduction

Nephropathy among children's diseases occupy ninth place. Chronic renal failure (CRF), which is the source of many kidney diseases, is the most tragic pathological condition that is formed in childhood. CKD in children as a cause of disability occurs with a frequency of 5: 100,000 children [12]. According to the Italkid study conducted over 10 years (1,200 patients), the risk of developing terminal CRF by 20 years in children with chronic kidney disease (CKD) is 68.0% [15].

At present, the special role of maternal renal diseases as a risk factor for the development of nephropathy in a child (hyperururia, hyperoxaluria, tubulo-interstitial nephritis, pyelonephritis, etc.) has been confirmed, since nephropathy of pregnant women has an adverse effect on time for time and fetus which manifest themselves in the form of: late gestosis - 40.0%, premature births - 30.0%, perinatal hypoxia of the fetus 25-50% of cases.

It was confirmed that in the group of children born to mothers with chronic pyelonephritis, kidney disease occurs in 69.2%, and is observed 4 times more often than in the comparison groups [2, 7, 14].

In the first half of the 80s of the last century, the term "frequently ill children" (FIC) appeared in the domestic medical literature [1]. This is due to the fact that in recent years as a result of the impact on the body of various exogenous and endogenous factors: changes in the environmental situation in the world, urbanization, increased man-made pressure in industry and agriculture, harmful habits of parents, pathological gestation and childbirth, artificial feeding of the child there is a decrease in the immune resistance of the population and, parallel to this, an increase in the number of often and long-term sick children. Allocation FIC takes its origin in the 2-3rd year of life of the child. They have all the pathological processes that have significant features of the course, the main cause of which is considered to be the depletion of the body's defense

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mechanisms, and in 40-50% of cases by the age of 7-8, they also develop chronic pathology during adolescence, such as tonsillitis, bronchitis, gastritis, nephritis, hepatitis, carditis, dermatitis, allergies, etc. [11].

Despite numerous studies on the most diverse issues of nephropathy, the relationship of pathology of the urinary system organs (OMS) in FICs, adolescents and their mothers has not yet been studied. Undoubtedly, the solution of these issues is of great importance not only in the treatment of renal pathology, but also in the early prevention of the development of various complications of compulsory health insurance in children, as well as in strengthening the reproductive health of women of fertile age.

Purpose of the study

The study of the relationship of the pathology of OMS in frequently ill children, adolescents and their mothers, by retrospective analysis, the development of methods for their prevention.

Materials and methods.

A retrospective analysis was conducted of 1323 diseases of children aged 1 to 14 years old who received inpatient treatment in the nephrology department of the 1st clinic of the Tashkent Medical Academy for 2008-2010. The diagnosis of nephropathy and related diseases in all children was established in aggregate clinical, laboratory and instrumental studies, in accordance with the classification of ICD-10, and the diagnosis of FBI was determined on the basis of a careful study of history, clarification of external and internal factors predisposing to FBI formation, results of clinical laboratory, functional methods of research, incidence

rate of intercurrent diseases (acute respiratory infections, acute respiratory viral infections, tonsillitis) within a year. The frequency of episodes of intercurrent diseases in FIC is from 8 to 10 times a year, the duration of the disease is more than 1-2 weeks. The data were processed by the method of variation statistics, with the calculation of the reliability of numerical differences.

Results and its discussion. On the basis of the conducted research, it was found that the frequency of the detected OMC pathology in children from 1 to 14 years old was the same during 2008-2010 (34.0–32.0%), and in FIC from the age of 1 up to 7 years, the frequency of the OMC pathology in 2009 was high (34.8%), compared with 2008 and 2010 (32.4%; 32.8%).

It is known that children with background pathogia (diathesis, allergies, anemia) constitute the main part of FBI. Among them, an infusion of purine metabolism, an isolated urinary syndrome, a high hereditary predisposition to metabolic diseases and the formation of chronic pathologies, such as urolithiasis, urolithiasis, gout, etc., are characteristic of PCF with neuro-arthritis diathesis. [9]. Given the above, we studied the frequency of uraturia in FIC in adolescence. At the same time, the frequency of uraturia in the FIC was the highest in 2009 (38.0%), compared to 2008 and 2010 (29.0%; 33.0%).

The postponed diseases in FSC with uraturia in adolescence were more often characterized by moderate and severe severity, as well as by a complicated and prolonged course ($P < 0.001$). During the period 2008-2010, there was a tendency to increase in the number of patients with tonsillitis (30.4%), otitis media (6.5%), bronchitis (16.2%), gastroduodenitis (9.8%) and recurrent laryngotracheitis (13.8%) (table- 1).

Table- 1. Transferred diseases in FIC with uraturia

Pathology	2008, p~107		2009, p=138		2010, p=123	
	Abs.	%	Abs.	%	Abs.	%
Tonsillitis	30,0	28,0	42,0	30,4	33,0	26,8
Sinusitis	5	4,7	7	5,1	6	4,9
Otitis	6	5,6	9	6,5	8	6,5
Bronchitis	16	14,9	21	15,2	20	16,2
Gastroduodenitis	8	7,4	11	8,0	12	9,8
Dysbacteriosis	20	18,7	22	15,9	20	16,3
Recurrent laryngotracheitis	12	11,2	18	13,0	17	13,8
Adenoids	8	7,4	12	8,7	10	8,2

It is known that in the development of the OMC pathology, an important role is played by a number of exogenous factors such as seasonality of the pathology, effects on the organism of viruses,

bacteria, drugs, ecopathology, climate change, nature of nutrition, etc. [3]. We have also studied the seasonality of hospitalization of patients with OMC pathology. As a result of the analysis, it was revealed

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that the following months of the year were relatively large in terms of hospitalization of patients for the period 2008-2010: February, April, August, December. In the general group (children 1-14 years old), the highest percentage of hospitalizations for patients with MMI pathology were as follows: 2008 - April - 9.9%, December - 9.9%; 2009: August - 9.9%, December - 10.0%; 2010: April - 10.7%, August - 11.6%. In FIC (1-7 years) 2008: February - 10.2%, December - 11.8%; 2009: February - 10.5%, April - 13.0%; 2010: February - 10.0%, April - 11.2%.

This circumstance confirms that in the conditions of the Republic of Uzbekistan, the incidence of children with pathology of compulsory health insurance has its own regional characteristics in terms of the seasonality of hospitalization of patients, and this is more pronounced in FIC. At the same time, the opinion of scientists confirms the fact that the FIC is characterized by the intensity of the processes of immune response and insufficient reserve capabilities, which does not ensure optimal adaptation of the child to the environment [5,10].

When studying the pathology of compulsory health insurance in FIC with uraturia in adolescence, it was found that in 2008-2010, but for the course and spread of diseases they had their own age characteristics. According to the detection of pathology, a large percentage were: 2008 - chronic pyelonephritis (8.4%), enuresis (7.5%); 2009 - chronic pyelonephritis (5.8%), dysmetabolic nephropathy (7.2%), enuresis (4.3%); 2010 - chronic pyelonephritis (4.1%), dysmetabolic nephropathy (4.1%), chronic glomerulonephritis (3.3%). This is explained by the fact that in children in the development and formation of the immune system of the body there are a number of critical periods. Adolescence (in girls 12-14 years old, in boys 13-15 years old) also refers to critical periods in the formation of immunity, since this age is characterized by: neuro-endocrine imbalance and a change in emotional status, the presence of bad habits (tobacco smoking, drug addiction, alcoholism), excessive use of drugs, eating disorders, exposure to ecopathology, xenobiotics, etc., which often differ in age characteristics and are accompanied by metabolic disorders, an increase in the degree of sybilization and a decrease in the body's immune resistance leading to the chronization of various pathological processes, including the pathology of the OMC.

There are numerous observations of pediatric nephrologists about the frequency of the burdened nephrological history of the mother in children with kidney pathology, as well as the prevalence of girls in adolescence, the frequency of urinary tract infection [6,8].

Conclusion

We studied the incidence of mothers of children with OMC pathology during pregnancy. The results of our research have shown that, in identifying the pathology of OMS in mothers, a large percentage was as follows: 2008 - x} ical pyelonephritis (2.6%), chronic glomerulonephritis (0.7%); 2009 i.

- chronic pyelonephritis (2.2%), chronic glomerulonephritis (1.2%), dysmetabolic nephropathy (0.9%); 2010 - chronic pyelonephritis (1.9%), dysmetabolic nephropathy (1.6%), chronic cystitis (0.9%).

Thus, our results of a retrospective analysis indicate the need for longer-term observation of FICs and adolescents with patients with MHD pathology, up to transferring them to CEF - therapies, with mandatory preventive and anti-relapse treatment and diagnostic measures.

Findings

1. In FBI, the development of the pathology of the OMC depends on the nature of the immune response and adaptation of the organism to the environment.

2. Postponed diseases in FBI adolescents with uraturia, characterized by moderate and severe severity, complicated and protracted course. Most common: tonsillitis (30.4%), otitis media (6.5%), bronchitis (16, 2%), gastroduodenitis (9.8%), recurrent larshnotracheitis (13.8%).

3. For the FIC on the pathology of the OMS, the seasonality of hospitalization is characteristic; a large percentage were February, April, August, and December of the year.

4. In FBI adolescents with uraturia, a patolosya, OMS, the course and spread of diseases have their own age characteristics, with a large percentage: chronic pyelonephritis (8.4%), enuresis (7.5%), dysmetabolic nephropathy (7.2%), chronic glomerulonephritis (3.3%).

5. In mothers, nephropathy develops during pregnancy mainly due to chronic pyelonephritis (2.6%), chronic glomerulo-nephritis (1.2%) and dysmetabolic nephropathy (1.6%).

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