TIMELY ANALYSIS OF SPECIFIC CHANGES IN CHILDREN BORN WITH HEART FAILURE AND DOWN SYNDROME

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Своевременный анализ специфических изменений у детей, рожденных с сердечной недостаточностью и синдромом Дауна

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Annotation: The paper presents the picture of Down syndrome in children with this condition and the information a nurse needs to be aware of while taking care of these children and the advice given during her conversation with their parents.

Аннатация: В статье представлена картина синдрома Дауна у детей с этим заболеванием, а также информация, которую необходимо знать медсестре при уходе за такими детьми, и советы, которые она дает в беседе с их родителями.

Key words: Down syndrome, etiology, control, conversations with parents, care.

Ключевые слова: синдром Дауна, этиология, контроль, беседы с родителями, уход.

Introduction. Down syndrome was first described in 1866 by British scientist John Langdon Down, and its chromosomal origin was substantiated in 1959. According to statistics, one child out of 700-800 newborns is born with Down syndrome. This ratio is the same in different countries, climatic zones, social strata. It does not depend on the lifestyle of the parents, their health, age, bad habits, nutrition, wealth, education, skin color or nationality. Boys and girls are born with the same frequency. Parents at the same time have a normal set of chromosomes.

Each cell of the body of an ordinary person contains 46 chromosomes, making up 23 pairs. The process of formation of germ cells containing 23 chromosomes is called meiosis. The human body is extremely complex, and when a new life is born, deviations sometimes occur in the process of meiosis. If the chromosomal set of the fetus differs from the usual, then this entails certain consequences. For example, in a fertilized cell, there are not 46, but 47 chromosomes. In this case, in the process of meiosis, one of the paternal or maternal chromosomes - the twenty-first - formed the so-called trisomic zygote, and trisomy 21 arose, that is, Down syndrome.

It is impossible to accurately predict what a child will become when he grows up. This applies equally to any newborn, including a baby with Down syndrome. It is important to remember that such a baby, despite certain features, will develop, begin to coo and laugh, crawl and walk, communicate with his parents and other people, express joy and sadness. He will learn to eat and drink, wash and go to the toilet, dress and undress, help around the house, protect himself and take care of others, find friends and hobbies. It is very important that children with Down syndrome attend kindergarten and then school. And recent years are characterized by the fact that children have this opportunity. The presence of an extra chromosome causes a number of specific features inherent in most people with Down syndrome. I would like to draw

the attention of parents to certain aspects of the growth and development of a child with Down syndrome, since some features and problems can go unnoticed for a long time and have a negative impact on the development of the baby. Knowing about such "weak points", parents can keep them under control and seek help from specialists in a timely manner, create conditions for preventing their consequences.

Features of the structure of the head, face and body: The head of children with Down syndrome may be somewhat flattened at the back. A little later than in other babies, the fontanel may close. Later closure of the fontanel does not require any additional measures. The nasal passages can be narrow, so they are often clogged with mucus, and then the child breathes with his mouth open. With such breathing, the mucous membrane of the mouth and lips dries out and increases the risk of new respiratory diseases. It is very important to keep the child's nose free of mucus and to encourage the child to breathe properly from an early age. You can help this by washing your nose with a pipette or a syringe without a needle, filling them with saline or boiled water with the addition of salt at the rate of 1 tsp. salt per liter of water. A small mouth, a high and narrow palate, a relatively large tongue, reduced muscle tone in the face and mouth lead to the fact that children stick out their tongue.

There are simple measures that help eliminate this feature by teaching the child to keep the tongue in the mouth. For this purpose, the following methods and techniques are used: Massage of the muscles of the face and oral cavity Proper organization of feeding: sucking - strengthens the circular muscle of the mouth and tongue; biting - teaches the child to put the tongue in the mouth; chewing food forms lateral movements of the tongue (as opposed to movements back and forth, as happens with sucking). Proper use of a spoon allows you to slide your tongue into your mouth, and drinking from a cup teaches you to close your mouth and swallow saliva. Arms and Legs The limbs of a baby with Down syndrome may be slightly shorter than those of a normal child. The fingers and toes are also shorter. The palms are quite wide, they are

often crossed by solid transverse lines-folds, the little fingers on the hands can be slightly curved. All these features are successfully compensated by special classes for the development of fine motor skills.

Growth Newborn babies with Down Syndrome are slightly smaller than normal babies and the growth curves for normal babies used in our clinics are not suitable for them. A child with Down syndrome grows and gains weight differently. Growth rate varies with age. Decreased muscle tone and excessively mobile joints Virtually all children with Down syndrome have reduced muscle tone. In medicine, this phenomenon is called hypotension. With hypotension, the muscles are relaxed, and it is more difficult for the child to move actively, so it is very important to take the child in his arms, give him a maternal massage, and play outdoor games.

The so-called active type gymnastics is very effective when the child himself is active, and not a specialist. Special gymnastics (kinesiotherapy) for children with Down syndrome was developed by the Dutch physiotherapist and author of the methodology for promoting the motor development of children with Down syndrome Peter Lauteslager. With regular exercises that stimulate motor development, with age, hypotension is compensated by developing balance and strengthening muscles.

We can speak about the prevention of Down syndrome only from the standpoint of reducing possible risks, since the probability of having a sick child exists in any couple. Obstetrician-gynecologists advise women not to delay pregnancy until a later age. Predicting the birth of a child with Down syndrome is intended to help genetic counseling of families and the system of prenatal screening.

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