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SOME ASPECTS OF DIAGNOSING AND TREATMENT OF HYDROCEPHALY IN CHILDREN

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Annotatsiya. Maqolamiz oqrali gidrotsefaliya kasalligi, bosh va orqa miya suyuqligi, miya qorinchalari, miya pardalari haqidagi tushunchalarga va bilimlarga ega bo‘lamiz Gidrotsefaliya rivojlanishiga olib keladigan asosiy omillar, miya va pardalarining yallig‘lanishi, travmatik jaroxatlar, shu jumladan kalla ichi tug‘ma jarohatlar, markaziy nerv tizimi tug‘ma nuqsonlari, miya o‘smalari, qon-tomirlar patologiyasi haqidagi bilimlarga ega bo‘lamiz. Gidrotsefaliyaning tug‘ma va orttirilgan shakillarini ko‘rib chiqamiz. Klinik belgilar, simptom, diagnostikasi, tekshirish usullari haqida suhbatlashamiz va bilimlarimizni boyitamiz.

Kalit so‘z: Gidrotsefaliya, symptom, diagnostika, nuqson, orqa miya, travma, jaroxat, markaziy nerv tizimi, meningomiyelotsele, omillar, lokalizatsiyasiya, bosh miya, o‘sma, spetsifik, konservativ , davolash, okklyuziya.

Аннотация. В нашей статье вы познакомитесь с концепциями и знаниями о гидроцефалии, головном и спинномозговом газе, желудочках головного мозга, мозговых оболочках. Мы получим знания об основных факторах, приводящих к развитию гидроцефалии, воспалении головного мозга и его оболочек, травматических повреждениях, включая врожденные внутричерепные травмы, врожденные дефекты центральной нервной системы, опухолях головного мозга и сосудистой патологии. Мы рассмотрим врожденные и приобретенные формы гидроцефалии. Мы обсудим клинические признаки, симптомы, диагностику, методы обследования и обогатим наши знания.

Ключевые слова: гидроцефалия, симптом, диагностика, дефект, спинной мозг, травма, повреждение, центральная нервная система, менингомиелоцеле, факторы, локализация, головной мозг, опухоль, специфический, консервативный, лечение, окклюзия.

Abstract. Our article will provide you with concepts and knowledge about hydrocephalus, cerebrospinal fluid, cerebrospinal fluid, cerebrospinal fluid,

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cerebrospinal fluid. We will learn about the main factors leading to the development of hydrocephalus, inflammation of the brain and its membranes, traumatic injuries, including intracranial injuries, central nervous system brain tumors, brain tumors, and the pathology of the brain. We will examine the primary and secondary forms of hydrocephalus. We will discuss clinical signs, symptoms, diagnostics and examination methods and enrich our knowledge.

Keyword: Hydrocephalus, symptom, diagnosis, defect, spinal cord, trauma, injury, marquis nervous system, meningomyelocele, factors, localization, brain, suspension, specific, conservative, treatment, occlusion.

INTRODUCTION.

Hydrocephalus in the disease, the head and spinal cord fluid accumulates under the corollas and membranes, and the spaces expand. The main factors contributing to the development of hydrocephalus are: inflammation of the brain and membranes, traumatic injuries, including intracranial injuries, central nervous system injuries, brain tumors, vascular pathology. Depending on the localization of cerebrospinal fluid accumulation, external hydrocephalus (fluid accumulates mostly under the membranes), internal hydrocephalus (fluid accumulates in the ventricles of the brain) and general (mixed) hydrocephalus (fluid accumulates under the membranes, ham, and inside the ventricles) are observed. Hydrocephalus is open (communicated) - the connections between the cranial and subarachnoid spaces are preserved, and occlusive (occlusive) - the connections are interrupted. Hydrocephalus can be congenital and acquired. The development of congenital hydrocephalus can be caused by factors that affect the brain during pregnancy (inflammatory diseases, cytomegaly, toxoplasmosis, syphilis, brain developmental defects: Chiari malformation, Dandy-Walker, etc.). The causes of congenital hydrocephalus also include primary stenosis of the aqueduct of Sylvius, intraventricular cysts or masses, gliosis as a result of infection during pregnancy or blood transfusion into the embryonic matrix. Increased hydrocephalus develops after birth under the influence of factors (meningitis, abscess, brain abscess). In 50% of brain tumors, an additional form of obstructive hydrocephalus is added. The majority of tumors that cause obstruction in the fourth ventricle are medulloblastoma, ependymoma, juvenile pilonidal cyst, astrocytoma, pineal gland tumors, tumors that compress the aqueduct, and tumors of the choroid. Sometimes tumors cause hydrocephalus as a result of excessive fluid production (for example, choroid plexus tumors). Neural tube defects, especially myelomeningocele, are accompanied by obstructive hydrocephalus. In the 1970s, theIt is known from the data that hydrocephalus associated with myelomeningocele, or cephalic hydrocephalus, accounts for 30% to 50% of all cases of hydrocephalus. The

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proportion of hydrocephalus associated with myelomeningocele in the total hydrocephalus population decreased from 1990 to 17.2% by the beginning of 2000. This is due to the fact that since 1992, researchers have introduced folic acid as a supplement to the diet during the prenatal period on the basis of a national program. Interestingly, the incidence of hydrocephalus associated with myelomeningocele has decreased even in countries where folic acid is not included in the diet. This is attributed to the increase in prenatal diagnosis and, as a result, early termination of pregnancy. Approximately 80% of hydrocephalus associated with meningomyelocele has characteristic symptoms and is accompanied by neurological changes. It has been found that the majority of low birth weight infants are at risk of developing intracranial hemorrhage and hydrocephalus, which is a condition in which the balance between the production, flow, and absorption of cerebrospinal fluid in the brain and spinal cord is disrupted.As a result of blood clots in the brain, as a result of blockage of the fluid pathways, obstructive hydrocephalus occurs, over time the blood is absorbed and causes aseptic inflammation in the subarachnoid space, resulting in assorptive hydrocephalus. Therefore, hydrocephalus can be divided into two types. In general, the main part of pediatric hydrocephalus in Olganda is postinfectious hydrocephalus. In the pediatric population, this disease is one of the main causes of morbidity and mortality, and neonatal obesity accounts for 13% of children discharged from the primary hospital with a ratio of 6:10, 000. The clinical picture of hydrocephalus is diverse, consisting of the main symptoms of the disease (most often focal lesions of the central nervous system) and hydrocephalus syndrome. Later, hydrocephalus develops as a separate disease. The main symptom of congenital hydrocephalus is a rapid increase in the size of the brain beyond normal. As the head grows, the ciliary body also enlarges, swells and becomes tense, the sutures of the skull diverge, and the shape of the head changes. When examining the eyes, a "sunset syndrome" is observed, that is, a stretching smile, the eyeballs look down, a sharp increase in the volume and speed of the subcutaneous veins of the scalp is observed, and Grafe's symptom appears. Grafe's symptom is a condition in which the upper eyelid is pressed against the medulla when the eyeball is moved downward, resulting in a soft border of the sclera between the sclera and the upper eyelid. When percussion of the skull, a sound similar to a fracture of the skull is heard. In neurosis, patients have paresis, which in most cases has a spastic character. As hydrocephalus progresses, the child's feeding pattern is disturbed, and psychomotor development lags behind. Increased hydrocephalus is often accompanied by hypertension syndrome - severe headache, vomiting, optic disc swelling or atrophy are observed. General symptoms associated with pyramidal

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changes, seizures may be noted. In general, the clinic of newborns in Olgan can be diverse, but one of the main ones is distinguished. Sleep apnea and bradycardia, classical Cushing‘s syndrome (respiratory syndrome, hypertension and bradycardia) are manifested as part of. However, these symptoms are not always manifested. In infants, swelling, tension, macrocephaly, non-healing of the ciliary body, lethargy, restlessness, and vomiting are observed until the ciliary body is closed. In older children, more severe headaches, vision problems, and varying degrees of mental impairment are observed. Fundus turbidity is an important clinical sign in children of different ages and may increase in proportion to the increase in intracranial pressure. At the same time, the absence of fundus turbidity does not mean the presence of hydrocephalus, but may indicate that turbidity is delayed.Damage to the nerve that moves the eyeball can be observed. The clinical presentation varies depending on the age, the cause of the hydrocephalus, and whether or not surgery was performed initially. In infants, head enlargement is the most important sign. At the same time, fluid retention and non-healing of the sutures may be observed. The remaining signs are not considered specific for hydrocephalus, and therefore the main signs should be considered together. In young children, additional signs such as irritability, weight loss, and vomiting are added to the main signs. The onset of clinical signs is acute and short-term, depending on the fluid and sutures. The fluid portion of the brain tissue decreases as children grow, from 80% to 85% in newborns to 70% to 75% in adolescents. As the sutures and cranial nerves close, there are signs of a fracture, especially in cases of damage to the sixth facial nerve.can be observed. Diagnostics: 1. Measurement of head circumference in dynamics. 2. Examination of the fundus (for early detection of early signs of optic nerve atrophy). 3. Transillumination of the skull. 4. X-ray and ultrasound examination of the skull. 5. CT and MRI examination of the brain. 6. The state of CSF can be assessed using contrast agents or radionuclide cisternography. Today, with the advent of instrumental visualization, the measurement of head circumference has retained its importance. Even if the head circumference is appropriate for the child's age, it is necessary to compare its correspondence to the child's weight and height. The use of ultrasound in examining the brain is an inexpensive and quick examination method, and neurosonography is performed through the child's cranial nerves. The most effective time for neurosonography is from 12 to 18 months after birth. Computed tomography and magnetic resonance imaging are of great help in identifying hydrocephalus and pathologies associated with hydrocephalus and in planning surgical treatment. Treatment. Surgical treatment is advisable in cases where the prognosis for physical and psychological development of the child is negative.

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Usually this situation is observed in occlusive forms of hydrocephalus. The essence of surgical treatment is to create conditions for the normal physiological flow of cerebrospinal fluid in the brain and spinal cord. For this purpose, implantable drainage systems (types: ventriculoatrial, ventriculoperitoneal, lumboperitoneal shunts) are used. In the late stages of hydrocephalus, when brain edema (especially inflammation) develops, the prognosis becomes negative. In short, hydrocephalus manifests itself in various clinical and neurological manifestations. Conservative and surgical treatment complement each other over time. It has been established that the results of treatment depend on the early initiation of treatment of the disease.

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