

Bolalarda trombozning kechki asoratlari

Lutfulla Saydullayevich Maxmonov

Feruza Xaydarovna Mamatkulova

Xizir O'ktam o'g'li Shermatov

Diyorbek Xusan o'g'li Azzamov

Samarqand davlat tibbiyot universiteti

Annotatsiya: Trombozning asoratlaridan biri posttrombotik sindrom (PTS) bo'lib, u yuqori trombotsitozdan keyin paydo bo'lishi mumkin. PTS ning asosiy belgilari shish, og'riq, varikoz tomirlar kengayishi, og'ir holatlarda - oshqozon yarasi rivojlanishi mumkin. Trombozdan keyin PTS rivojlanishida bolalar azob chekishini hisobga olsak ko'p yillar davomida turli jismoniy va ijtimoiy oqibatlardan PTSni o'z vaqtida aniqlash va oldini olish muammolari juda muhim vazifadir. Tromboz va tromboflebit "kattalar" kasalliklari degan fikr mavjud. Biroq, bolalarda qon tomir patologiyalari bilan tobora ko'proq duch kelishmoqda. Buning sabablari juda ko'p - tug'ma anomaliyalar, qon tomirlari shikastlanishlari, surunkali yurak-qon tomir kasalliklari va boshqalar. Bolalardagi tromboz ham, tromboflebit ham jiddiy asoratlar, jumladan o'limga tahdid soladigan xavfli kasalliklardir. Ammo, agar patologiya o'z vaqtida aniqlansa, davolanishni konservativ terapiya bilan cheklash va bolaning sog'lig'ini tiklash uchun barcha imkoniyatlar mavjud.

Kalit so'zlar: tromboz, tromboflebit, bolalar, posttrombotik sindrom, konservativ terapiya

Late complications of thrombosis in children

Lutfulla Saydullayevich Makhmanov

Feruza Khaydarovna Mamatkulova

Khizir Oktam Shermatov

Diyorbek Husan Azzamov

Samarkand State Medical University

Abstract: One of the complications of thrombosis is postthrombotic syndrome (PTS), which can occur after high thrombocytosis. The main symptoms of PTS are swelling, pain, varicose veins, and in severe cases - the development of a stomach ulcer. Given that children suffer from the development of PTS after thrombosis, the problems of timely detection and prevention of PTS are very important for many decades. There is an opinion that thrombosis and thrombophlebitis are "adult"

diseases. However, children are increasingly faced with vascular pathologies. There are many reasons for this - congenital anomalies, vascular lesions, chronic cardiovascular diseases, and others. Both thrombosis and thrombophlebitis in children are serious complications, including dangerous diseases that threaten life. However, if the pathology is detected in a timely manner, there is every chance to limit treatment to conservative therapy and restore the child's health.

Keywords: thrombosis, thrombophlebitis, children, postthrombotic syndrome, conservative therapy

Kirish: Tromboz - qon ketishining oldini olish uchun shikastlangan tomir joyida qon laxtasining (tromb) shakllanishi. Odatda, bu qon yo‘qotishdan tananing himoyasi. Biroq, qon laxtalarining haddan tashqari shakllanishi inson hayoti uchun xavf tug‘diradi.

Patologik jarayonning lokalizatsiyasiga qarab:

Arterial: miya arteriyalari; yurak; ichaklar (mezenterial tromboz); jigar; femoral arteriya va boshqalar.

Venoz (flebotromboz):

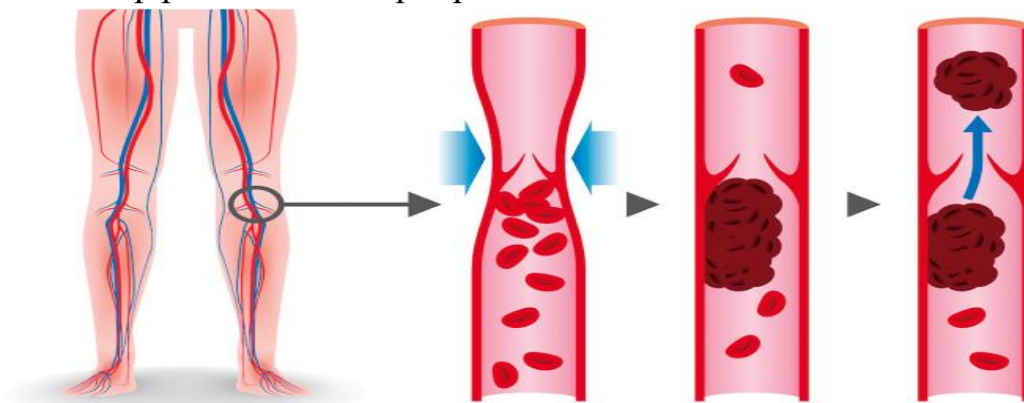
pastki oyoq tomirlari;

gemorroidal tomirlar;

femoral va yonbosh tomirlari;

kavernoz sinus (intrakranial venoz qon yig‘uvchi);

Kasallikning og‘irligiga ko‘ra, o‘tkir - qon oqimining keskin bloklanishi va surunkali - tromb asta-sekin o‘rib boradi, to‘qimalar bunga moslashish va patologik o‘zgarishlarni qoplash uchun vaqt topadi turlari bo‘ladi.



Trombozning rivojlanish mexanizmi va sabablari

Qon tomir trombini shakllantirish jarayonida uchta patologik bog‘lanish mavjud:

Qon tomir devorining yaxlitligini buzish. Qon tomirlarining ichki qoplamasi shikastlanganda, qon ivish jarayonini boshlaydigan ferment tizimlari faollashadi.

Qon oqimining sekinlashishi. Bu chiqishi buzilganda (tomirlarning siqilishi, varikoz tomirlari), oyoq-qo'llarning uzoq vaqt harakatsizligi, yurak yetishmovchiligi paydo bo'ladi.

Qonning qalinlashishi. Suvsizlanish, otoimmün kasalliklar, kimyoterapiya va og'iz kontratseptivlari sabab bo'ladi.

Qon ivishi ko'pincha bunday kasalliklar fonida paydo bo'ladi:

ateroskleroz;

yurak etishmovchiligi;

qon tomirlari va yurak anevrizmalari;

semizlik;

suyak sinishi;

gormonal buzilishlar;

onkologik kasalliklar.

Bolalarda tromboz bo'lishining mumkin bo'lgan sabablari:

- trombofiliya - qondagi antikoagulyant omillarning etishmovchiligi;

- leykemiya, boshqa onkologik kasalliklar; tarqalgan intravaskulyar koagulyatsiya sindromi (og'ir intoksikatsiya, yallig'lanish kasalliklari bilan rivojlanadi: pankreatit, peritonit va boshqalar);

- antifosfolipid antitanalari, lupus antikoagulyant va boshqa autoantitanalar mavjudligi.

Boladagi qon pıhtılarının epizodlari sababni aniqlash uchun jiddiy tekshiruv uchun sabab bo'lishi kerak.

Tromboflebit - venoz lümende tromb hosil bo'lishi bilan tomir devorlarining yallig'lanishi. Ko'pincha kasallik surunkali venoz etishmovchilik yoki varikoz tomirlari natijasida rivojlanadi. Patologiya pastki ekstremitalarning tomirlarida paydo bo'ladi, ammo qo'llar, bo'yin va ko'krak tomirlarida ham lokalizatsiya qilinishi mumkin.

Bolalarda trombozning sabablari

Qon tomir devorlarining anomaliyalari va shikastlanishi

Qon oqimining buzilishi (sekinlashishi)

Qon tomir kateterlarining mavjudligi

Politsitemiya

Gipertrombotsitoz

Ikkilamchi vaskulyit bilan og'ir bakterial va virusli infeksiyalar

Onada antifosfolipid sindromi

Giperurikemiya

Tromboz belgilari

Oyoqlarda og'irlik va charchoq hissi

Tez-tez kramplar, uyqusizlik, karıncalanma, pinlar va ignalar

Shish.Umumiy intoksikatsiya belgilari (sovuqlik, isitma, holsizlik)

Yuzaki qon tomirlarining shishishi

Ta'sir qilingan hududda terining rangi o'zgarishi.

Diagnostika: D-dimer tahlili (tromb hosil bo'lganda, qonda fibrin parchalanish mahsulotlarining miqdori ortadi)

- Koagulogramma
- Biokimyoviy va klinik qon tahlili
- Ultratovush
- Angiografiya
- Qon tomirlarining dopplerografiyasi

Davolash: Terapiyaning asosiy maqsadi: yallig'lanishni bostirish, qon laxtalarini eritish va qonni suyultirishdir.

Davolash rejasi kasallikning shakli va bosqichiga va birga keladigan patologiyalar mavjudligiga qarab, pediatr va kardiolog tomonidan individual ravishda belgilanadi.

Bolalarda tromboz va tromboflebitning og'ir bosqichlari jarrohlik aralashuvni talab qiladi

Ishning maqsadi: Bolalarda posttrombotik sindromning chastotasi, og'irligi va klinik xususiyatlarini baholash.

Materiallar va usullar: 2021 yildan 2024 yilgacha davrda Samarqand bolalar ko'p tarmoqli markazi gematologiya va pediatriya bo'limlarida davolangan bolalar tekshirildi. Asosan tug'ilgandan boshlab 18 yoshgacha obyektiv tasdiqlangan chuqur tomir trombozi (TT) bo'lgan bemorlar tanlangan.. Har bir bemor uchun quyidagi klinik xususiyatlar baholandi: jinsi, yoshi, asosiy kasallik va birga keladigan patologiya haqidagi ma'lumotlar, TT mavjudligi, o'sha paytdagi trombozning lokalizatsiyasi, trombofiliya mavjudligi, klinik ko'rinish: (simptomatik/assimptomatik), rekanalizatsiya darajasi, terapiya turi. Keyinchalik, oldingi TT bilan og'rigan bemorlarda PTS mavjudligi va og'irligi tahlili o'tkazildi. Guruhlar orasidagi farqlarning statistik ahamiyatini baholash uchun SN-kvadrat testi ishlatilgan.

Natijalar va muhokama: Tadqiqotda simptomatik TT bilan og'rigan 35 bemor, shu jumladan CVC-TT bilan kasallangan 18 kishi va CVC-TT bo'lmagan 17 bemor ishtirok etdi. CVC-TT bilan og'rigan bemorlar trombozning birinchi epizodi vaqtida yoshroq bo'lganligi aniqlandi (o'rtacha yosh 4,1 (0-17 diapazon) 15,5 (3-17 diapazon), $p < 0,001$); kuzatish davri CVC-TT bilan og'rigan bemorlar uchun uzoqroq (o'rtacha 5 yil (diapazon 0,5-0,5)) 15) 1 yilga nisbatan (0,5-7,5 diapazon), $p = 0,001$); 3 dan keyin rekanalizatsiya TT paytidan boshlab oylar CVT guruhida yomonroq edi (bemorlarning 50% ga nisbatan 93% bemorlar, $p = 0,002$). Ushbu tadqiqotda PTSning umumiy tarqalishi MVS / MJI shkalasi uchun 87% va 68% ni tashkil etdi.

Xulosa: CVC-TT va CVC-TT bo'lmagan bemorlar o'rtasida chastotasi va og'irligi bo'yicha PTS statistik jihatdan sezilarli farqlar yo'q edi. Ushbu tadqiqotda simptomatik TT bo'lgan bolalarda PTSning umumiy chastotasi ancha yuqori bo'lgan, ammo ikkala guruhdagi bemorlarning ko'pchiligi engil shaklda bo'lgan. PTS kechiktirilgan asorat bo'lib, kelajakda surunkali venoz yetishmovchilikning belgilari va og'irligi rivojlanishini oldini olish uchun dinamikani baholash borish kerak bo'ladi.

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