



MAIN CLINICAL SIGNS OF NON-REUMATIC MYOCARDITIS IN CHILDREN OF SAMARKAND REGION

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ABSTRACT

In the cardio-rheumatology department of the Samarkand Regional Multidisciplinary Children's Clinical Center, we studied clinical and electrocardiographic analysis of 50 young patients with norevic myocarditis in the last 2020-2021. 86% of young children with a history of acute respiratory infection.

Of the clinical symptoms of norevic myocarditis, general weakness was 88%, profuse sweating was 86%, cough was 50%, redness of the lips and nose was 58%, and white marble skin was 76%. Heart tones were observed in all patients. The rhythm of the "horse drum" was 32%. Tachycardia was 80%, arrhythmia was 14%, extrasystole was 14%, and bradycardia was 4%.

From ECG changes: Rhythmic disorders, sinus tachycardia 88%, sinus arrhythmia 12%, extrasystole 14%, sinus bradycardia 6%. Right ventricular hypertrophy was 24%. Hypertrophy of the left ventricle of the heart was observed in 46%. Cardiomegaly was detected in 20%.

According to the results of the study, sinus tachycardia was observed in 88% of children from cardiac symptoms, and a decrease in I-tone heart rate was observed in 72% of children. According to OA Mutafyan and Yu.M. Belozarov, tachycardia was 65% and 62.5%, respectively. In contrast, symptoms such as bradycardia, arrhythmia, and extrasystole were twice as rare in our studies as reported by Yu.M. Belozarov (2014) and O.A. Mutafyan (2016).

The importance of the problem. Myocarditis is observed at different ages, especially among young children. In some cases, mild forms of myocarditis are asymptomatic, so they



are not recorded anywhere, which makes it difficult to determine its exact prevalence (N.V. Orlova, T.V. Pariyskaya 2019).

According to data, 24-33% of children may have myocarditis without symptoms (E.Rarillo 2018). According to Yu.M. Belozerov, 10 out of 1000 people have myocarditis (YU.M. Belozerova 2014). Myocardial damage can be observed in 1-5% of patients with acute viral infection (YU.M. Belozerova 2014).

The mild form of myocardium passes without symptoms, and the severe form leads to heart failure and acute circulatory disorders due to complex heart rhythm disorders (E.N. Amosova 2018, V.S. Prikhodka. 2011).

Clinical manifestations of myocarditis in children are non-specific compared to other diseases, thus causing difficulties for many practitioners. Currently, anticardiac antibodies are detected in the blood serum of patients with myocarditis (V.P. Krivonostov 2016).

The clinical appearance of myocarditis in children is determined mainly depending on the etiology, distribution, severity and different course of the pathological process. The clinical manifestation of the disease is nonspecific. The mild form of myocardium passes without symptoms, and the severe form leads to heart failure and acute circulatory disorders as a result of complex heart rhythm disorders (E.N. Amosova 2012, V.S. Prikhodka i soavt. 2013).

Based on these, one of the urgent tasks of children's cardiology is to determine the features of the modern clinical course of non-rheumatic myocarditis among children of different ages in Samarkand city and their distribution.

Research object and subject: We organized clinical and electrocardiographic analyzes of 100 early-aged children with non-rheumatic myocarditis in the cardio-rheumatology department of the multidisciplinary children's clinical center of Samarkand region during the last years 2019-2022.

The purpose of the work: To study the current clinical picture of non-rheumatic carditis in children of early age and to conduct a comparative analysis of the obtained data with the data presented in the literature.

Tasks of scientific work.

Study of the current clinical course of non-rheumatic carditis in early age children and definition of diagnostic criteria.

Comparative analysis of the results obtained in the course of research with information in the literature.

The results of the inspections. Our investigations showed that 90% of children with non-rheumatic myocarditis had an acute respiratory infection in their anamnesis. Analyzing the perinatal anamnesis, 82% of miscarriages and 46% of pregnancy gestosis were found.

When the perimorbid background of early-aged children with non-rheumatic myocarditis was organized, it was found that 92% of them developed anemia, 36% of exudative catarrhal diathesis and hypotrophy, and 30% of lymphatic-hypoplastic diathesis. Among the clinical symptoms of non-rheumatic myocarditis, total weakness was 92%, profuse sweating 86%, yawning 70%, swelling around the lips and nose 78%, skin white marble color 76%. Heart murmurs were observed in all patients. "horse dupuri" rhythm was 32%. Tachycardia was 80%, arrhythmia 14%, extrasystole 14%, bradycardia 4%.



3.2.1 Table. Frequency of clinical symptoms in non-rheumatic myocarditis children by age (%).

3.2. Table. Clinical signs of NM in children according to age (%).

Clinical signs	6 months-3 years		3-7 years		7-12 years		Total	
	N=32	%	N=4	%	N=14	%	N=50	%
Panting	20	40	0	0	4	8	24	48
Itching around the nose and lips	20	40	1	2	6	12	27	78
Sweating a lot	25	50	0	0	4	8	29	86
Fatigue quickly	22	44	2	4	8	16	32	64
Cough	20	40	1	2	3	6	24	70
Behind the physical development	22	44	0	0	6	12	28	56
Heart-right relative border expansion	14	28	0	0	1	2	15	30
From the left	4	8	2	4	8	16	14	28
Tachycardia	25	50	1	2	3	6	29	58
Bradycardia	1	2	0	0	6	12	7	14
I-ton attenuation	24	28	3	6	12	24	39	78

1. The time of onset of the disease, more than 15 days, was 40%.
2. 80% of patients in critical condition were children under 3 years of age.
3. Among the complaints of children, the most common pain symptom is 42%.
4. Tachycardia was found in 79% of children under 3 years old, 28% in 7-12 years old.
5. Bradycardia was found in 3% of children under 3 years old, 31% in 7-12 years old.
6. In 7-12-year-olds, 28% (4 people) had partial sinus arrhythmia, 42% (6 people) had obvious sinus arrhythmia.

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