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CHILDREN WITH TRAUMATIC BRAIN INJURIES ASSESSMENT OF REHABILITATION POTENTIAL

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Relevance . *The largest share of TBM in children is due to minor injuries. According to some authors, mortality in children with TBM ranges from 0.35 to 38 %. In addition, in 90% of cases, vegetative disorders, delays in physical and mental development are often observed in children with long-term TBM, which leads to socio-pedagogical maladaptation. From the data presented, it can be seen that improving the assessment of rehabilitation potential and quality of life at the stages of treatment of children with traumatic brain disease presupposes the absence of a single solution to the urgent problem of neurology.*

The aim of the study is to optimize the clinical features of higher nervous activity, rehabilitation potential and tactics for assessing the quality of life in children with traumatic brain disease.

Objectives of the study:

assessment of clinical and neurological features of the state of brain functions in children with traumatic brain disease, depending on its severity;

assessment of neuroimaging features of the morphostructural state of the brain in children with traumatic brain disease, depending on its severity;

checking the quality of life of children with traumatic brain disease at the stages of rehabilitation treatment using the PedsQL4.0 questionnaire;

Development of criteria for rehabilitation potential at the stages of rehabilitation treatment of children who have undergone TBM;

substantiation of the principles of the therapeutic approach in children with traumatic brain disease at the stages of rehabilitation treatment

The object of the study was 150 children aged 3 to 16 years on the basis of the Republican Specialized Scientific and Practical Medical Center of Neurosurgery, as a control group for a comparative analysis of the quality of life and social adaptation, 120 (main group) children diagnosed with TBM, 30 conditionally healthy children according to gender and age criteria of the main group were observed.

At the beginning of active rehabilitation, active testing in Romberg's condition revealed instability in 14 (27.45%) patients of group II and 18 (27.45%) patients of group III, after 3 months - in 6 (11.76%) and 9 (19.15%), respectively, while the decrease in clinical signs was 57.14% and 50%, respectively. The dynamics of complaints about "increased nervousness" attracts attention: Thus, in group II, the number of such patients reached 2 at the beginning of the rehabilitation period and 15 at the end of active rehabilitation (increased by 65% from the baseline), and in group III, it was observed in 7 and 19 children, respectively (an increase of 271.43% from the baseline).

We also evaluated the restoration of brain activity in the studied children with traumatic brain disease, (pediatric scale of restoration of brain activity (Pediatric Cerebral Performance Category Scale)



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(PCPC) and the scale of restoration of general pediatric performance by (Pediatric Overall Performance Category Scale) (POPC).

The average score in the group on the NGS scale was 3.91 ± 0.07 , the best result is observed in the group of children 3-7 years - 4.01 ± 0.09 points, the worst result is observed in the group of children 7-14 years - 4.71 ± 0.09 observed.

The results on the PCPC and POPC scales repeat the above trend, so that the functional state of the brain and the recovery of the social sphere of children were better in group II, at the same time, the best recovery rates were demonstrated by children 3-7 years old and the worst recovery rate was in children 7-14 years old, which, in fact, confirms its regularity.

Conclusions. With pronounced TBM in children with low indicators on the Glasgow scale (less than 10 points), as well as the development of neurological disorders such as a decrease in bilateral muscle tone and tendon reflexes, the presence of tension syndrome, damage to the XII pair of cranial nerves, the development of hemi- and tetraparesis, a decrease in deep reflexes, is an unfavorable prognostic criterion for the development of severe clinical course of traumatic brain disease and low rehabilitation potential. Transplantation with TBM in children leads to the formation of various psychological stress neurotic tendencies, and the severity of the injury affects the frequency of these manifestations. However, with any severity of injury, neurotic tendencies and the lowest level of stress were observed in children 3-7 years old, and the highest in children 7-14 years old.