AJPMHS GLOBAL RESEARCH NETWORK

**AMERICAN Journal of Pediatric Medicine and Health Sciences**
*Volume 01, Issue 08, 2023 ISSN (E): 2993-2149*

# CHRONIC NUTRITIONAL DISORDER IN CHILDREN

***Izomov Tohir Islomovich***

*Termez branch of Tashkent Medical Academy*

***Xamdamova Mehriniso Rustam qizi***

*Termez branch of Tashkent Medical Academy*

***Mamadiyeva Zarifa Norboyevna***

*Termez branch of Tashkent Medical Academy*

**Abstract:** Eating disorders in children are often difficult to recognize, even for some health professionals. Children are not just adults. Eating disorders are more common in children and young adults than in older adults, and misinformation about infectious diseases is on the rise, even among medical professionals. When a child is sick, his behavior suddenly changes. He will be capricious, stubborn and tearful. His appetite is stifled. In such a case, immediately measure the child's temperature, put him to bed, and call a doctor. Until the doctor comes and diagnoses the child's illness, he is given boiled water or sweet tea.

**Key words:** Dystrophy, prenatal dystrophy, hypotrophy, thermoregulation, neurodystrophic form, hypostature.

According to experts, in some girls who were born prematurely, as a result of damage to the brain's nutrition center, eyesight may decrease and loss of appetite may occur. For example, in anorexia there is a general refusal to eat. If you call such children to eat, they will not forget, and they may even vomit. The child becomes loose and loses weight. Often, anorexia is caused by various diets in teenage girls, and by acute fear in young children. In such a situation, the child needs not only the treating doctor, but also the help of a psychologist. In order to improve the body's trophism and intestinal activity in anorexia, it is recommended to take apilak, milk and sour milk products (yogurt, cottage cheese, whey), bifidum and colibacterin, bificol, milk lactobacter, etc. It is recommended to use Appetite disorders can be prevented by ensuring that children have enough fresh air, proper diet, positive mental balance, massage, exercise, exercise, and taking healing baths. Nervous children produce less saliva during meals. They can't even eat small cutlets or solid foods. At this time, fresh fruits (apples, pears), fruit and vegetable juices are given before meals.

If your child is healthy, but when he eats, he says that he will eat this, he will eat this, if he is fussy, if he eats bread after eating, don't pay attention at all. Your ally in this work is the child's appetite. Allow your appetite to develop naturally.

Dystrophy (protein-energy deficiency) is a chronic disorder of nutrition and tissue trophism, which leads to a violation of the proper physical development of the child. In years of economic hardship, dystrophy can develop in children of different ages, but mostly children under 3 years of age are more affected. The disease is accompanied by a violation of the metabolic process, a decrease in immunity, a violation of physical, mental-motor, and later intellectual development.

Pathogenesis. In the development of prenatal dystrophy, uterine-placental blood circulation disorders and intra-fetal hypoxia play a key role in the development of MNS trophic function. The pathogenesis of postnatal hypotrophy, regardless of its origin and form, is considered as a whole pathophysiological process, which is based on nutritional disorders and a decrease in the excitability of the cerebral cortex. Paratrophy depends on a high-calorie diet and a large amount of fat and carbohydrates in its composition. Lymphatic-hypoplastic and exudative-catarrhal diatheses predispose to the development of paratrophy. Hypostatura depends on deep damage of the neuroendocrine system (in most cases, intra-fetus). Symptoms of dystrophy Clinical manifestations of dystrophy depend on its forms and severity. Clinical variants of prenatal dystrophy The following forms of prenatal dystrophy are distinguished based on the degree of brain hypoxic damage and clinical appearance: (according to E.M. Fateeva). • Neuropathic form: normal or relatively reduced body weight at bedtime, height unchanged. Psychomotor development is age-appropriate. The child's hyperexcitability and negativism, sleep disturbance, decreased or increased appetite attract. • Neurodystrophic form: a decrease in body weight and body length (to a small extent) at birth, predominance of the inhibition process in the MNS, relatively lagging behind in psychomotor development, stigmas of congenital dysembryogenesis are observed in many hands. • Encephalopathic form: the child is severely retarded in physical and psychomotor development, microcephaly, signs of focal lesions of the brain, hypoplasia of the bone system, anorexia and polyhypovitaminosis.

Hypotrophy is divided into light (Í-level), moderate (ÍÍ-level) and mild (ÍÍÍ-level) types. The degree of hypotrophy is determined when the child is carefully observed. Usually, the child's condition is satisfactory, his appetite is relatively low, his skin is smooth, elastic, fluid, his internal organs and physiological secretions are unchanged. Tissue turgor is reduced, the subcutaneous fat layer in the abdomen is below normal, but it is preserved in the face and ears. Body weight deficiency is 10-20% compared to the average indicator. Dysproteinemia and a decrease in the activity of nutritional enzymes are detected when the blood is examined. The ÍÍ-level of hypotrophy is accompanied by a decrease in the child's activity and emotional tone, apathy, lethargy, adynamia, retardation of speech and psychomotor functions, and a decrease in appetite. The skin is fluid, dry, scaly. Tissue elasticity and turgor, as well as muscle tone, are reduced. Subcutaneous fat is preserved on the face, but relatively reduced or absent on the abdomen and limbs. Body weight deficit is 20-30% compared to height, height is 2-4 cm behind. The curve of body weight gain is flattened. During the day, changes in body position (1GS) and constant coldness of the feet and legs indicate a thermoregulation disorder. In many cases, tachypnea, arrhythmic rough breathing, dependence of heart tones, tendency to tachycardia and arterial hypotension are detected. When the child is forced to breastfeed, the

child notes, sometimes constipation is observed. In many roles, intercurrent diseases are added (for example, otitis, pyelonephritis, pneumonia). During the laboratory examination, hypochromic anemia, hypo- and dysproteinemia, and a clear decrease in the activity of nutritional enzymes are observed. Hypotrophy (atrophy, alimentary marasmus) is observed with a clear disturbance of the child's general condition: drowsiness, apathy, excitability, negativism, obvious lag behind development, inability to perform acquired skills, anorexia. The appearance of the child resembles a skeleton, the skin is dry, white-gray in color, there are folds hanging on the hips and thighs. The face is similar to that of the elderly, not puffy, triangular in shape. The subcutaneous fat layer is lost everywhere, even in the lungi, typical for children, the Bish fat pack disappears.

Tissue turgor is completely reduced, muscles are atrophied, but their tone is usually high due to electrolyte imbalance and neurological disorders. Body weight deficit is 30% or more, the curve of body weight gain is flat or decreased. The height has decreased by 7-10 cm compared to the age norm. Dehydration symptoms are obvious: thirst, large eyelids and eyeballs, aphonia, conjunctivae and cornea are dry, the mucous membranes of the lips are clearly stained, cracks in the corner of the mouth (crow's mouth). Body temperature is usually low and varies depending on environmental conditions, sometimes rising to subfebrile. hands and feet are cold. Breathing is shallow and arrhythmic. In most cases, asymptomatic atelectasis and hypostatic pneumonia are detected. The pulse is slow, weak, arterial pressure decreases, heart tones are weak. He has a heavy stomach, or he is restless and tired. Liver and spleen are reduced in size. dyskinetic disorders of the gastrointestinal tract are always detected: regurgitation, vomiting, accelerated liquid stool. Urine excretion is reduced, it comes out in small amounts. Laboratory data show blood transfusion (hemoglobin concentration and erythrocyte count are normal or increased, EChT decreased). Chlorides, phosphates and urea are determined in large quantities in urine, sometimes acetone and ketone bodies are determined.

Hypostatura is a retardation of development caused by protein-energy deficiency, and despite the child's satisfactory nutrition, the height and body weight remains the same. When going from hypotrophy to reparation, the subcutaneous fat layer quickly returns to its wetness, but the height is slowly restored. Sometimes hypostatura occurs when the child is not eating well, for example, when he eats only carbohydrates, due to the lack of other ingredients. Height, body weight, psychomotor development, intelligence, teething are relatively proportional. The child's biological age lags behind the calendar age and corresponds to his height and body weight. The patient lags behind his age in all parameters of development. In this case, hypotrophy II degree, signs of chronic nutritional disorders are evident. The diagnosis is based on clinical and anthropometric data.

Paratrophy - when the child is fed more than the norm with breast milk, dry milk mixtures, sweet juices, as well as with unbalanced, high-carbohydrate and low-protein products (for example, if a lot of porridge is given) It develops in children who are nourished, exudative - catarrhal diathesis, lympho-hypoplastic diathesis, and are less active. Long-term overfeeding or constant hypodynamia can lead to obesity. The clinical presentation of paratrophy is similar to hypotrophy, but there is no body weight deficit. An imbalance of emotional tone is detected in the child, the child is restless or lethargic, adynamia is observed. Older children complain of shortness of breath, rapid fatigue, and headaches. The child has a selective appetite, in many

cases the appetite decreases. Skin layers are fluid, slightly wrinkled, elasticity is reduced. Despite the well-developed subcutaneous fat layer, tissue turgor and muscle tone have decreased. The fat layer is unevenly distributed, clearly developed in the thighs and abdomen. Body weight and height correspond to age parameters or are higher, body structure is disproportionate. Similar to hypotrophy, disorders of protein, water-salt, vitamin and other types of metabolism are clearly developed. Acidosis comes to the surface. Sometimes there are functional and morphological changes of internal organs, a decrease in immunological protection, frequent colds, otitis, and urinary tract infections. Excrement is foamy, liquid, and has a sour smell.

References

1. Belokon N.A., Kuberger M.B. Bolezni serdsa i sosudov u detey. M. 1987, s.303- 338.

2. Belozerov Yu.M. Detskaya kardiologiya. M. 2004. 597 s.

3. "Bolezni detey rannego vozrasta", - rukovodstvo dlya vrachey pod redaksiey A.A.Baranova, - Moskva-Ivanova, 1998, -s.241-257.

4. Denisov M.Yu. Prakticheskaya gastroenterologiya dlya pediatra. M., 2001.

5. Kaganov S.Yu. Bronxialnaya astma u detey i yee klassifikasiya. V kn.: Bronxialnaya astma u detey. Pod red. S.Yu. Kaganova. M: Medisina 1999; 12-27.