CONGENITAL HEART DEFECTS IN CHILDREN AND COMORBIDITY

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Purpose of the study. Clinical characteristics of congenital heart defects in comorbidity.

Materials and methods. The study included 133 sick children with congenital heart defects (CHD) under the age of 18 years. The control group consisted of 30 healthy peers (16 boys and 14 girls). The structure of the CHD of the observed group was 77 - "white" (57.9%) and 56 - "blue" defects (42.1%): ventricular septal defect (VSD) - 30 (22.5%), Fallot`s tetrads (TOF) -30 (22.5%), transposition of great arteries (TGA) -26 (19.5%), atrial septal defect (ASD) -30 (22.5%), patent ductus arteriosus(PDA) -11 (8, 4%), pulmonary artery stenosis (PS) -6 (4.6%). Sick children with CHD have repeatedly received conservative treatment for the underlying disease and other concomitant diseases, such as acute bronchopneumonia, obstructive bronchitis. All sick children were routinely prepared for the operation.

Results and its discussion. All examined patients were born prematurely, 27 patients of them weighing up to 2500 grams (20.3%), 106 sick children over 2500 grams (79.7%). In the anamnesis, 75 (56.4%) mothers of sick children with CHD had a pathological course of pregnancy, which was associated with extragenital (48.0%) and genital (52.0%) diseases. In the mothers of the examined sick children with CHD in 44% of cases, TORCh-infection, in particular CMV, was established anamnestically. It was established that early formation of foci of chronic infections is observed in children with CHD. Thus, in our studies, 77.5% of children, along with the underlying disease (CHD), were diagnosed with concomitant diseases: chronic tonsillitis, sinusitis, otitis media, urinary tract infection, anemia, dental caries, thyroid hyperplasia, and lag in physical and mental development. The clinical manifestations of CHD were varied depending on the species. Lagging in physical development was found in 59 sick children with CHD (44.4%). Of these, 48 patients with "blue" CHD (81.4% of cases), in whom growth and development were delayed against the background of chronic hypoxemia.

Conclusions. Features of the functioning of the immune system in critical periods of life, cardiac hemodynamic disturbances and chronic hypoxemia are the cause of frequent acute respiratory infections and the development of an immunodeficiency state. Comorbidity significantly worsens the condition of patients with congenital heart disease, reduces the effectiveness of conservative therapy for heart failure, and causes a delay in the necessary surgical correction. With age, patients with complex (blue) types of CHD are characterized by the formation of a vicious circle: due to the defect and hemodynamic disturbances, hypoxia develops, which contributes to a delay in physical development and the development of frequent acute respiratory infections. Frequent acute respiratory infections lead to a decrease in immunity and the formation of foci of chronic infections, the exacerbation of which is one of the reasons for late surgical correction, resulting in a high risk of postoperative complications,