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INFECTIOUS DISEASES OF THE NERVOUS SYSTEM IN CHILDREN AND ITS COMPLICATIONS

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ABSTRACT: The following article provides information on medical-pedagogical-petrological events in children's nerves and neuropsychological complications in children, and the clinical manifestations of children's neuropsychological complications.

KEYWORDS: Encephalitis, meningitis, meningoencephalitis, adynamia, hyperkinesis, mimicry, hyperesthesia, Kern's symptom system, intellectual disability, medical approach, clinical signs, clinical forms

INTRODUCTION

Infectious diseases of the nervous system in children often cause several persistent neuropsychological disorders. Infectious diseases of the nervous system - in most cases, children affected by forms of neuroinfection such as meningitis, encephalitis, meningo-encephalitis, make up the majority of students sent to special schools. Pathogens are different types of viruses that damage the nervous system, which are combined in the clinic under the general term neuroinfection. In some cases, the nervous system can be affected by a secondary disease under the influence of various common infections. A child's experience with these diseases causes damage to neuropsychic functions such as vision, hearing, speech, and thinking. Sometimes the complications are persistent and prevent the child from studying in a public school. The characteristics of the pathological symptoms that develop as a result of the disease are related to a number of conditions, such as the rapid movement of the causative agent, the nature of the disease process, the level of expression of the body's protective features. The earlier the child experiences the disease, the more complicated the levels of complications are, especially the slow development of mental activity. Illness in the later stages of a child's life is relatively easy due to the compensatory capabilities of the brain and does not leave serious complications. Let's go to classification of special forms of infectious diseases of the nervous system.

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Meningitis is an inflammation of the brain membranes. The disease is caused by various bacterial forms, most often the group of cocci (meningococci, streptococci, pneumococci). One of the most common forms of meningitis is cerebrospinal, that is, meningitis of the head and spinal cord, caused by a separate group of meningococci. This disease often spreads as an epidemic in winter and spring. The source of meningococcal infection is an infected person. In the external environment, meningococci die quickly under the influence of sunlight and temperature. This meningococcal causative agent can be kept in the nasal mucosa of a healthy child for a long time.

The disease begins with fever and continues with vomiting, rashes on the skin, severe headache attacks, and sometimes loss of consciousness. One of the characteristic features of the disease: as a result of a strong contraction of the neck muscles, the head is thrown back, the legs are bent towards the abdomen with half-bent knees (Kerr's symptom), increased skin sensation (hyperesthesia), fear of fire. are cases like The duration of the acute period is a lightning-like and long-lasting disease, usually 1-2 weeks, after which the patient may recover or die. In the past, the death rate from meningitis was 25-50%, but now the use of sulfonamide antibiotics in treatment can shorten the course of the disease, reduce the number of deaths and alleviate the appearance of residual (residual) conditions (complications). gave

Meningitis is characterized by the development of various complications that may appear in the acute period of the disease.

One of the most common complications is hearing loss as a result of the inflammatory process in the auditory nerve. Usually, hearing loss after meningitis manifests as bilateral hearing loss or deafness. Hearing loss in early childhood meningitis can lead to impaired speech and deafness. Damage to the optic nerves is rare and can cause partial or complete vision loss. Seizures are often seen as one of the symptoms of meningitis. Dementia after cerebrospinal meningitis is rarely observed in recent years and often appears as a complication of damage to the emotional and voluntary sphere and character. As a result, high excitability, impulsiveness (tendency to affects), and psychopathic behavior are observed in children. These behavioral characteristics are especially strong signs in the development of hydrocephalus, one of the most serious complications of early meningitis. Disturbances of the higher nervous system that appear after meningitis in preschool and school-age students can also have a number of pathological features. However, in these cases, the complications are not obvious, but mainly in the form of specific asthenia, that is, physical and mental deterioration. Meningitis also occurs as a result of other causes, for example, autogenous meningitis, that is, it appears as a result of purulent processes in the ear. Most of the children with complications of meningitis in the form of hearing and vision damage study in special schools, in some cases they are sent to special (assistant) schools, and finally, as a result of carrying out systemic therapeutic pedagogical special measures carried out in a group of children, they are sent to study in a public school. they succeed.

Another type of infectious diseases of the nervous system - encephalitis - includes inflammatory processes with different localization of damage to the brain. Encephalitis is accompanied by both general brain symptoms and focal symptoms. Common brain symptoms include fainting, headache, dizziness, vomiting, and changes in breathing and pulse. Focal symptoms are

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associated with the location of the inflammatory process in different parts of the brain. In the modern clinic, encephalitis is divided into primary, epidemic and infectious types.

As a result of examination of higher nervous activity in children with encephalitis, severe disturbances in the neurodynamics of the cortex were revealed. For example, a sudden disturbance of the balance between the processes of excitation and inhibition, as a result of the reduction of the cerebral cortex, the weakening of induction relations is typical for the acute period of the disease. Encephalitis occurs due to a number of reasons related to the weakening of the protective features of the child's body, including congenital defects of the nervous system, general somatic weakness, rickets, the harmful effects of living conditions, and the weakness of the body's immuno-biological features. . Let's look at some forms of encephalitis.

Epidemic encephalitis - infection with epidemic encephalitis is associated with the entry of a neurovirus that damages the central nervous system into the body. The disease often spreads as an epidemic in winter, it is common in all ages, but it is more common in childhood. The course of the disease is aggravated by complex complications with disorders of certain functions in the field of movement, speech, and mental health. These disorders in epidemic encephalitis differ depending on which parts of the brain are damaged by the disease process and how intensively. For this reason, movement functions, emotional sphere and disorders are often observed among the complications. Disturbances in the field of movement are different, sometimes they are reflected in specific braking of movements accompanied by hand and head tremors, and rarely in the form of paralysis and paresis.

Usually, the child's facial expressions, gaze and gaze are motionless, and general movement is inhibited. Speech is monotonous, modulation and emotional characteristics are extremely weak. Often, the complications after epidemic encephalitis consist of the appearance of general excitability of movement and hyperkinesis in the form of a complex of forced movements and disorders of higher nervous activity. In such cases, children's behavior is dominated by feelings of anger, increased sexual desire, and a changeable, often sad mood is observed. In the pedagogical practice of special children's institutions, cases of excessive appetite and thirst (bulimia, polydipsia), pathological anger and cruelty of some children have been recorded. Changes in the character and emotional-will sphere after encephalitis can be of different degrees. Sometimes they are severe and affect the child's academic performance (severe absenteeism, discipline violations, conflicts at school and in the family). Properly organized pedagogical and treatment measures allow to correct the symptoms of the mentioned disease to some extent. Epidemic encephalitis experienced only in the first half of the year shows specific intellectual changes that directly lead to oligophrenia.

In children who had a mild illness, due to epidemic encephalitis, symptoms of psychoasthenia, i.e., mental stress, manifested in the weakening of the ability to exert intellectual effort, memory deterioration, are observed. There may be no gross intellectual disabilities. Sometimes epidemic encephalitis can be long lasting. However, in many cases, these students cannot successfully master the public school program due to a decrease in the tempo of thinking, rapid exhaustion of nervous processes, instability of the emotional and volitional sphere, and frequent headaches.

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Attention activity of these children is damaged, their activity is weakened. Therefore, they often continue their education in special auxiliary schools.

In the clinic, the term "infectious encephalitis" refers to the inflammation caused by the child's experience of various infectious diseases, and in most cases, a combination of toxic processes. In these cases, the course of the disease covers not only different areas of the brain, but often also the spinal cord. Therefore, these diseases often appear as meningo-encephalitis and encephalomyelitis. Infectious encephalitis is characterized by general and focal symptoms, some focal symptoms of paresis, convulsive aphasias are also manifested in the acute period of the disease. Others may be revealed later. The residual period of secondary encephalitis is characterized by a variety of pathological signs. Movement disorders are observed in the form of paralysis, paresis, hyperkinesis, and speech defects in the form of sensory and motor aphasia and pseudobulbar dysarthria.

In contrast to epidemic encephalitis, in infectious encephalitis, intelligence and mental activity are severely damaged. Complications after secondary encephalitis are greatly influenced by the characteristics of the rash. For example, as a result of encephalitis experienced in early childhood, there is a late decrease in intelligence in the form of oligophrenia. Mental retardation of this etiology is characterized by some local disorders. The emotional-volitional sphere and character of these children are also seriously disturbed. The physiological mechanism of these disorders consists of a sharp violation of neurodynamics, an increase in the subcortical effect as a result of the weakening of internal cortical inhibition. Behavioral characteristics of postencephalitic children, such as their tendency to affective outbursts and mood swings, make education difficult. There are some differences between complications of epidemic encephalitis and complications after infectious encephalitis. For example, emotional-volitional field and severe personality disorders that appear in the residual stage of epidemic encephalitis are rarely observed after infectious encephalitis. As complications of infectious encephalitis, there are many intellectual, speech and movement disorders expressed in different degrees, and they have unique medical and pedagogical features. For example, due to the nature of the affected areas of the course of the disease, a disharmonious, uneven decrease in intelligence is observed, in which it was noted that some abilities are damaged, and some are preserved to varying degrees. This is a characteristic syndrome of paraphasic disorders, which causes various learning and reading disorders for children, especially due to a decrease in phonemic analysis. occurred. The treatment measures used in meningitis and encephalitis are different and are effectively treated depending on the level and stage of the disease.

Recommendation: In the elimination of activity disorders in children, the relationships of family members, sometimes individual approach points, and medical-pedagogical and psychological measures provide effective results in restoring defects..

REFERENCES

1. Anokhin P.K. Systemic mechanisms of higher nervous activity; Selected works - M., 1979.II
2. Badalyan L. O., Zhurba L. T., Vsevolozhskaya N.M. A guide to early childhood neurology. - Kyiv

Published: September 15, 2022 | Pages: 128-132

3. Luria A.R. Fundamentals of neuropsychology. - M., 1973.
4. Kryzhanovsky G.N. General pathophysiology of the nervous system. - M., 1997.
5. Abbasov M.G. The development of practical spatial orientation among students of an auxiliary school. diss. cand. ped. Sciences. - M., 2008. -19 p.
6. Aitmetova S.Sh. Using the work activity of secondary school students as the basis for the development of their speech. abstract diss. cand. ped. Sciences. -L., 2000. -21 p.
7. Aitmetova S.Sh., Gorohova O.G. Manual labor in the auxiliary school: . - Tashkent: Ukituvchi, 1977. -126 p.
8. Aytmetova S.Sh. Characteristics of mental development of secondary school students. - T.: "Teacher", 1984. - p. 118.
9. Bondar V.I. Teaching secondary school students the application of knowledge in the performance of educational and practical tasks: Abstract of the thesis. dis. cand. ped. Sciences. -M., 1999. -19 p.
10. Bakirova A.Yu. Development of mathematical thinking of students of academic lyceums on the basis of differentiated learning. Diss. cand. ped. Sciences. - T .: TGPI, 2002. - 134 p.
11. Rasulov, A., Saparov, K., & Nizamov, A. (2021). METHODS OF RESEARCH OF TOPONIMES. In ЛУЧШАЯ ИССЛЕДОВАТЕЛЬСКАЯ РАБОТА 2021 (pp. 181-184). Rasulov, A., Saparov, K., & Nizamov, A. (2021). METHODS OF RESEARCH OF TOPONIMES. In ЛУЧШАЯ ИССЛЕДОВАТЕЛЬСКАЯ РАБОТА 2021 (pp. 181-184).
12. Saparov, K., Rasulov, A., & Nizamov, A. (2021). Problems of regionalization of geographical names. In ИННОВАЦИИ В НАУКЕ, ОБЩЕСТВЕ, ОБРАЗОВАНИИ (pp. 119-121).
13. Rasulov, A. B., & Rasulova, N. A. (2020). METHODOLOGY OF GEOECOLOGICAL INDICATORS OF SUSTAINABLE DEVELOPMENT, GLOBAL GEOECOLOGICAL INDICATORS. In СОВРЕМЕННЫЕ НАУЧНЫЕ ИССЛЕДОВАНИЯ: АКТУАЛЬНЫЕ ВОПРОСЫ, ДОСТИЖЕНИЯ И ИННОВАЦИИ (pp. 302-305).
14. Rasulov, A. (2022, August). ANALYSIS OF ECOLOGICAL SITUATION AND METHODS OF ITS ASSESSMENT. In Conference Zone (pp. 24-27).
15. Rasulov, A., Saparov, K., & Nizamov, A. (2021). THE IMPORTANCE OF THE STRATIGRAPHIC LAYER IN TOPONYMICS. CURRENT RESEARCH JOURNAL OF PEDAGOGICS, 2(12), 61-67.
16. Kulmatov, R., Rasulov, A., Kulmatova, D., Rozilhodjaev, B., & Groll, M. (2015). The modern problems of sustainable use and management of irrigated lands on the example of the Bukhara region (Uzbekistan). Journal of Water Resource and Protection, 7(12), 956.
17. Hojieva, Z. U. (2014). The Role of" Mark" in Humanization of Didactic Relationships. In Young Scientist USA (pp. 33-36).
18. Khabibullaevich, R. B. (2022). The Importance of Teaching Folk Crafts to Teachers of Technological Education in the Educational Process. Journal of Pedagogical Inventions and Practices, 9, 118-120.
19. Razzokov, B. K. (2022). The System Of Formation Of Professional Culture Of Teachers Of Future Technological Education Through National Values. Journal of Positive School Psychology, 1659-1665.