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THE STUDY OF THE ISSUE OF CEREBRAL PALSY IN CHILDREN

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ABOUT ARTICLE

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Abstract: The characterization of epileptiform activity in children with cerebral palsy without epileptic seizures is useful for determining the risk of developing epilepsy and identifying criteria and frequency of idiopathic epilepsy. The assessment of motor functions according to GMFCS was used as a method for such studies; the presence or absence of epileptiform activity is comorbid with the severity of motor status, but its presence does not affect the severity of cognitive impairment; epilepsy is benign. Epilepsy has a benign course.

INTRODUCTION

Objectives and significance of the study: Cerebral palsy ranks first among disabling diseases in neurological children. Cerebral palsy occupies the first place in the structure of disability in children of a neurological profile [I, 2, 5]. According to various studies, the frequency of cerebral palsy ranges from 1 to 9 cases per 1000 children. Epilepsy occupies a special place among the complications of cerebral palsy. The occurrence of epileptic seizures is a factor that worsens the prognosis of cerebral palsy. Epilepsy exacerbates the severity of existing neuropsychiatric disorders [9,13]. When epileptic seizures occur, the choice of antiepileptic drugs (AEDs) comes to the fore, interrupting much-needed rehabilitation measures. Almost all measures to improve motor and mental functions, such as electrical procedures and psychotropic drugs, become impossible (10, 12). On the other hand, a high level of alertness to epilepsy in children with cerebral palsy often leads to overdiagnosis of epilepsy in this group, which in turn leads to unjustified prescription of antiepileptic drugs and termination of habilitation [2, 3, 4]. Therefore, prognostic factors of the occurrence of epilepsy and methods of differential diagnosis of seizures are of particular importance, among which electroencephalography

occupies a special place. Severe neurological consequences of a combination of cerebral palsy and epilepsy, a high incidence of persistent disability, mental retardation and mental retardation. In more than 80% of cases of cerebral palsy, the main clinical manifestation is spasticity, a motor disorder characterized by increased muscle tone and tendon reflexes. The clinical picture of cerebral palsy depends on the size and shape of the traumatic brain injury, as well as on the intensity and duration of previous treatment and rehabilitation.

Early symptoms of cerebral palsy:

- Delayed motor and language development;

- Absence or delay of innate reflexes;

- Delay or absence of development of installation reflexes;

- Disorders of muscle tone;

- Increased tendon reflexes;

- The appearance of pathological synkinesia (volitional movement of one muscle leads to involuntary contraction of other muscles at the same time);

- Pathological formation of a pose (for example, arm flexion poses, hip reduction poses).

The most common type of cerebral palsy is spastic diplegia (Little's disease). It is often found in premature infants and is characterized by the following signs:

- The damage to both legs is greater than the damage to the arms;

- Early formation of deformations and contractures;

- The presence of concomitant symptoms (delayed mental and linguistic development, pseudobulbar paralysis, pathology of cranial nerves leading to optic nerve atrophy, dysarthria, hearing impairment and moderate intellectual decline).

- Cerebral palsy (cerebral palsy) is a stable and clinically diverse group of syndromes that occur as a result of abnormal brain formation or damage in the early years of life. The clinical picture of the disease is characterized by abnormal development of static motor reflexes, impaired tone and impaired motor function associated with paralysis. In addition, changes in nerve and muscle fibers, joints, ligaments and

cartilage occur for a second time during life. Various neurological and mental disorders are also often observed [1620].

- The severity of mental disorders ranges from mild emotional abnormalities to severe mental retardation. Thus, motor disorders in cerebral palsy can be associated with mental retardation, epileptic seizures, impaired perception and learning. They can be accompanied by pathological changes in vision, hearing and sensitivity, as well as various lesions of the internal organs, which exacerbate the degree of psychomotor retardation. The term "cerebral palsy" does not reflect the full variety of neurological disorders present in this disease, however, it is used in the world literature, since no other term has yet been proposed [2326].

- Cerebral palsy is characterized by a non-progressive course. However, as the child grows and develops, the clinical picture may change, giving the impression that the disease is progressing. This is due to the increasing weakness caused by the growing discrepancy between the capabilities of the nervous system and the environmental requirements for developing organs. As a result, the following limitations arise.

- The limitations of a developing organism are caused by a number of factors: difficulties in self-care, mobility, psychological problems, problems associated with communicating with peers and others, difficulties in the educational process and in carrying out future work activities. As a result of all of the above, the quality of life of children with cerebral palsy and their environment inevitably decreases significantly [2731].

- According to the International Classification (ICD 10), there are: G80.0 Spastic cerebral palsy; G80.1 Spastic diplegia; G80.2 Infantile hemiplegia; G80.3 Dyskinetic cerebral palsy;. G80.4 Ataxic cerebral palsy; G80.8 Other types of cerebral palsy.

- There are also a number of clinical and functional classifications of cerebral palsy developed by the authors. In Russia, the most common classification is K.A. Semenova (1972) and L.O. Badalyan et al. (1988). Thus, according to the clinical classification developed by K.A. Semenova, the following forms of cerebral palsy can be distinguished: diplegic, hyperkinetic, strenuously arrested and hemiplegic. There are also stages of cerebral palsy development: early - up to 45 months, early residual - from 6 months to 3 years and late residual - older than 3 years.

- Classification of L.O. Badalyan et al. shows the distribution of cerebral palsy by age group:

1. Early stage: spastic type (hemiplegia, hemiplegia, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis, hemiparesis

- Spastic type (hemiplegic, biparetic, bilateral hemiplegia); Dystonic type; Hypotonic type; Hypotonic type.

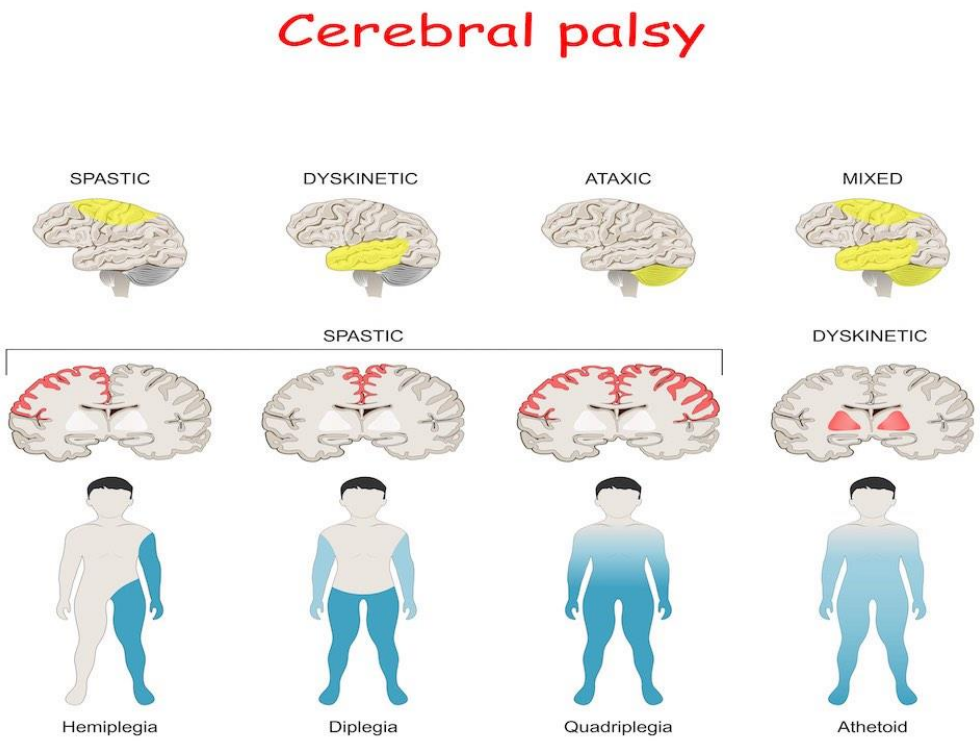
- Dystonic type; hypotonic type;

2. Older age: spastic type (diplegic, hemiplegic, bilateral diplegia); hyperkinetic type; ataxic type; atonic-atonic type; mixed type (spastic-ataxic type, spastic-hyperkinetic type)

- ataxia is a hypermobile type, ataxia is a hypermobile type).

- Functional classification of cerebral palsy - GMFCS (Gross Motor Function Classification System), proposed by R. Palisano et al. Palisano et al. (1997) identified five age groups of patients with cerebral palsy (up to 2 years, from 2 to 4 years, from 4 to 6 years, from 6 to 12 years). years, from 6 to 12 years and from 12 to 18 years), which consisted in taking into account the degree of motor development and movement restrictions in everyday life [34].

The purpose of this study is an analytical review of modern scientific literature on risk factors associated with the development of cerebral palsy and the latest approaches to the classification and diagnosis of this condition.



METHODS

34 domestic and 12 foreign literary sources on this topic were analyzed. Based on the results of the analysis of scientific data, the concept of the prevalence of cerebral palsy in Russia and abroad has been clarified. The review describes the risk factors associated with the development of this disease, the main approaches to the classification of cerebral palsy, the characteristic clinical picture, diagnosis and treatment. Despite the large number of studies devoted to this topic, at this stage there is no consensus on the etiology of the disease, and the issue of early diagnosis remains unresolved until the end.

CONCLUSION

Cerebral palsy remains an urgent problem for modern society. According to our analysis, this disease is multifactorial, and currently there is no consensus on the predominant influence of specific factors on the development of cerebral palsy. There is also the problem of early diagnosis and initiation of treatment, which largely determines the course of the disease. All this points to the need for further research on this issue.

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