

LYMPHOHYPOPLASTIC DIATHESIS IN CHILDREN

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ABSTRACT

In this article reveals significant information about lymphohypoplastic diathesis in children. There are a number of facts about definition of diathesis, symptoms, diagnosis and treatment of lymphohypoplastic diathesis.

Keywords: Lymphohypoplastic diathesis, diathesis, lymphoproliferative disease, lymph

INTRODUCTION

Diathesis means the inherited organic weakness and systemic inferiority which leads to the morbid disposition and specific pathological process in the evolution of a disease. According to DR. M. L. DHAWALE "Diathesis represents certain deviations in susceptibility which are not sufficiently marked to merit the label disease and in which the responses to environmental stimuli tend to be exaggerated or erratic."

Diathesis is a state or condition of the body or a combination of attributes in an individual causing a susceptibility to disease. For eg. sycosis or sycosis diahesis is a tendency to retain water in tissues to produce small cutaneous fig like tumors, chronic catarrh of mucous membranes and the slow insidious progressive development of these and other symptoms.

The invention relates to medicine, namely to pediatrics. One of the most common conditions of the pathological background in pediatrics is lymphatic diathesis-lymphatism, which belongs to the group of immunopathological diathesis, characterized by a tendency to frequent diseases of the respiratory system, a protracted and recurrent course of it, and a tendency to chronicity of the process. Main factors lead to development of a lymphatic diathesis in childhood. This is identical with lymphatics and exudative diathesis. It develops the way that Hahnemann described, involving first the skin then the mucosa and finally internal organs and system. Lymphoid tissues even normally very active in childhood grow hypertrophic and prone to disease.

Symptoms

Lymphohypoplastic diathesis ranks second in the group of allergic and other protracted diseases. Children with lymphohypoplastic diathesis appear to be pale, apathetic, easy to feel fatigue and they cannot tolerate long-term and severe irritation. These children usually have excess body weight, tissue and muscle tension is reduced, the skin is loose. Subcutaneous fat is excessively developed, and unevenly distributed (predominantly on the abdomen and thighs). Diffuse hyperplasia of lymphoid tissue is typical for lymphohypoplastic diathesis: propensity to lymph nodes hyperplasia, thymus, tonsils, there is proliferation of adenoid tissue. Thymus can be of significant size, causing hoarseness, noisy breathing, throwing of the head during sleep,

respiratory distress, status asthmaticus, asphyxia epizodes, and seizures. Such children refer to sickly kids. They often show skin changes, the tendency to frequent and prolonged respiratory infections developing neurotoxicity and violations of microcirculation disturbance. Symptoms manifested to the high extent during lymphohypoplastic diathesis are usually developed at the age of 3-6 years. Later on, manifestations of diathesis gradually get smooth or resolve, although children may have delay in sexual development. It should be kept in mind that children with lymphohypoplastic diathesis are in the high risk group of infant death syndrome, infection-dependent bronchial asthma and autoimmune diseases. Lymphohypoplastic diathesis occurs in 3.6–6.8% of preschoolers. Its signs can be found in 10-13% of young children and 19.1% of children in the first year of life. This information allows us to speak about the heterogeneity of the children's contingent by functional characteristics of lymphocytes, which suggests the existence of a constitutional functional lymphaticism. An example of hereditary predisposition to functional lymphaticism can be considered Duncan's lymphoproliferative disease, which is associated with the development of an immunodeficiency state in boys who have had an infectious mononucleosis at a meeting with the Epstein-Barr virus. Children still have before contact with the virus, activation of T-suppressor lymphocytes and secondary suppression of Ig synthesis by B-lymphocytes.

Lymphatic-hypoplastic diathesis manifests itself in the form of enlargement of the lymph nodes and pathologies of the endocrine glands. Such children are prone to infectious diseases and allergies. This form of diathesis occurs in children aged 3-7 years and accounts for 10-12% of total diathesis. In the positive course of diathesis passes until puberty. Lymphatic-hypoplastic diathesis is characterized by dysfunction of the sympathoadrenal system and adrenal glands, compensatory hyperplasia of lymph tissue, decreased function of the pituitary gland and a decrease in cellular and humoral immunity.

Children with such diathesis have a disproportionate body structure (short body, long arms and legs), pale skin, decreased skin firmness, poorly developed muscles. Such children become adynamic, weak, and quickly tired. They are prone to arterial hypotension, are more prone to O 'RVI-influenza, neurotoxicosis occurs, microcirculatory disorders and hyperthermia are observed. Lymphatic-hypoplastic diathesis is characterized by enlargement of peripheral lymph nodes, thymomegaly, hyperplasia of the adenoids and tonsils, enlargement of the liver and spleen. After removal of the adenoids, it may grow back again. In addition, this diathesis also causes developmental abnormalities, hyperplasia of the kidneys, heart, external genitalia.

Diagnosis of diathesis

Diathesis is not an independent disease and diagnosis, so children with diathesis should be examined by a pediatrician, pediatric neurologist, endocrinologist, dermatologist, nephrologist, rheumatologist, allergist-immunologist and other specialists. The specified clinical manifestations are most brightly expressed at children of early age. At diagnosis of LGD at newborns and babies lean on the following symptoms:

1. Excess body weight at the birth.
2. Clinical manifestations of a paratrophy, tendency to fast set and loss of weight.
3. Pallor and a marmorestsention of integuments at concern, the developed venous network on the front surface of a thorax.

4. Easily arising perioral and periorbital cyanosis, even at an insignificant exercise stress (for lack of organic lesions of cardiovascular system).

5. The inborn stridor which sometimes is combined with narrowness of the nasal courses, periodically arising attacks of the whooping cough amplifying in horizontal position.

6. Vegetative lability - the increased perspiration, inexplicable long subfebrile condition, sometimes collaptoïd conditions, transient disturbances of a cordial rhythm, vomiting.

Specific phenotype of lymphatic-hypoplastic diathesis:

- "soft" facial features, "adenoid" face
- pallor without anemia
- "marbling" of the skin
- pasty subcutaneous tissue
- muscular hypotension, lethargy
- decreased excitability of the central nervous system

Considering small informational content and insufficient specificity of the given symptom complex for diagnosis of LGD at babies, at this age, the great value is attached to identification of increase in a thymus (thymothelia).

Clinically the thymothelia can be suspected if at silent percussion expansion of a zone of a vascular bundle in the region of P-Sh of an intercostal space more than on 2 cm comes to light at vertical position of the patient.

At a considerable hyperplasia of a thymus gland he sometimes manages to be palpate T. V. Matkovskaya, 1985) during crying in a jugular pole at the thrown-back child's head. It is necessary to remember that, clinical ways of definition of a thymothelia have approximate, approximate character.

Treatment

Lymphatic-hypoplastic diathesis is treated with synthetic and natural adaptogens (pentoxyl, eleutherococcus), vitamins, general massage and gymnastics. In adrenal insufficiency, glucocorticoids are prescribed. Treatment of lymphatic-hypoplastic diathesis conducted complex therapy. Be sure to follow up with a pediatrician. Courses use adaptogens, in more severe cases: immunostimulants and immunoglobulins. To increase immunity, spa treatment is prescribed, hardening is indicated. An important role in the treatment of lymphatic-hypoplastic diathesis is played by a diet with a high fiber content. The daily norm of protein, water and salt is regulated. It is often contraindicated to visit preschool institutions to reduce the risk of infection and better adaptation of the child. With a significant proliferation of adenoids, their surgical removal is recommended. Indications for surgical treatment can also be congenital heart defects and thymomegaly.

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