

analyzing the types of personalities of all children surveyed revealed that the number of children with "no alexithymical" personality type is only 36.7%, and young people with alexithymia - 25% and risk - 38.3% ($p < 0.05$).

The allocation of all adolescents in the personality types, depending on the physical development revealed the following facts. Of the total number of mezosomatotype children "not alexithymical" personality type has 31.25%; microsomatotype children - 27.27% and 47.06% - macrosomatotype children ($p < 0.05$). The risk group includes 37.5% of mezosomatotype children; 27.27% - 47.06% and microsomatotype - macrosomatotype ($p < 0.05$). Alexithymical type of person are 45.46% of the children with low levels of physical development; 31.25% with average physical development and 5.88% with a high level of physical development ($p < 0.05$).

At the same time, if you look at the distribution of personality types based on gender, in the group of children with mezosomatotype risk mainly are girls - 58.33%; Alexithymical personality type girls and boys are equally - 50%.

In the group of children with microsomatotype alexithymical personality type are girls - 100% and the risk for girls make up the majority - 66,67% ($p < 0.05$).

In the group of children with macrosomatotype alexithymical personality type and risk are boys, 100% and 62.5%, respectively ($p < 0.05$).

Among the healthy children of school age children is dominated with average physical development ($p < 0.05$). The number of children with "no alexithymical" personality type is only 37%, and adolescents with alexithymia and risk group - 63% ($p < 0.05$). For the majority of young people with low physical development characterized alexithymia, mostly girls ($p < 0.05$). They find it difficult to recognize and express their feelings and emotions. Most of the children of high physical development characterized by a decrease in the ability of verbalization of emotional states, that is, they are at risk. And they dominate this group of boys ($p < 0.05$).

Conclusions. Thus, only one-third of adolescents (36.7%) characterizes the ability to easily express their emotions, to identify and describe what they really feel ($p < 0.05$). Most of the children (38.3%) represents the reduced ability or difficulty to the verbalization of emotional states ($p < 0.05$). And 25% of the subjects showed a pronounced presence of alexithymia, these children are difficult to recognize and express their feelings and emotions, and the children to the level of physical development above and below the average account for most of that can be attributed them to the risk of psychosomatic diseases ($p < 0.05$).

Alexithymia really combined with various adverse factors, such as level of physical development. It can serve as a breeding ground for the development of psychosomatic disorders, indicating a need for diagnostic and preventive activities preschool children in order to correct their physical development and psychological adjustment.

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DYNAMICS OF CONGENITAL MALFORMATIONS IN THE AMUR REGION

Yutkina O.S.

Amur State Medical Academy, Blagoveshchensk, Russia

Abstract The structure of congenital malformations of the six-year period (2009-2015 gg.) in the Amur region. In the Amur region for 2009-2015 in infant mortality and disability congenital malformations occupy the 2-3 places. Among live births there is a larger proportion of children with hypospadias, Down's syndrome and spinal hernia. Among stillborn - hydrocephalus, anencephaly and Down Syndrome. Among eliminate a tetus - Down's syndrome, hydrocephalus and spinal hernia. Among all the vices the highest share is occupied by Down's syndrome, hydrocephalus and hypospadias.

Key words: children, congenital malformations.

Hereditary and congenital pathology is an essential part in the overall morbidity and mortality of the population, especially children. According to the WHO, up to 5% of newborns have a hereditary disorder, which largely explains the high infant and child mortality. The share of the reasons accounting for up to 20-30% of the causes of infant and up to 30% of infant mortality.

Congenital malformations - structural or functional abnormalities that occur during fetal development and

can be detected before birth, during birth or later in life. CDF studies are not only of scientific interest, but also have practical significance in the structure of causes of infant death and disability. Over the past six years in the structure of infant mortality and disability in the Amur region vices occupy 1-2 places. Congenital malformations are persistent morphological changes, beyond the variations of structure arising in utero and lead to dysfunction of the body, or ugliness. In Russia, from malformations during the first 4 weeks of life, 276,000 children die each year [1,2].

In pregnant women with congenital anomalies of the fetus from the early periods of gestation there is persistent threat of termination of pregnancy, the pathology of early placentation and placental insufficiency, at a later date - a pathology of the amniotic fluid, combined with intrauterine fetal growth retardation, pre-eclampsia.

Materials and methods. To study the congenital malformations of the six-year period (2009-2015 g.) In the Amur region. Over the past six years in the structure of infant mortality and disability in the Amur, region vices occupy 2-3 places.

Results and discussion. According to 2009-2015 in, register new cases of hereditary diseases in Amur region amounted to 712 children with malformations of them were born alive -391 (55%), stillborn -52 (7.3%) and fruit eliminate -269 (23.3%).

The number of live births identified with congenital malformations during the 2009-2015 biennium. on the 1st place - hypospadias 20.5%; 2nd place - Down syndrome: 13.8%; on the 3rd place - the cerebrospinal hernia 11%, 4th place cleft lip - 10%, 5th place cleft palate -9.1%.

The number of stillbirths identified with congenital malformations for 2009-2015 by 1 place hydrocephalus 28.8%, the 2nd place cerebrospinal hernia 13.4% 3 13.4% anencephaly place, 4th place cleft lip 5.7% and 5th place cleft palate 3.9% to 6 spot reducing limb defects 2%.

The number of fruits to eliminate during the period 2009-2015 on 1 spot Down syndrome 20.8%, the 2nd place Hydrocephalus 13.3% 3 11.1% Spinal place, 4th place Anencephaly 10.7%, the 5th place cleft lip 7%, 6 site cleft palate 3.7%, 7 reducing place limb defects 3% .Among eliminate fetuses identified chromosomal abnormalities of Down syndrome annually in the lead (45-65%).

Currently, in the Amur region in 2009-2015 the first place in the structure of the register of hereditary diseases takes place I take syndrome Dawn- 15.7 ‰, II place face malformations (lip / cleft palate) -14.6 ‰, III place- hypospadias and spinal hernia- 11.2 ‰, IV place hydrocephalus - 11.09 ‰.

Down's syndrome - the number of diseases is a clear upward trend in 2009-2013 to three times, to 2015 year decreased in two times.

Cleft palate -the number of six years the disease has increased in four times.

Cleft lip since 2009-2012 years the number of occurrence did not increase, but in the 2013-2014 years suddenly dropped.

Hydrocephalus no clear trend or to decrease or to increase.

Lumbar hernia with the years of 2009 -2014 has a slight tendency to increase, but in 2015 revealed just six. The highest peak is in 2013 years.

Hypospadias the number of diseases has a clear tendency to increase two times with 2009-2015.

Reducing limb defects the number of six years the disease has grown in two times.

Anencephaly with the years of 2013 -2015 has a slight upward trend, but in the years, 2011-2012 revealed only two.

Conclusions. 1. In the Amur Region for the years 2009-2015 in the structure of infant mortality and disability of congenital and hereditary defects occupy 2-3 places.

2. For 2009-2015 in the Amur region the number of children born with hypospadias -I took place with Down syndrome -II place. From stillborn on I spot hydrocephalus, II place on Down syndrome and III place anencephaly. Interrupted pregnancy Down syndrome I place, II place hydrocephalus.

3. In the dynamics of congenital fetal malformations in the Amur region have the largest share defects as Down's syndrome, hydrocephalus, and hypospadias.

4. The number of diseases has a clear tendency to increase four times cleft palate, three times Down syndrome, as well as 2-fold and reducing hypospadias limb defects in the last 6 years.

Medical care before conception (in the pre-conception period) and near the time of conception (about embryonic period) includes the key measures of reproductive health, as well as medical genetic screening and counseling. Screening can be carried out during the three periods, the following.

Screening in the pre-conception period: especially the mother's body can increase the risk, and screening results should be used to provide adequate medical care, depending on the risk. In this period can be screened mothers of young and middle-aged, as well as screening for alcohol, tobacco and other psychoactive substances. To detect Down syndrome during the first trimester of pregnancy, and severe fetal malformations

during the second trimester, you can use ultrasound techniques. Conducting additional tests and amniocentesis helps to detect defects of the neural tube formation and chromosomal abnormalities in the first and second trimesters of pregnancy.

Newborn Screening provides for clinical examination as well as screening for hematologic, metabolic and hormonal disorders. Checking on deafness and heart defects, as well as the timely detection of congenital defects may contribute to treatment aimed at saving lives, and prevent the progression of vice, which can lead to some form of physical or mental disability or disabilities related to vision or hearing. In some countries, all newborns before discharge from the maternity ward is screened to identify abnormalities of the thyroid gland and adrenal gland.

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METHODS OF REHABILITATION OF CHILDREN WITH CEREBRAL PALSY

Yutkina O.S.

Amur State Medical Academy, Blagoveshchensk, Russia

Abstract Rehabilitation activities received much attention at the moment. The optimal development of a child with cerebral palsy can occur only in case of an adequate education, training and rehabilitation. In the case of failure of correctional and developmental work and growing phenomenon of deprivation, the motor, cognitive and personal failure aggravates. The basis of the correction of mental development of children with cerebral palsy, is presented by well-chosen methods of rehabilitation and the joint efforts of the attending physician and parents.

Key words: children, rehabilitation, infantile cerebral palsy.

The main feature of the pathology of childhood is the growing prevalence of neuropsychiatric diseases. Effects of hypoxic damage to the nervous system can lead to neurological and somatic disorders, disability, social and professional maladjustment, which makes the problem of medical and social importance [2,5].

The optimal development of a child with cerebral palsy can occur only if an adequate education, training and rehabilitation. Rehabilitation activities received much attention at the moment [1,3,4]. In the event of failure of correctional and developmental work there and growing phenomenon of deprivation, aggravate the motor, cognitive and personal failure.

The purpose of scientific work consists of studying of features of mental development of children with cerebral spastic infantile paralysis and there were researches of ways they rehabilitation.

Materials and methods. 14 children aged from 12 months up to 10 years who are on treatment in neurologic office department of Children's City Clinical Hospital Blagoveshchensk were investigated.

Results and discussion. Children were observed in a hospital with the diagnosis of cerebral spastic infantile paralysis, from them at 50% a spastic diplegiya, and other 50% of children have a spastic hemiplegia. The diagnosis of cerebral spastic infantile paralysis of 100% of children was exposed in 1 year.

A survey of parents' stories of disease analysis, an objective examination of children. The structure of mental and speech disorders studied by "Scheme examination skills" and "General Scheme of the psychological examination of the child." Statistical data processing.

Analyzing medical history, determined that all children - preterm (mean gestational age 30-31 weeks), the earliest date of birth - 26-27 weeks. The share of natural childbirth was 70%, and was born by Caesarean section 30% of children. The average weight at birth was 2094 + 156g (minimum weight 800g), the average growth of the newborn - 43 + 2 cm (minimum height 34 cm), the average score on the Apgar score 5/6. The age of mothers averaged 34.9 + 3.5 years. On the one woman he had 3.5 cases of somatic diseases (diseases of the cardiovascular system, upper respiratory tract, digestive tract, and others.) (P=0,05).

Bad habits - 40% of mothers (smoking before and during pregnancy) and 100% of fathers (smoking, alcohol abuse). They do not comply with diet, work, rest and did not use antenatal leave - 82% of mothers (p=0,05).

Complicated obstetric and gynecological history was observed in 82% of women: medical abortions - 78%, cesarean section - 24%, infertility - 13%, spontaneous abortion in early pregnancy - 15,5% (p=0,05). The threat of miscarriage of the pregnancy was observed in 97.5% of women, of whom 45% are marked 2 or more episodes of the threat of termination of pregnancy (p=0,05). During this pregnancy suffered from anemia -