

PATHOMORPHOLOGICAL CHANGES IN NEWBORN MORTALITY IN ANDIJAN REGION

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Abstract: The mortality rate of newborn babies shows the socio-demographic development of the society, the social condition of the population, the activity of the health care system and the society's attention to human life. **Research purpose and materials:** comparative study of the causes of death in the pathology of the respiratory system of newborns and pathomorphological changes in their internal organs, gender, number of births, and other somatic diseases with the development of death. In the research, the archival materials of the departments of pathomorphology and histology of the deaths of infants in the years 2012-2016 examined by the forensic medicine expertise of Andijan region and the bureau of pathological anatomy of Andijan region were studied. **Results.** Analytical studies showed that the distribution of neonatal deaths by age was more frequent in the 1st month (preterm neonatal death) and in the 4th month (postnatal death), parallel to the increase in age. postnatal mortality has been seen to decrease. **Conclusion:** Analytical studies of pathomorphological changes in infant mortality in Andijan region show that the incidence of neonatal mortality depends on age (neonatal mortality), and is observed more frequently in the 4th month (postnatal mortality)., parallel to increasing age, it was seen that postnatal deaths decrease.

Keywords: babies, death, pathomorphology.

Dolzarbligi: Yangi tug'ilgan chaqaloqlarning o'lim ko'rsatkichi jamiyatning sosal – demografik rivojlanishini, aholining sosal holatini, sog'liqni saqlash tizimi faoliyatini va jamiyatni inson xayotiga e'tiborini ko'rsatadi. 2014yildagi ma'lumotlarga ko'ra bu ko'rsatkich Angola, Serra-Leone, Afg'onistonda eng baland (154-182%0), Yaponiya, Svestiya, Singapurda eng past (2,3-2,8%0), O'zbekistonda esa u 24,3%0-ni tashkil etgan[1–5].

Tadqiqot maqsadi: Yangi tug'ilgan chaqaloqlarni nafas olish tizimi patologiyasidagi o'limi sabablari va ichki a'zolaridagi patomorfologik o'zgarishlarni, o'limini rivojlanishi bilan jinsni, tug'ilishlar sonini, boshqa somatik kasalliklarni qiyosiy o'rganish maqsad va vazifa qilinib olindi.

Materiallar: Tadqiqotda Andijon viloyati sud tibbiyoti ekspertizasida va AVPAB tekshirilgan 2012-2016 yillardagi chaqaloqlar o'limlarini patomorfologiya va gistologiya bo'limlari arxiv materiallari (sud tibbiy xulosalar, jasad yorish bayonnomalari, fotoilovalar, mikropreparatlar, sud - gistologik tekshiruv materiallari) o'rganildi. AVSTE sud tibbiy gistologik laboratoriyasi va Andijon viloyati patologoanatomik byurosi patogistologik laboratoriyasida yangi tug'ilgan chaqaloqlarni o'pka kasalliklaridan o'lgan murdalarini ichki a'zolaridan olingan to'qimalarini bo'lakchalari 10% formalin eritmasida 1:10 nisbatda fiksastiyalandi, bo'lakchalardan 0,5-0,5sm o'lchamda qirqmalar olindi, ular spirtli o'tkazgichdan o'tkazilib, parafinli bloklar tayyorlandi. Bloklardan gistologik kesmalar olindi va buyum oynalariga o'rnatilib, gematoksilin – eozin usulida bo'yab, gistologik preparatlar tayyorlandi. Tekshiruv O'zbekiston RSSV tomonidan 2015 yilda tasdiqlangan E-1, E-2 standartlari asosida o'tkazildi.

Tadqiqot natijalari: 2012-2016yillarda Andijon viloyatida tug'ruq komplekslarida jami 4219ta chaqaloq tug'ilgan. Andijon viloyatini Andijon shahar (90±082 va 75±0,65), Andijon (60±1,31 va 47±1,08), Marxamat (16±0,55 va 20±1,66), Qo'rg'ontepa (16±0,26 va 11±0,76), Xo'jaobod (18±0,34 va 11±0,25), Jalaquduq (17±0,25 va 16±0,96) tumanlari aholisida o'g'il va qiz bola chaqaloqlarni tug'ilishi 2013 yilda ko'proq, 2016yilda nisbatan kamroq kuzatildi.

Asaka (50±0,91 va 40±1,58), Paxtaobod (21±0,31 va 15±0,89), Ulug'nor (4±0,37 va 4±0,68) tumanlarida 2012yilda, Baliqchi (28±1,25 va 25±0,59), Bo'z (hozirgi Bo'ston) (12±0,86 va 4±0,71), Shaxrixon (30±0,67 va 24±0,47) tumanlarida 2014yilda o'g'il va qiz chaqaloqlar tug'ilishi nisbatan ko'proq kuzatildi.

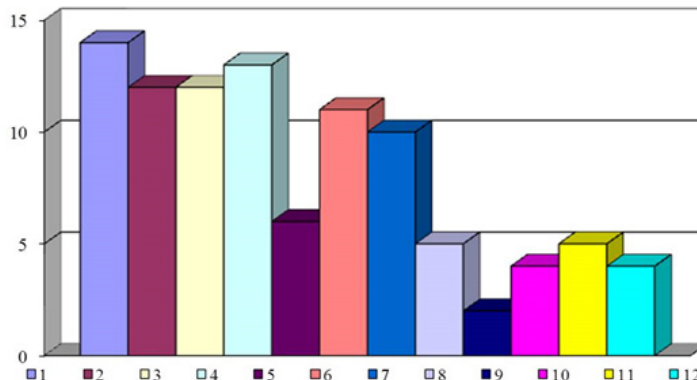
Andijon shahar va ayrim tumanlarida 1-2 homiladorlikdagi tug'ilishlar soni 2012-2013yillari (67±0,5 va 38±1,1), 3-homiladorlikdagi tug'ilishlar soni esa 2014-2016yillari (26±1,3), 4-homiladorlikdagi tug'ilishlar soni esa 2016-2016 yillarda

($24 \pm 2,2$) nisbatan baland ko'rsatkichni namoyon qildi.

Andijon viloyati aholisida 2012-2016yillari 1438ta (810ta o'g'il bola va 628ta qiz bola chaqoloqlarda) 1yoshgacha bo'lgan chaqoloqlarda nafas olish sistemasi kasalliklaridan o'lim ko'rsatkichi o'rtacha 2,1%ni (2015-2016yillari 1,7%ni, 2014 yilda 2,6%) tashkil etgan.

Diagramma- 1

Yangi tug'ilgan chaqoloqlarni o'pka kasalliklaridan o'lim xolatlarida yoshga bog'liq taqsimlanishi (% , oy)

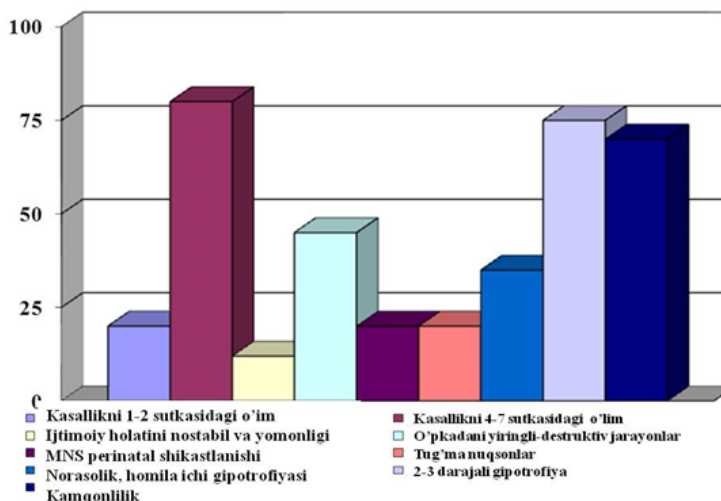


Bu ko'rsatkich 2012yilda Andijon tumani ($9,1 \pm 1,3$), Asaka tumanida ($6,7 \pm 1,3$), 2013yilda xam Andijon tumanida ($7,6 \pm 1,1$), Oltinko'l tumanida ($7,5 \pm 1,1$), 2014yilda Bo'z tumanida ($9,9 \pm 1,0$, Xo'jaobod va Isboskan tumanlarida ($7,1 \pm 1,0$), 2015yilda Buloqboshi ($5,2 \pm 0,9$) va Isboskan tumanlarida ($5,6 \pm 0,9$), 2016yilda Oltinko'l tumanida ($8,2 \pm 1,2$) va Andijon tumanida ($7,2 \pm 1,2$) nisbatan baland ko'rsatkichni, 2012yilda Bo'z va Xonaobod tumanlarida, 2013-2016yillarida Andijon shaxri va Xonobod tumanida bu ko'rsatkichlarni minimal darajada bo'lishi kuzatildi.

Yangi tug'ilgan chaqoloqlarni nafas olish sistemasi kasalliklaridan o'lim holatlarida yoshga bog'liq taqsimlanishi o'rganilganda o'lim xolatlarini 1-oyida (ertangi neonatal o'lim), 4-oylarida (postnatal o'lim) ko'proq kuzatilishi, yosh ortib borishiga parallel esa postnatal o'limlarni kamayib borishi ko'rilgan (diagramma -1).

Diagramma-2

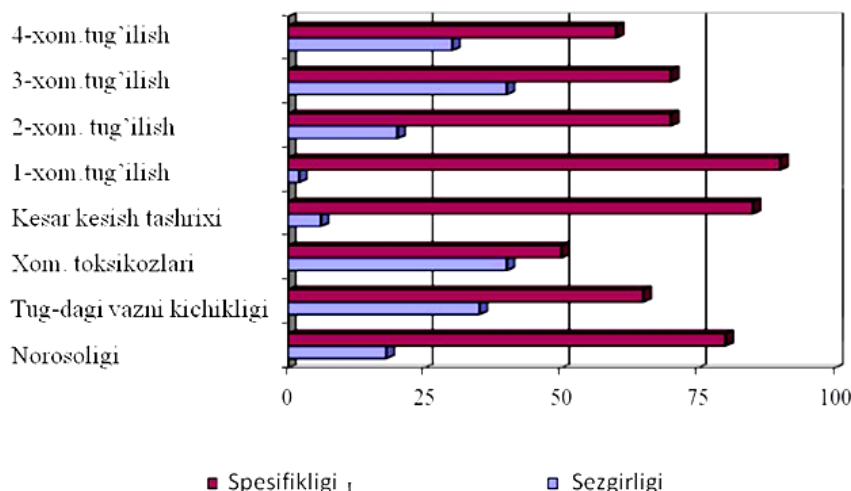
Yangi tug'ilgan chaqoloqlarni nafas olish sistemasi kasalliklari o'limida klinik belgilar, premorbid holatlarni chastotatasi (%)



Kasalliklarni rivojlanish dinamikasiga e'tibor berilganda ko'proq kasalliklar ertangi neonatal davrni ohirlarida ko'payishi, o'lim holatlariga o'pkada rivojlangan yiringli – destruktiv jarayonlar, norasolik, gipotrofiya, kamqonlilik sezilarli ta'sir ko'rsatishi namoyon bo'lgan (diagramma-2).

Xavfli omillar o'rganilganda esa birinchi homiladorlikdagi toksikozlar, homiladorlik sonini ortib borishi, norasolik, tug'ruqdagi tashrixlar keyinchalik nafas olish kasalliklarini rivojlanishiga ijobiy xissa qo'shishi kuzatildi (diagramma-3).

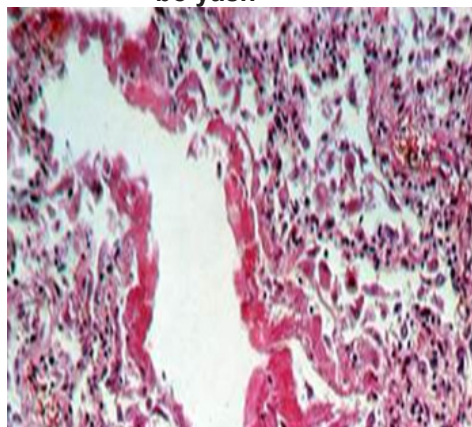
Diagramma-3
Yangi tug'ilgan chaqaloqlarni o'pka kasalliklaridan o'lim holatlarida ayrim xavfli omillarga sezgirligi va spesifikligi (%)



Gistologik tekshirishlarda o'tkir yallig'lanishlarida - eksudatda neytrofil leykositlar, mononuklearlarni bo'lishi, alveolalar, bronxlar, bronxiolalar devoriga segmentyadroli neyrofillar, mononuklearlar infiltratsiyasi, diapedez qon quyilishlar, seroz shishlar, nekroz o'chog'lari, bronxoektaziya, absstess sohalari, surunkali yallig'lanishlarida esa bronxoektaziyalar, destruktiv va sklerotik o'chog'lar ko'rilgan.

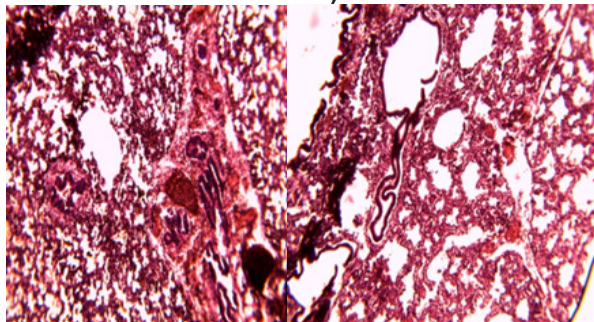
Yangi tug'ilgan chaqaloqlarni nafas olish yo'llarini o'tkir va surunkali yallig'lanish kasalliklaridan o'lgan murdalari yorib ko'rilganda ularda antenatal o'limlarda birlamchi va ikkilamchi atelektazlar, shish-gemorrargik sindrom va o'pkani gialin membranalar, neonatal va postneonatal o'limlarda esa asosan o'tkir respirator viruslar va bakteriyalar keltirib chiqargan o'tkir bronxitlar va pnevmoniyalar, kam hollarda esa surunkali pnevmoniyalar manzarasi kuzatilgan. Antenatal o'limlarda o'pka to'qimasini nafas olishdagi ishtirok sinamalarda tekshirilgan.

Rasm-1
Pnevmpatiya. Alveola yzasidagi gialin membranalar. Gemm.-eozin uslubida bo'yash



Rasm-2

Pnevmpatiya. Bronxiolalar va alveolalar qisman yozilgan, alveolyar yo'llarni cho'zinchoq ko'rinishda, epiteliysi deskvamastiyalangan, diapedez qon quyilishlar, alveolalararo to'siq qalinlashgan. (gemma-eozin usulida bo'yalgan. x120)



Atelektazlarda o'pka to'qimasini rivojlanmaganligi va parallel boshqa a'zolarida shikastlar, qon quyilishlar bilan birgalikda namoyon bo'ldi. O'pkani gialin membranalar o'chog'li tarzda paravertal soha alveolarida ko'rilgan. Pnevmoniyalar o'rganilganda ularni etiologiyasida ko'proq stafilokokklar, streptokokklar o'rin tutganligi bakterilogik tekshirishlarda o'z ifodasini topgan.

Nafas olish a'zolaridagi bu o'zgarishlarga parallel ravishda yurak qon tomir sistemasi, me'da ichak sistemasi, siydik tanosil sistemasi, bosh va orqa miya to'qimalari, immun tizim to'qimalarida turli distrofik, nekrotik va gemodinamik buzilishlar rivojlangan.

Hulosa: Andijon viloyatidagi chaqaloqlar o'limlarida patomorfologik o'zgarishlarni taxlil o'rganishlar yangi tug'ilgan chaqaloqlar o'limi xolatlari yoshga bog'liq taqsimlanishi 1-oyida (ertangi neonatal o'lim), 4-oylarida (postnatal o'lim) ko'proq kuzatilishi, yosh ortib borishiga parallel esa postnatal o'limlarni kamayib borishi ko'rilgan.

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