



CHILDHOOD EPILEPSY.

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Annotation.

This article analyzes the diagnosis of epilepsy and childhood epilepsy. The types of this disease are considered, the symptoms are studied, and the causes of epileptic seizures are revealed. The ways of diagnosis and precautionary measures are analyzed.

Keywords: epilepsy, abnormalities, infections, traumatic brain injuries, leukodystrophy, factors, hereditary and others.

In medical literature, epilepsy is used to refer to a persistent infectious brain disease that can strike anyone at any age. Statistics show that 50 million individuals worldwide suffer from epilepsy, making it one of the most prevalent diseases. Individual predisposition and the existence of epileptic damage accompanied by localized or widespread electrical abnormalities in the brain are the primary causes of epilepsy. When epilepsy develops, the brain's neuronal activity becomes aberrant, sporadic, and exaggerated. Because epilepsy increases the risk of burns, fractures, and other injuries, it is deemed risky if treatment for the condition is delayed.

Putting the foregoing aside, it is important to note that epilepsy is among the most prevalent neurological conditions. The brain's overactive neurons cause jumbled messages to be transmitted to the body's muscles and nerve systems. This results in recurrent seizures, cramping in the body, potential loss of consciousness, and memory loss.

Modern theories define epilepsy as a collection of several illnesses, with epileptic seizures serving as the primary symptom. The scientific community's accomplishments have demonstrated that an epileptic seizure results from a disruption of the excitation and inhibition processes within the cerebral cortex's cells. The stimulation that the senses pick up is transformed by the cells into an electrical impulse, which is then transmitted onward. Thus, an electric discharge akin to a thunderstorm in the natural world can be likened to an



epileptic episode. Remember that not all seizures are caused by epilepsy. In specific circumstances, such as under intense heat (febrile seizures), following a vaccine, or with a severe traumatic brain damage, anyone can experience seizures at least once. It should be kept in mind that seizures can accompany feverish conditions in many severe nervous system disorders, including encephalitis and meningitis.

In addition to the above, it should be noted that it is very important to diagnose epilepsy to the patient, since this type of diagnosis is established only when the patient has suffered 2 or more epileptic seizures that occurred without a clear provoking factor.

The causes of epilepsy are the following:

- congenital abnormalities of its development
- intrauterine infections;
- chromosomal syndromes;
- hereditary metabolic diseases;
- birth injuries of the central nervous system;
- infections of the nervous system;
- traumatic brain injuries;
- tumors.

The most typical causes of epilepsy are listed above. Remember that genetic nerve system disorders such as leukodystrophy or tuberous sclerosis can frequently cause epileptic seizures.

It is crucial to remember that, epilepsy can have several causes, including the previously mentioned genetic or congenital causes as well as acquired causes, where the patient can get the illness at any point in his life. Different outcomes can result from epileptic seizures. While extended paroxysms and particularly epileptic state cause irreversible alterations and nerve cell death, short-term single epileptic seizures do not harm brain cells.

The biggest risk is waiting for patients who pass out suddenly; accidents, bruising, and other injuries could occur. The duration of an epileptic seizure must be evaluated in order to make an accurate diagnosis. When relatives or other people are near someone who is having an attack, there are some guidelines for behavior that they should follow. In the event of a convulsive attack, for immediate care:



1. The patient must be placed on his back, on the bed, or on the floor, have his collar unbuttoned, and be freed from tight clothing if an aura (signs of an impending attack) is present.
2. Keep the patient away from anything that could harm them, such as water and sharp edges.
3. Remain composed; act composedly. Remain silent while keeping a close eye on the attack's progress. Keep track of the attack's duration in hours.
4. Rotate the patient's head to the side to prevent tongue entrapment and saliva aspiration.
5. If the patient throws up, place them on their side and hold them there without applying any force.
6. Using a spoon or spatula to loosen one's jaw is never acceptable.
7. Avoid giving drinks or drugs by mouth.
8. Remain close to the patient until the attack is over.
9. After an attack, avoid disturbing the patient, and if he seems to be falling asleep, let him.
10. Take a child's body temperature if you suspect a febrile (high temperature) attack.

As previously said, treating epilepsy is essential because, in cases of recurrent seizures, a vicious cycle develops in which the previous seizure "paves the way" for the subsequent one by stimulating the neurons in the cerebral cortex. And this cycle can only be broken with the right care. Delays in starting antiepileptic therapy can have serious repercussions, including reduced IQ, memory, and in children, delayed psychomotor development and mental retardation.

The fundamental tenets of epilepsy therapy are: - uniformity; - duration (at least 3 years); - individuality; - treatment primarily with one anticonvulsant medication (apticonvulsant); - mopotherapy.

It should be mentioned that the branch of neurology that deals with epilepsy in children is called pediatric epileptology. This illness causes paroxysms, which are recurrent seizures. Only after at least two seizures have occurred and no other reason save epilepsy may have caused them can a diagnosis be made. It is a fact that fevers that develop during infectious diseases, drunkenness, the administration of certain drugs, or as a reaction to vaccines can cause seizures in young children. Seizures may coexist with metabolic conditions like diabetes mellitus.



According to pediatric epileptology, there are three primary signs of the condition, which consist of:

- A massive convulsive seizure (the most significant kind); this kind can occur quickly and is characterized by a harsh sound made by the patient's glottis spasm. The patient then starts to convulse, engulfing his entire body, breathing becoming noisy, and foaming at the mouth. When the episode ends on its own, the patient might go to sleep and forget what happened.
- Little convulsive seizure (head rotations, chewing motions, and other automatisms are performed by the patient; no general seizures occur).
- Absenteeism (the child loses contact with reality; he does not respond to outside stimuli, stops talking and moving, freezes, or fixes his attention in one spot). In this instance, there are no seizures).

Children epileptologist investigates all the details of the seizure course, including frequency and causes, before diagnosing epilepsy. One of the most important aspects of diagnosing epilepsy is speaking with parents who can provide a detailed account of their child's episode. Laboratory and instrumental testing, together with consultations with narrow-profile experts such as a cardiologist, endocrinologist, gastroenterologist, and others, are recommended in order to rule out any other causes of seizures. Anticonvulsants are frequently used to treat childhood epilepsy, as was previously mentioned. Small dosages are administered, and the concentration is gradually increased until it is high enough to prevent seizures. When seizures stop occurring for more than four years and there are normal EEG readings, the medication is discontinued. When a patient's quality of life significantly improves, sometimes lifelong pharmaceutical regimens involving two or more drugs are necessary.

Summarizing the above, I would like to note that when the first attack occurs or symptoms of the disease are established, it is better never to postpone a visit to a doctor and carry out a diagnosis. The earlier the treatment begins, the more likely it is to recover and recover.

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