

PROGRESSION OF INTRAUTERINE GROWTH DELAY AND EVOLUTION IN CHILDREN

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***Annotation:** Assessment of electrocardiographic and echocardiographic parameters in infants born at term with mild IUGR.*

Children were examined on days 2–3 (n = 164), 1 (n = 154), 3 (n = 142), 6 (n = 133), and 12 (n = 130) months of life. No medical intervention was performed. The duration of the study is 3 years. Clinical, laboratory and instrumental

(electrocardiography and echocardiography) examination were performed. Heart rate, frequency of early ventricular repolarization syndrome and nonspecific disorders of the repolarization process were assessed; in standard lead II, the morphology, amplitude in millimeters and width in seconds of the P wave; duration in seconds of the PQ interval (PR), QRS complex and QT interval; morphology, amplitude in millimeters of the T wave, as well as the thickness of the interventricular septum and the posterior wall of the left ventricle. Nonparametric methods of statistical analysis were used. Some electrocardiographic and echocardiographic features were identified in the dynamics of growth and development of the body of infants born at term with mild IUGR, indicating a high frequency of changes in the cardiovascular system, requiring corrective measures.

Relevance. The search from the neonatal period of growth and development of an individual for early changes in the cardiovascular system in infants born with intrauterine growth and development retardation (IUGR), identified using routine examination methods, determined the relevance of the study. a technique for recording and studying electric fields generated during the work of the heart. Electrocardiography is a relatively inexpensive but valuable method of electrophysiological instrumental diagnostics in cardiology.

The direct result of electrocardiography is an electrocardiogram (ECG). Key features to evaluate on an ECG include the cardiac axis, frequency and regularity of the waves, and the intervals and amplitude of each beat (eg, P wave, PQ interval, QRS complex, ST segment)

Echocardiography (Greek ἠχώ - echo, echo + καρδία - heart + γράφω - write, depict) is an ultrasound method aimed at studying the morphological and functional changes of the heart and its valve apparatus. It is based on capturing ultrasound signals reflected from the structures of the heart.

Purpose of the study. Assessment of electrocardiographic and echocardiographic parameters in infants born at term with mild IUGR.

Patients and methods. Children were examined on days 2–3 ($n = 164$), 1 ($n = 154$), 3 ($n = 142$), 6 ($n = 133$), and 12 ($n = 130$) months of life. No medical intervention was performed. The duration of the study is 3 years. Clinical, laboratory and instrumental (electrocardiography and echocardiography) examination were performed. Heart rate, frequency of early ventricular repolarization syndrome and nonspecific disorders of the repolarization process were assessed; in standard lead II, the morphology, amplitude in millimeters and width in seconds of the P wave; duration in seconds of the PQ interval (PR), QRS complex and QT interval; morphology, amplitude in millimeters of the T wave, as well as the thickness of the interventricular septum and the posterior wall of the left ventricle. Nonparametric methods of statistical analysis were used.

Results. The median amplitude of the P wave on days 2–3 in children of subgroup 1b compared with children of group 3 is 0.2 mm less; at 1 month in children of the 1st (1b) group compared to children of the 3rd group it is 0.1 mm less; at 3 months in children of subgroup 1a, compared with children of subgroup 1b, it is 0.35 mm less, in children of subgroup 1b, compared with children of group 3, it is 0.2 mm more; at 6 months, children of the 1st (1a and 1b) group compared to children of the 3rd group had an increase of 0.2 mm; at 12 months in children of subgroup 1a, compared with children of subgroup 1b, it is 0.2 mm less, in children of subgroup 1b, compared with children of group 2, it is 0.2 mm more, in children of group 1 (1a), compared with children of the 3rd group it is less by 0.2 (0.5) mm, and in comparison with children of the 3rd group it is less by 0.2 mm. From 3 to 6 months it increased by 0.35 mm in children of subgroup 1a. In children of the 1st (1a) group, a slowdown from 2–3 days to 1 month of intra-atrial conduction by 0.01 s, from 1 to 3 months of intraventricular conduction by 0.01 s, from 3 to 6 months of intra-atrial conduction by 0.01 s. With. Electrical systole in children of group 1 slowed down from 1 to 3 and from 3 to 6 months by 0.01 s; in children of subgroup 1a from 1 to 3 months it increased by 0.01 s, from 3 to 6 months it decreased by 0.01 s, from 6 to 12 months it increased by 0.01 s. The median amplitude of the T wave on days 2–3, at 1 month in children of the 1st

(1a and 1b) group compared to children of the 3rd group is greater by 0.4 mm and 0.3 mm, respectively; at 3 months in children of subgroup 1a, compared with children of subgroup 1b, it is 0.35 mm less, and compared with children of group 2, it is 0.2 mm less, in children of subgroup 1b, compared with children of group 2, it is more by 0.15 mm, in children of the 1st (1b) group compared to children of the 3rd group it is 0.3 (0.45) mm more; at 12 months, children of subgroup 1b compared with children of group 2 were 0.4 mm larger, and children of group 1 (1a) were 0.3 mm smaller than children of group 3. From 2–3 days to 1 month in children of the 1st (1a) group it increased by 0.8 mm. In children of subgroup 1b at the age of 2–5 days, the VSD was minimal (3.6 mm), by 6 months there was greater thickening of it (by 1.1 mm) and of the posterior wall of the left ventricle (by 1.0 mm). At 6 months, compared to children of the 3rd group, they had a larger VSD (4.7 mm). At 12 months, these children had a larger VSD (5 mm) compared to children of subgroup 1a. At 6 months, children of subgroup 1a had less LVAD (4.3 mm) compared to children of subgroup 1b. At 12 months, children of subgroup 1a, compared with children of group 2, subgroup 1b, had smaller VSDs (4.8 mm).

Conclusion. Some electrocardiographic and echocardiographic features were identified in the dynamics of growth and development of the body of infants born at term with mild IUGR, indicating a high frequency of changes in the cardiovascular system, requiring corrective measures.

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