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Aspects of the Pediatric Non-Rheumatic Myocardial Disease Clinical and Functional Course

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Relevance of the problem.

According to the World Health Organization, "myocarditis is an inflammatory disease of the myocardium, accompanied by dysfunction of the heart, and is diagnosed on the basis of established histological, immunological and immunohistochemical criteria." They can occur in children of all ages. Among children who died before the age of 10 months, they were found in 9% of cases. Clinically, non-rheumatic myocarditis in children is characterized by polymorphism, which can vary from asymptomatic forms to pronounced symptoms of severe refractory heart failure. All this indicates the relevance of studying this pathology in pediatric practice.

The purpose of the study. To study the clinical and functional features of the course of non-rheumatic myocarditis in young children.

Materials and research methods.

A total of 24 children under 3 years of age (1.4 ± 0.9 years) with a diagnosis of non-rheumatic myocarditis were examined and were hospitalized in the Bukhara Regional Children's Multidisciplinary Medical Association. The diagnosis of non-rheumatic myocarditis was established on the basis of clinical, anamnestic, laboratory and instrumental studies (X-ray, ECG, EchoCG).

Results of the examination.

The analysis of the obtained results showed that the disease is more common among boys (60% versus 40%). In terms of age, infants under 1 year of age prevailed (40%), while the number of children in their second and third years of life was 26.6% and 33.3%, respectively. When studying the anamnestic data, it was found that despite their early age, all children (100%) had frequent acute viral and bacterial infections. The main complaints from the mothers of all the examined children were the following: rapid fatigue (80%), fever (66.7%), cough (33.3%). It was found that the incidence and nature of clinical symptoms depend on the degree of cardiovascular insufficiency. An objective examination revealed muffled heart sounds in 60%, systolic murmur at the apex of the heart in 86.6%, tachycardia in 80%, and a shift in the border of relative cardiac dullness to the left in 26.6%. In children with NM, the cardiothoracic index averaged $59.6 \pm 0.3\%$.

According to the results of electrocardiographic studies, the pre-excitation phenomenon occurred in 7.5% of children with NM, paired ventricular extrasystoles in 13.3%, and atrioventricular blocks of varying degrees in 13.3% of cases. EchoCG revealed dilated cardiac chambers, systolic dysfunction with a decrease in ejection fraction, and regurgitation in the mitral and tricuspid valves.

Conclusion . Thus, the clinical and functional features of the course of non-rheumatic myocarditis are caused by systolic dysfunction and myocardial remodeling, which are manifested by rhythm and conduction disturbances, as well as various functional classes of cardiovascular failure.