ANALYSIS OF CLINICAL AND NEUROLOGICAL MANIFESTATIONS OF REPEATED MILD TRAUMATIC BRAIN INJURY

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Relevance. Despite the efforts of the state to develop innovative technologies in the field of medicine, the proportion of disabled people with diseases of the nervous system in childhood is 1.5-4.5 % of the total child population [1.4.7]. The untimely detection of structural intracranial changes in children is explained by the significant variability of clinical symptoms and the severity of pathology [2.3.9]. Special diagnostic difficulties in assessing the neurological condition occur with an atypical clinical picture or at the stage of preclinical manifestations of the disease [4.5.8]. Thus, according to the literature, the frequency of structural intracranial changes (SVI) in mild traumatic brain injury (TBI) in children, it is 1.0-6.3%, and 0.2-0.8% of them are severe [6.9.10].

Among young people and adolescents, neurosurgeons predominate in 80 - 85% of brain damage, while in patients over 40 years of age, eating and squeezing of the head brain predominate. Among all types of injuries, brain injuries account for about 30-50% of cases.One of the most important causes that lead to the death and disability of patients with brain damage is palpation. High morbidity as a result of a head injury is first and foremost among the working-class youth of the population. It has been established that damage to the brain of the head can cause an outbreak of degenerative diseases of the brain (Sitel D.A.Ananev K.S.Bolotov D.A.Vernon G.2013.).

The purpose of the study. Clinically proven clinical-neurological properties and method of treatment of mild to moderate head injury with mild to moderate head injury.
Intrascopic diagnostic methods included primary neuro-screening and expert
assessment of structural intracranial changes (CT, MRI). For neuroscience and monitoring.

CT/MRI was performed depending on the results of the primary clinicosonographic evaluation. Statistical methods. Descriptive statistics (determination of the arithmetic mean with calculation of the standard error of the mean value) and mathematical statistics were used. The degree of consistency of neuroimaging techniques (US, CT, MRI) was determined using the kappa coefficient (kw): values exceeding 0.66 indicated high consistency of estimates, values in the range of 0.55-0.40 indicated a value in the range from good to noticeable consistency, less than 0.30 indicated weak consistency. In the course of clinical and sonographic assessment of the neurological condition of patients, the diagnostic effectiveness of US and the prevalence of SVI were studied. Statistical decisions in data analysis were made at a 5% significance level. Calculations were carried out using the SPSS 13 software package. General characteristics of the group: n=64, aged from the newborn period to 18 years; the average age of the victims. Depending on the type of treatment received, the victims were divided into group II (A) — 34 children released home for outpatient treatment and group II (B, C) — 30 victims who received inpatient treatment.

Conclusions:

To determine the clinical and neurological characteristics of a mild degree of brain damage and to study the frequency of repeated head and brain injuries can prevent the development of complications.

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